

AACAC Frequently Asked Questions



What is a Forensic Interview?

One of the main services of the Child Advocacy Center is the forensic interview. Unless a child is too young to talk, the forensic interview is the first step in the investigation of suspected child abuse.

The forensic interview helps the investigative team gather information to determine what has happened and what the next steps should be.

Recalling the details of abuse during a forensic interview can be painful. We go to great lengths to limit any additional stress or trauma for the child.

The interview takes place in a comfortable space within our center, and is conducted with compassion and sensitivity by a member of the Child Advocacy Center's forensic interview team.

Our forensic interviewers receive specialized training on an ongoing basis and are subject to a structured peer review process to ensure that we continue to meet the high accreditation standards of the National Children's Alliance.

The interviewer asks questions and gives the child the opportunity to share the facts about what happened to him or her.

It's a one-on-one interaction. Other members of the investigative team are able to watch the interview from another room. When the interview is complete, a DVD copy of the interview is provided to law enforcement, child protective services and if applicable, our medical provider. You will be provided a release of information to allow us to release these DVD's to the team members.

This collaborative effort limits the number of interviews that the child must endure and ensures that all members of the investigative team receive the same information for their work on the investigation.

What is a forensic medical evaluation?

All children who are suspected victims of child sexual abuse are entitled to a specialized medical evaluation, called a forensic medical exam.

The forensic medical exam is a non-invasive, but comprehensive medical exam, conducted by our medical service provider, who has specialized training in the medical evaluation of child sex abuse.

The exam is not much different than a typical well-child check-up, but it plays an important role in gathering information and evidence for a child abuse investigation.

The exam takes place in our comfortable exam room. The child may have a support person in the room during the exam if they desire.

There are never any restraints placed on the child, and the child can choose at any time if he/she would like to stop the exam.

What's discovered in the exam helps the investigative team determine what happened to the child and how to move forward with the case.

The team that is working on the case along with the AACAC will determine if a medical evaluation is necessary for your child. If the evaluation is recommended, the team will talk with you and your child prior to the CAC appointment about the recommendation.

AACAC Frequently Asked Questions



What is a family/victim advocate?

Once the Child Advocacy Center receives a referral from law enforcement or Children's Services on a child abuse case, the child is assigned a Child & Family Advocate.

The discovery of child abuse throws a family into crisis. The Child & Family Advocate's role is to help the non-offending caregiver manage that crisis.

Child Advocates provide support, assistance, and advocacy through every step of the child's case, from the moment they enter our center until the family no longer needs our help.

What you can expect from your Child and Family Advocate:

- Pre-call to talk about what to expect during the CAC visit
- Support in understanding the dynamics of abuse and the effects of trauma on children and families
- Referral support for community resources such as medical, mental health, housing, food, protective orders, and more
- Follow-up calls to check in and support the healing process
- Communicating your child's needs with investigative partners
- Status updates on the investigation

My child is not receiving mental health services. How can I help them heal?

Child abuse and neglect have been identified, among other criteria, as adverse childhood experiences (ACEs).

A [landmark study](#) by the Centers for Disease Control and Kaiser Permanente (Adverse Childhood Experiences Study (ACEs)) revealed that, left unchecked, a high number of ACEs can have a significant negative impact on an individual well into adulthood.

Access to specialized mental health services is critical for abused children and their families to move forward in the healing process.

At the Ashtabula Area Child Advocacy Center, we work in partnership with [Signature Health](#) to connect the children we serve with counseling and other mental health resources. Our mental health services are provided by professionals with specialized training in trauma-focused, evidence-supported, mental health treatment. Our victim advocate will help you connect with services at any counseling agency of your choosing, however, Signature Health offers the trauma based therapy that may be the best fit for your child and family such as:

Trauma-Focused, Cognitive Behavioral Therapy (TF-CBT): The goal of TF-CBT is to help address the biopsychosocial needs of children, with Posttraumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences, and their parents or primary caregivers. TF-CBT is a model of psychotherapy that combines trauma-sensitive interventions with cognitive behavioral therapy. Children and parents are provided knowledge and skills related to processing the trauma; managing distressing thoughts, feelings, and behaviors; and enhancing safety, parenting skills, and family communication.

AACAC Frequently Asked Questions



Parent-Child Interaction Therapy (PCIT): PCIT is an evidence-based treatment model with highly specified, step-by-step, live coached sessions with both the parent/caregiver and the child. Parents learn skills through PCIT didactic sessions. Using a transmitter and receiver system, the parent/caregiver is coached in specific skills as he or she interacts in specific play with the child. Generally, the therapist provides the coaching from behind a one-way mirror. The emphasis is on changing negative parent/ caregiver and child interaction patterns.

Eye Movement Desensitization and Reprocessing (EMDR): Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment that was originally designed to alleviate the distress associated with traumatic memories. Adaptive Information Processing model posits that EMDR therapy facilitates the accessing and processing of traumatic memories and other adverse life experience to bring these to an adaptive resolution. After successful treatment with EMDR therapy, affective distress is relieved, negative beliefs are reformulated, and physiological arousal is reduced.

Symptoms of trauma in children can include, (but not limited to):

- Anxiety.
- Behavioral changes.
- Trouble at school.
- Eating & sleep disturbances.
- Nightmares.
- Bedwetting in potty-trained children.
- Clinginess & separation anxiety.
- Sexualized behaviors in young children.
- Acting unusually withdrawn or aggressive

What is a Multidisciplinary Team?

When child abuse is reported, a multidisciplinary team is called into action. The team consists of representatives from:

- Law enforcement
- Children's Division
- Medical
- Mental Health
- Victim Advocacy
- Child Advocacy Center

This team works together throughout the course of the case, sharing information and coordinating contact with the victim to reduce additional trauma and improve the delivery of services.

AACAC Frequently Asked Questions



Community Collaboration

The Child Advocacy Center's role on this team is to provide an interagency coordinated response center. We help facilitate the sharing of information between agencies and help keep non-offending parents updated on the status of the case.

This multidisciplinary team approach provides the agencies involved with access to more information, and streamlines evidence gathering. The AACAC will provide a release of information for you to sign today, in order for the MDT members to discuss the case.

Victims benefit from reduced stress and anxiety with a process that involves fewer interviews and more timely referrals for needed services.

Our appointment at the AACAC is complete, what next?

The team members working on your family's case will meet with you when the child's interview and if applicable, medical evaluation, are complete. We will discuss the next steps in the case from the perspective of law enforcement, child welfare, medical and advocacy. You will be provided with contact information for the team members working on your case, and literature about your rights as a victim or caregiver. You have the option to set up mental health services before leaving the center today, or by reaching out to the advocate after the appointment is complete. A survey will be provided to you regarding your time at the center today, we ask that you take the time to help us understand how we are supporting you and your family. When you leave, you can expect a follow up call from the advocate in the coming weeks. CPS may close your case, but that does not mean the investigation of the incident is complete. Law Enforcement, the MDT members and the CAC will be monitoring the status of your case until it's conclusion.

If you have any questions when you leave, do not hesitate to call or e-mail the AACAC.

A green rectangular box containing a quote in a handwritten-style font. The quote reads: "Don't give up. I believe in you all. A person's a person no matter how small. - Dr. Seuss".

Don't give up.
I believe in you all.
A person's a person
no matter how small.
- Dr. Seuss