



Children's Advocacy Center of Arizona

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Founded in 1959 by Two Women Who Dared to Care, Sara O'Meara and Yvonne Fedderson



1950's

USO tour in Japan, O'Meara & Fedderson rescued 11 Amerasian orphans left stranded after a severe typhoon



1960's – 1970's

Built and maintained 5 orphanages, a hospital, and a school in Vietnam; Coordinated Operation Babylift, rescuing thousands of Amerasian orphans after the Vietnam War



Today

On a mission to eradicate child abuse through our programs: Speak Up Be Safe, National Child Abuse Hotline, Courage First Athlete Helpline, Child Advocacy Center's, Foster/Relative Care, Adoption, and our Residential Village

NEARLY 6 CHILDREN DIE EVERY DAY TO ABUSE

U.S. National Trends

We lose nearly 6 children every day to abuse. That's nearly 656,000 cases of child maltreatment, with an economic burden of 2 trillion dollars a year.



*"All Who Enter Here
Will Find Love"*

Since 1998, the Childhelp Children's Center of Arizona Dedicated to Linda Pope has served abused and neglected children by providing treatment, intervention, and investigation services in a child-friendly and child-centric environment.

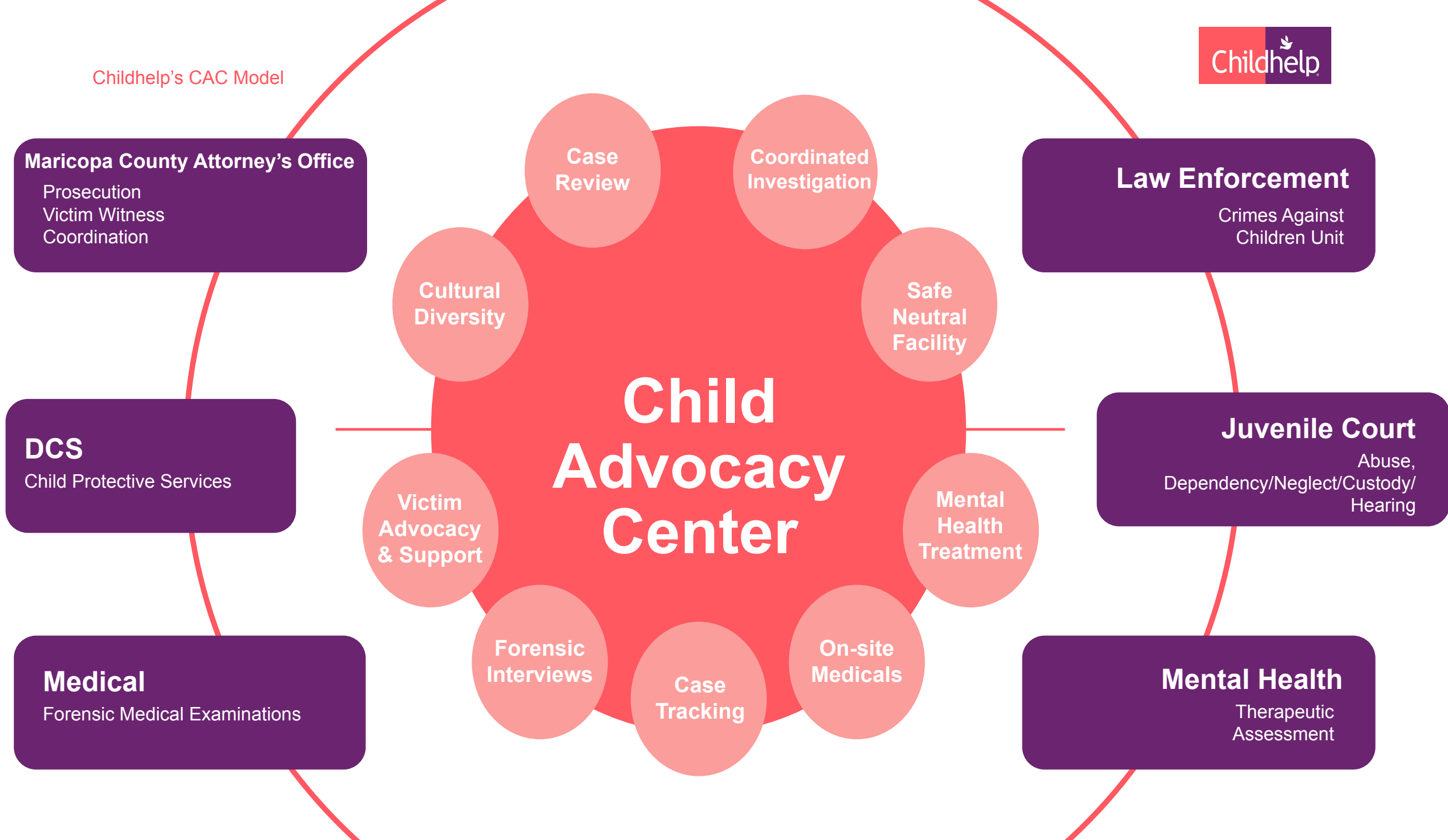
Purpose of a Child Advocacy Center

- The main goal of all advocacy centers is to ensure that victims entrusted to them are not further victimized by the systems designed to protect them.
- Advocacy centers were established over a decade ago, based on the principle that “together we are smarter” in responding to victims of violent crimes. Since then, there are more than 500 centers nationwide.

- Minimize further trauma to victims
- Provide comprehensive victim services
- Thorough investigation
- Aggressive prosecution
- Communication!
- Provide consequences for bad acts

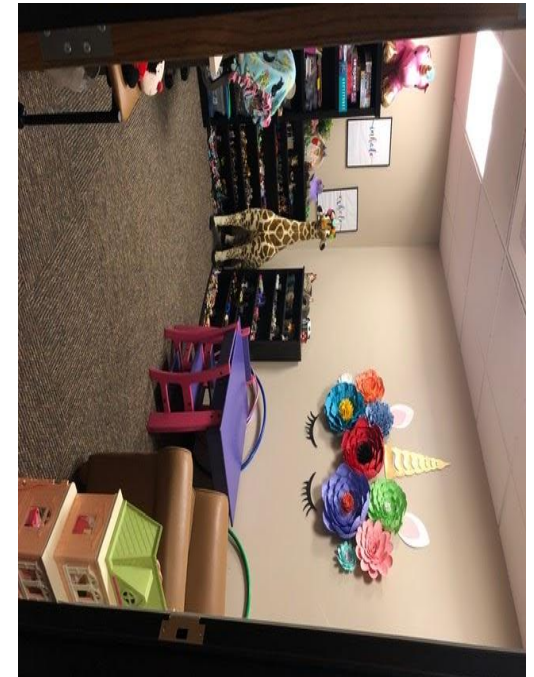
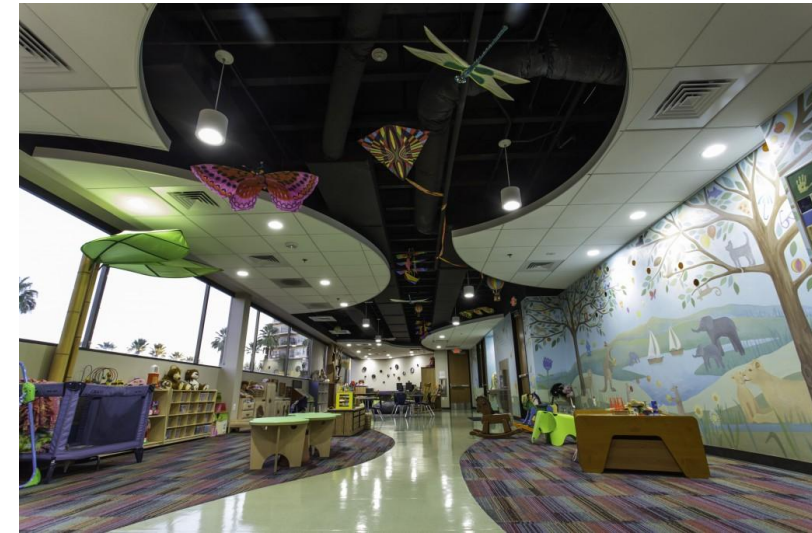


Childhelp's CAC Model



Intervention, Treatment, and Prevention

- Dedicated Forensic Interviewers
- Clinical Services
- Victim Advocacy
- Playroom/Teen Lounge
- Community Prevention/ Education
- Children's Justice Coordinator



Organizational and Financial Considerations of Co-location

Aspect	Co-location MDTs (CAC Model)	Communities without MDTs
Information Sharing	Immediate and Efficient	Delayed, requires meetings and calls
Victim Interviews	1-2 Interviews (<i>less trauma</i>)	3-5 Interviews (<i>more stressful</i>)
Investigation Speed	30-40% Faster	Slower due to lack of coordination
Access to Therapy	On-site, Immediate	Delayed, referrals needed
Prosecution Rates	25-40% Higher	Lower due to fragmented evidence
Family Satisfaction	Higher	Lower due to stress and complexity

Sources:
Westphaln et al. (2023)

Clinical Team Services

Childhelp clinicians create a space where healing from complex trauma is possible.

- ▶ Clinicians have extensive experience treating anxiety, depression and severe trauma symptoms in children. Our clinicians use a variety of modalities including:
 - ▶ EMDR, TF-CBT, Child Parent Psychotherapy
 - ▶ Peer and Parent Groups
 - ▶ Play Base Therapy (sand tray)
 - ▶ Art Therapy
 - ▶ Co-Treatment Occupational Therapy
 - ▶ Trauma Therapy for Caregivers
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Benefits of Co-located Mental Health and Supportive Services

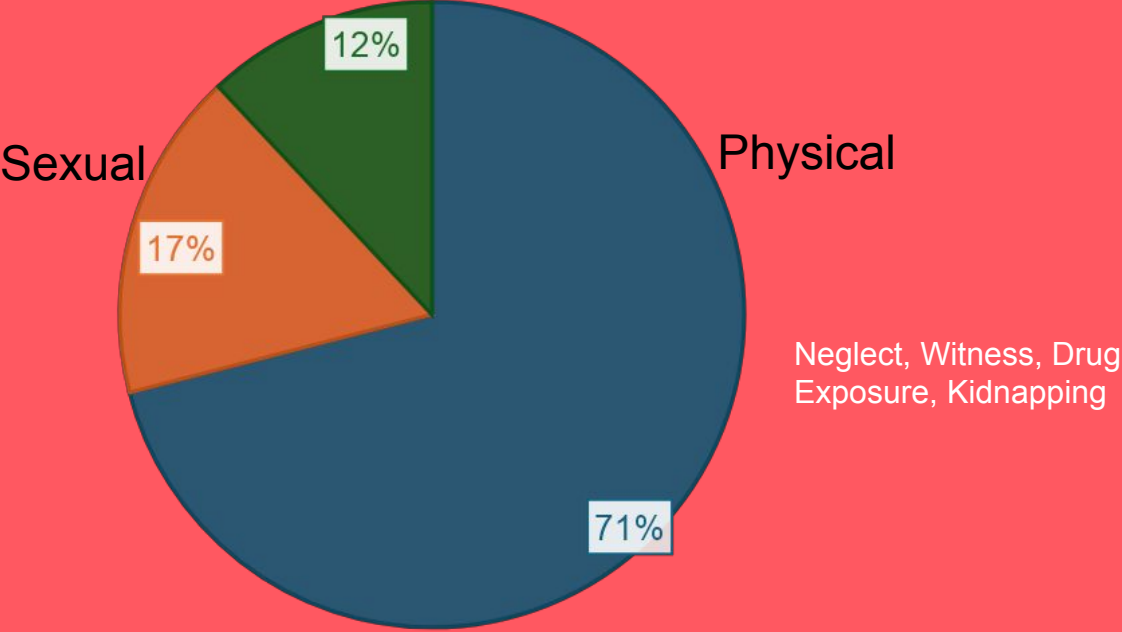
Factor	CACs with Mental Health Services	Without Mental Health Services
Service Coordination	Immediate access to counseling	Delayed intervention
Engaged Therapy	Higher therapy attendance	Lower follow-through
Crisis Intervention	Immediate intervention	Rely on external emergency resources
Caregiver Satisfaction	High-caregivers receive support	Lower satisfaction
Family Functioning	Strengthens parent-child relationship	Intergeneration risk factors
PTSD Reduction	Significant decrease in trauma	Higher risk of long-term PTSD
Long-term Well-being	Improved outcomes	Higher risk of depression

Sources:
 Gates & Bennett, 2024;
 Hossain et al., 2024;
 Westphaln et al., 2022;
 Herbert & Bromfield, 2018;
 Jones, L. M., Cross, T.P., &
 Walsh, W.A., 2017

2024 at a glance...

Over 4,500 unduplicated child victims of abuse served ,
400-450 children seen per month

Types of Abuse...



Suspect...



Relationship	%
Parent	29%
Step Parent/partner	13%
Sibling/step sib	8%
Other Relative	20%
Friend of Family	6%
Stranger	4%
Teacher/coach/ clergy	6%
Peer/dating	8%
unknown	6%

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Ivy's Story

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Child Abuse Prevention



- Work in the community to provide Child Abuse Prevention psychoeducation through evidence-based training to include:
 - ACEs (Adverse Childhood Experiences)
 - Protective Factors
 - Pax Tools
 - Triple P Parenting
- Collaborate with community partners to provide easy access to individuals and communities on Child Abuse Prevention and providing training to develop skills to build healthy positive relationships between caregivers and children

Collaborators and Partners

- **Child Advocacy Center**
- **Community Agencies who work with the general public that provides resources for families (public assistance, community resource centers, mental health agencies, etc.)**
- **School staff and childcare workers**
- **Department of Child Safety**
- **Community Resource Fairs**
- **Domestic Violence Shelters**
- **Family Advocacy Centers**
- **Faith Based Communities**
- **Youth Groups**





Families and Professionals Served in 2024

- 829 caregivers received training and psychoeducation on ACEs, Protective Factors, Pax Tools, or Triple P parenting through workshops in the community
- 241 professionals including first and secondary responders received training and psychoeducation on ACEs, Protective Factors, Pax Tools, or Triple P parenting through workshops in the community
- The Child Advocacy Center indirectly served approximately 10,920 community members through resource fairs, conferences, family events, by providing psychoeducation on ACEs, Protective Factors, Pax Tools, or Triple P Parenting



THANK YOU

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