



**The National Children's  
Advocacy Center**

**TESTIMONY OF CHRIS NEWLIN  
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**Hearing before the  
Senate Committee on the Judiciary  
Subcommittee on Administrative Oversight and the Courts**

**On**

**“Protecting Our Children – The Importance of Training Child  
Protection Professionals”  
Wednesday, May 23, 2012**

Chairwoman Klobuchar, Ranking Member Sessions, Members of the Sub-committee: thank you for the opportunity to testify regarding the importance of training child abuse professionals. I have been working in the child abuse field for my entire career which for the last seven years has been as the Executive Director of National Children's Advocacy Center.

The National Children's Advocacy Center was developed in 1985 in response to our society's growing awareness of child abuse and the need for a more effective response on behalf of our children. The original philosophy articulated by the NCAC Founder, former Congressman Bud Cramer (AL) was:

- Child abuse is a serious issue which must be addressed;
- The "system" intended to protect children should "help" children, not further traumatize or cause lack of trust;
- The protection of children must involve all agencies involved in the investigation and intervention, and these agencies must work together;
- Common sense, challenging the process, cooperation, and collaboration are essential for success

The NCAC has served as a model for the more than 850 Children's Advocacy Centers in the United States which served more than 270,000 children last year alone. These are children who have been sexually and/or physically abused or exposed to other forms of violence and/or trauma. The Department of Justice previously funded a large scale "Multi-Site Evaluation of Children's Advocacy Centers", and all of the published research has demonstrated improved coordinated service delivery, higher satisfaction ratings from clients and families, improved access to medical care, faster criminal charging decisions, and improved prosecution rates when using the CAC model. Further, we also found that the CAC model reduced duplication of services and actually saved approximately \$1,000 per case, a 36% cost savings when compared to the traditional (and less effective) investigation methods.

The NCAC is one of the largest trainers of child abuse professionals in the United States. To date, the NCAC's National Training Center has trained more than 70,000 child abuse professionals from every state in the United States and more than 20 countries. Through our diverse training programs, we host two national conferences each year (National Symposium on Child Abuse and the Child Sexual Abuse and Exploitation Prevention Conference), conduct many skill-development trainings, including:

- Forensic Interview of Children Training
- Overview of the Multidisciplinary Response to Child Abuse Investigations
- Multidisciplinary Team Development Training
- Multidisciplinary Team Facilitator Training
- Investigative Interviewing for First Responders
- Advanced Forensic Interviewing of Children Training
- Extended Forensic Interview (EFI) Training
- Digital Recording of Child Forensic Interview and Medical Examinations

- Victim Advocacy Training
- Responding to Commercial Sexual Exploitation of Children Training
- Prosecuting Child Abuse
- Evidence-Based Mental Health Practices for Victims of Child Sexual Abuse and Exploitation
- Investigation of Child Sexual Abuse and Exploitation
- Child Abuse Community Awareness and Internet Safety Training
- Stop Child Abuse and Neglect (SCAN) Curriculum Training

The NCAC also provides training and technical assistance to child abuse professionals via:

- Webinars and Ask-the-Expert Sessions
- Online Training
- Distance Learning
- Child Abuse Library Online (CALiO) – one of the largest digital collections of child abuse specific research and materials with a primary focus of increasing the evidence-based practice in the child abuse professional and systems

### **Why is responding to child abuse so important?**

The prevention and intervention to child abuse requires a multidisciplinary response because no one professional field is able to respond to the multitude of issues which arise in these cases. We have learned over the past 25 years that any effective response to child abuse must involve a response from all of the professionals involved in the response to child abuse. This most typically includes law enforcement, child protection, victim advocates, mental health, and medical professionals.

Studies have found that child maltreatment and exposure to violence have adverse consequences during childhood and throughout life. Children who experience repeated victimizations and several types of victimizations may be at greater risk for suffering complex trauma as a condition rather than an event (Cook, Blaustein, Spinazzola, & van der Kolk, 2003; Finkelhor et al., 2007). Furthermore, maltreated children often exhibit negative behavioral outcomes including violence and aggression (Perry, 2001). Psychosocial development is negatively impacted, including regulation of emotions, impulse control, and ability to have healthy and happy relationships (Putnam, 2006).

According to Ko et al. (2008), first responders are in a unique position to diminish the immediate traumatic stress of the survivors and witnesses whom they encounter, however, few police officers receive training to address the complex issues related to children's psychological development and needs or to assist children in dealing with trauma. Studies have found that police interviews of children resulted in higher probability of false allegations as well as lower levels of credibility. Officers who interview children do not simply need more information, but more ongoing training which leads to increase in skills (Aldridge & Cameron, 1999; Wescott & Kynan, 2006).

Child abuse is not just a children's issue – it is an issue that affects our nation's health and economy. According to Bonomi et.al. (2008), 34% of women who received insurance from a Group Health Cooperative reported a history of childhood abuse; and, total annual health care costs were higher for all groups of women who experienced some form of child abuse: both physical and sexual abuse (36% higher), sexual abuse only (16% higher), and physical abuse only 22% higher. Additionally, individuals with a history of child maltreatment were significantly less likely to own a bank account, stock, a vehicle, or a home; and earned almost \$8,000 less per year than non-abused subjects (Currie, J. & Widom, C.S, 2010). The implication of these findings is further explained by Fanga et. al. (2012) who found the estimated average lifetime cost per victim of nonfatal child maltreatment is \$210,012 across their lifetime, and the estimated average lifetime cost per death is \$1,272,900. Given that there are annually more than 900,000 confirmed victims of child abuse, these costs affecting our nation are nothing short of staggering.

### **What has the U.S. Government done to support training of child abuse professionals?**

The federal government, across numerous agencies, has historically provided some funding to support the training of child abuse professionals. However, given the extraordinary need, this funding is insufficient to support necessary training for the various professionals involved in the response to child abuse. Current federal funding includes, but is not limited to:

The **Child Abuse Prevention and Treatment Act (CAPTA)** was originally enacted in 1974 (Public Law 93-247) and is funded under the Labor, Health and Human Services, and Education Appropriations Bill. Its funding is comprised of three main parts:

- Title I, Basic State Grants;
- Title II, Community-Based Child Abuse Prevention Grants; and,
- Discretionary Research/Demonstration Grants.

CAPTA also authorizes the Office of Child Abuse and Neglect and the National Clearinghouse on Child Abuse and Neglect Information in the Administration for Children and Families in the Department of Health and Human Services.

The **Victims of Child Abuse Act (VOCA)** was originally enacted in 1992 (Public Law 102-586) and is funded under the Commerce, Justice, Science and Related Agencies Appropriations Bill. Its funding supports the following child abuse professional training and technical assistance projects:

- Regional Children's Advocacy Centers Program - four Regional Children's Advocacy Centers for purposes of providing information, technical assistance, and training to assist communities in establishing facility-based multidisciplinary programs responding to child abuse, particularly CACs;

- Training and Technical Assistance for Child Abuse Professionals - improve the coordinated multidisciplinary investigation and response to child abuse;
- Training and Technical Assistance for Child Abuse Prosecutors - provide technical assistance and training to attorneys and others involved in the prosecution of child abuse cases in state or federal courts to improve the quality of prosecution of such cases;
- Child Abuse Training for Judicial and Court Personnel - provide judicial, legal, and social service professionals with training and technical assistance to meet the challenges facing juvenile and family courts.

The **Children's Justice Act (CJA)** is administered by the U.S. Department of Justice, Office of Victims of Crime (OVC) and the grants are awarded by the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, as outlined in Section 107 of the Child Abuse Prevention and Treatment Act (CAPTA), as amended, by the Keeping Children and Families Safe Act of 2003. CJA provides grants to States to:

- improve the investigation, prosecution and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim;
- improve the handling of child fatality cases in which child abuse or neglect is suspected and some cases of children with disabilities and serious health problems who also are victims of abuse and neglect.

Typical CJA activities include:

- Developing curricula and conducting training for personnel in law enforcement and child protective services, as well as health and mental health professionals, prosecutors and judges.
- Establishing or enhancing child advocacy centers and other multidisciplinary programs to serve child victims and their families in order to minimize trauma.
- Establishing and supporting local and/or State child fatality review teams, including multidisciplinary training, team development, and annual reporting.
- Supporting the enactment of laws to improve systems response, including allowing the admission of indirect testimony of children into evidence, making the courtroom setting less intimidating to children, increasing the penalties for sexual offenses against children, requiring mandatory sentencing, shortening the trial process, and permitting victims to make statements prior to sentencing.

### **What are primary needs of training for child abuse professionals?**

Training for child abuse professionals sounds relatively simple until one begins to consider the diversity of expertise needed to effectively intervene in these cases. No one government entity has all of the skills, resources, or mandates to address child abuse, it is only when these entities combine their

resources with each other and effective non-governmental entities that we are able to be most effective. With this diversity of professionals, there is also a diversity of training specific to each profession, and all must receive training on working as part of a multidisciplinary team. Further complicating this training challenge is the diversity of skills needed across the span of a child abuse case. This ranges from the effective interviewing of children to the implementation of evidence-based mental health services for those involved in the abuse. In summary, we are challenged to provide training to a diversity of professionals and also to provide a diversity of training within each of these professions.

Investigating and responding to child abuse is likely the most difficult type of investigation known to law enforcement. With virtually every other crime, we know a crime has been committed, and we just need to determine who committed the crime. However, in child abuse, we start almost every case one step behind – we first have to determine whether a crime has been committed, and if so, then determine who committed the crime, all the while primarily developing leads with mostly child witnesses and little evidence which is readily available.

Supporting this notion, the International Association of Chiefs of Police (IACP), (2011) conducted a training needs assessment to identify the most pressing issues and concerns facing law enforcement agencies relating to juvenile crime, delinquency and victimization. Abuse (physical, sexual and/or emotional) was indicated as the second most pressing issue, with rural agencies listing abuse as the number one pressing issue. The survey asked what their agencies would need to more effectively manage juvenile or youth-involved cases. The second most often cited need was increased number and better quality training opportunities. Over half of responding agencies reported decreases in training budgets over the preceding year. Fewer than 25% of respondents reported that their agencies provide training on juvenile/youth-involved domestic violence with an average of eight hours training.

Likewise, most health care personnel receive minimal training in traumatic stress or trauma-informed approaches. Sabin, Zatzick, Jurkovich, and Rivara (2006) and Ziegler, Greenwald, DeGuzman, and Simon (2005) found that medical personnel demonstrated difficulty in identifying traumatic stress in the course of medical care. Additionally, Dubowitz and Lane (2009) found that pediatricians who were members of the American Academy of Pediatrics, only report 75% of suspected sexual abuse and 50% of suspected neglect case to Child Protective Services. This clearly highlights the need for additional training on the importance of mandated reporting.

According to the National Council of Juvenile and Family Court Judges (NCJFCJ) Training Activities by State, training opportunities for judges, court-based professionals and others working to improve outcomes for children and families under the jurisdiction of juvenile and family courts have been relatively few compared to the increasing numbers of children seen in the courts (NCJFCJ, 2011). Although judges and other justice system personnel routinely question children and adolescents about events and circumstances in their lives, many in the justice system receive no specialized training about

how to question children non-suggestively and with developmental sensitivity (Olafson & Kenniston, 2008).

A 2012 NCAC survey of over 2,100 child maltreatment professionals from all 50 states assessed training and technical assistance needs of multidisciplinary team members (76% of respondents), CAC staff (65%), Child Protective Services workers (16%), Victim Advocates (11%), Forensic Interview Specialists (12%), Mental Health/Treatment specialists (13%), Law Enforcement (13%). Interestingly, more than 55% of these child abuse professionals have less than ten years of experience in the field. Although respondents expressed the need for more training, over 94% indicated that funding was a prohibitive issue for their agencies to obtain necessary training. Furthermore, close to 60% of respondents indicated that their agency's training budget had decreased over the previous five years with more than 60% having \$5,000 or less budgeted for this training. Unfortunately, cost, instead of professional needs, is the primary determinant of what funding is obtained. A majority of respondents reported that local or state-based training is the most likely venue for training, and this is consistent with the trends noted by the NCAC over the past few years – more training being done at the local or state level as opposed to major national conferences. More than 70% of respondents indicated conference workshops were the best venue for training, and only 33% indicated online trainings are effective training venues for the child abuse issues (The National Children's Advocacy Center, 2012).

Interestingly, almost all of the training available to professionals in this field is provided as continuing education, after these individuals have graduated from college. We are missing a prime opportunity to educate a huge number of individuals who may have contact with children in the future and need to receive additional education about this issue. Thus, concerted efforts to educate undergraduate and graduate students must be further developed and implemented. When I was in both undergraduate and graduate school, I received almost no training on child abuse, a form of institutional denial which causes one to think that child abuse is not a common issue and that it is not something that should be talked about openly. Both of these are false; but, so is the notion that developing these training programs for students is the panacea for all child abuse intervention. Too often we have sought to find the “magic bullet” for child abuse. In the 1980's Family Preservation was the rage, but it was not consistently implemented with fidelity and with the appropriate target population; and thus there were many failures. We must have highly trained, multidisciplinary teams to effectively intervene, and this requires the education of professionals in school and through continuing education.

A useful analogy is found in the medical field. I want to have a doctor who received a quality medical training, but I also want my doctor to stay abreast of emerging research and practices so that I can receive the best care available in 2012, not the standard of care from 1980. Also, it is unrealistic to think a single doctor can address every medical issue I may have. In all cases there will be other professionals involved in my case, and these services must be coordinated for me to receive the highest quality of care. Similarly, we must provide quality education for college students pursuing degrees where they will be working with children; AND, we also must provide continuing education to help develop the skills of

professionals working in the field. The child abuse field is still quite early in its development, and we continue to learn and refine our intervention strategies – reinforcing the need for ongoing professional development.

**Summary:**

The impacts of child abuse are causing great harm to our nation's health and economy. Consistently, the research has demonstrated that those affected by adverse childhood experiences have higher healthcare utilization, higher healthcare costs, and less earning capacity than their non-abused peers. While this field is clearly focused on the protection of children; at a macro-level, we are focused on improving our nation's health and economy. The child abuse field is less than forty years old, so it is clearly a field which continues to develop and this is seen in the training and technical assistance of professionals working in the numerous professions involved in responding to child abuse. We now have a solid base of research and practice to support our nation's response to child abuse, and the critical need is to help educate the professionals over the course of their careers as we will make additional improvements over time. This must start with an increased attention and education of basic child abuse issues during college, especially focusing on the reporting and dynamics of child abuse. This basal education must be enhanced over time through continuing education which must continue across the professional lifespan. There are numerous current federal funding supports focused on training professionals working in disciplines which respond to child abuse, but the current funding levels dramatically limit the actual amount of training delivered when compared to the need throughout the United States as described previously. All citizens must become more aware, informed, and engaged; and, we must fully develop the training continuum for those professionals who will be responding to protect the children of our nation.

**Recommendations:**

- Increase current federal funding for the training and technical assistance of child abuse professionals and systems available through current federal grants, cooperative agreements, and other funding initiatives;
- Require funded programs to demonstrate the utilization of evidence-based practices for responding to child abuse;
- Support the funding of programs to increase the education of all professionals working with children to increase the awareness of child abuse and the willingness of professionals to report suspected child abuse, especially focusing on institutions of higher education;
- Coordinate training and technical assistance efforts across the various federal agencies to ensure maximum benefit and coordination. This should include Departments of Justice, Health and Human Services, and Education at a minimum.

**Biographical Information for Witness**

Chris Newlin, MS LPC is the Executive Director of the National Children's Advocacy Center (NCAC) where he is responsible for providing leadership and oversight of evidence-based interventions for children, and participating in national and international training and leadership activities regarding the protection of children. The NCAC was the first Child Advocacy Center in the United States, and continues to provide both prevention and intervention services for child abuse in Huntsville/Madison County, and also houses the NCAC National Training Center, the Southern Regional CAC, and the Child Abuse Library Online (CALiO). In these capacities, Chris oversees a staff of 48 professionals and a yearly budget of 5 million dollars. Chris has presented extensively on numerous child abuse topics nationally and internationally and has worked in both urban and rural Children's Advocacy Centers; and currently serves on the National Children's Alliance Board of Directors, and Alabama Network of Children's Advocacy Centers Board of Directors; and is a member of the International Society for the Prevention of Child Abuse and Neglect, the American Professional Society on the Abuse of Children, and the Association for the Treatment of Sexual Abusers. Chris graduated from Hendrix College, the University of Central Arkansas, and the Harvard Business School Executive Education Program.