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ENHANCING PROGRAMMING AND SERVICES FOR CHILD VICTIMS OF ABUSE AND THEIR NON-OFFENDING CAREGIVERS

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Executive Summary

In 2010, Child Advocacy Centre Niagara received contribution funding from the federal government to identify gaps in the provision of child victim services related to child abuse within the Niagara Region. Child Advocacy Centre Niagara opened its doors in September 2008 and is the first dedicated, stand alone facility in Canada, where multidisciplinary services are coordinated to best serve child victims of abuse. Research demonstrates that child abuse is a critical issue in Canada as rates of family violence against children and youth have increased substantially over the past decade. Specifically, according to police-reported trend data, the rate of family violence against children and youth was up 23% in 2007 compared to 1998 (Statistics Canada, 2009). In 2007, 53,400 children and youth were the victims of a police-reported assault, with approximately 13,200 of these incidents perpetrated by a family member (Statistics Canada, 2009).

To enhance service delivery to child victims of abuse and their non-offending caregivers, Child Advocacy Centre Niagara conducted a regional research initiative to identify:

- Existing programs and services for children residing within the Niagara Region.
- Gaps in the current service delivery to child victims of abuse and their non-offending caregivers and/or high-risk populations within the Niagara Region.
- Suggestions for improved service delivery for child victims within the Niagara Region and for Child Advocacy Centre Niagara specifically.

This research study was conducted using a non-experimental design in which qualitative data was collected and utilized to identify program and service gaps and to make recommendations for the benefit of Child Advocacy Centre Niagara and other/future Canadian Child Advocacy Centres. Data was collected via three roundtable discussion groups and 11 interviews. All collected data was analyzed using transcription and thematic coding.

This report provides a summary of the findings obtained from roundtable and interview discussions with service providers throughout the Niagara Region as well as recommendations for improved service delivery. The most commonly noted areas in which service gaps for Niagara children were identified included:

- Access to children's mental health services
- Programs and services for youth (ages 15-20)
- Abuse education in schools
- Language services and cultural sensitivity and awareness
- Consistent referral services for child abuse victims who are not clients of Family and Children's Services
- Regional transportation
- Community awareness of proper child abuse reporting procedures
- Community awareness of CACN
- Funding for programs and services
- Collaboration among organizations
- Court supports for children and families
- Home supports and follow-up care after services have been accessed

- Offender services

Based on the identified gaps and suggestions presented by participants, this report makes recommendations for consideration of Child Advocacy Centre Niagara as well as future Canadian Children's Advocacy Centres. Recommendations for Child Advocacy Centre Niagara are as follows:

1. Access to mental health services
 - a. Research best practice counselling models (at other CAC's in the United States and Canada)
 - b. Re-introduce Family Counselling Centre psycho-education workshops
 - c. Provide support groups for parents/caregivers
 - d. Implement a family advocacy program¹
2. Programs and services for youth
 - a. Implement a family advocacy program
3. Abuse education in the schools
 - a. Provide resource material to aid teachers in teaching the abuse and personal safety portions related to the 2010 Ontario health and physical education curriculum
 - b. Provide material for teachers about what to expect after an abuse report (e.g. booklet or pamphlet to have in each classroom)
 - c. Provide help in the implementation of the ICE (Internet Child Exploitation) Unit school program
4. Language services and cultural sensitivity and awareness
 - a. Produce French language materials (e.g. information brochure, annual report, educational resources, and website documents)
 - b. Have CACN staff attend cultural sensitivity/diversity training
5. Consistent referral services for child abuse victims who are not clients of Family and Children's Services (FACS)
 - a. Implement a family advocacy program
6. Community awareness of CACN
 - a. Develop and disseminate community outreach materials (educate the community about abuse and the services offered at CACN)
 - b. CACN to be represented at more regional planning committee meetings
7. Collaboration among organizations

Increase collaboration among organizations by:

 - a. CACN to assume the role as community facilitator (hosting roundtable discussions or workshops)
 - b. Joint-training of CACN partners and community organizations
 - c. Participate in case review meetings

¹ A family advocacy program would entail having a Child/Family Advocate(s) on staff (or trained volunteer) who would provide continued support to the child victim and the non-offending caregivers through the duration of the investigative and court processes. Support may include: emotional support, crisis intervention, and referral services (Elliott & Carnes, 2001).

8. Court supports for children and families

- a. Initial court preparation appointment to be conducted at CACN (in partnership with the Victim/Witness Assistance Program)
- b. Provide court support to children (e.g., Court Advocate)

9. Client satisfaction surveys

Finally, it is recommended that Child Advocacy Centre Niagara collect Client Satisfaction Surveys once a family has completed their time at CACN. This survey should be continually updated to reflect all new programs and services offered by CACN to ensure the most accurate information is collected. Client feedback will allow CACN to gain a greater understanding of the impact their programs and services have, and this information can be used for continual program and service enhancement.

This research initiative is the first step in identifying current service gaps and using this information to better service children who have been abused. The objective is to provide Child Advocacy Centre Niagara with informed recommendations that can be incorporated into their daily practice to ensure all child victims of abuse are given the best care possible. In addition, it is our hope that this information will help inform programming and service provisions in future Canadian Child Advocacy Centres and other abuse/child focused organizations throughout the Niagara Region.

Introduction

Purpose

The purpose of this report is to provide a summary of three roundtable discussions and 11 interviews (27 organizations and 37 individuals participated in total) which examined children's programming and service gaps throughout the Niagara Region. Roundtables were conducted at the Americana Conference Resort and Spa in Niagara Falls, the Four Points by Sheraton in Thorold, and the Roselawn Centre in Port Colborne, in November of 2010. Interviews were conducted either at Child Advocacy Centre Niagara or at the organization with which the participant worked during November and December 2010. It is our hope that the discussion and distribution of this report will aid Child Advocacy Centre Niagara as well as future Canadian Child Advocacy Centres in developing and implementing appropriate service delivery and programming for children who have been abused and their non-offending caregivers.

Participant selection

Participant selection was based on four specific criteria. First, invited organizations had to be located within the Niagara Region. Second, invited organizations had to have child specific programming or services² (this did not mean the organization's target population had to be children, but meant that the organization would have specific programs or services for children and/or youth or at the very least, provide referral services for children and/or youth). Third, invited organizations had to provide programming or services with abuse as a focus (for children and/or adults) or provide programming or services for high-risk and vulnerable populations. And finally, all Child Advocacy Centre Niagara partner organizations were invited. For a full list of participating organizations see Appendix A.

Background

Child abuse

Child abuse is a critical issue in Canada as rates of family violence against children and youth have increased substantially over the past decade. Specifically, according to police-reported trend data, the rate of family violence against children and youth was up 23% in 2007 compared to 1998. In 2007, 53,400 children and youth were the victims of a police-reported assault, with approximately 13,200 of these incidents perpetrated by a family member. Similarly, the sexual assault rate for children and youth was over five times higher than it was for adults (Statistics Canada, 2009). The majority of children who are physically or sexually assaulted, personally know their perpetrator (55% friend or acquaintance; 30% family member, in 2007), while only 15% of children in 2007 were assaulted by a stranger. In 57% of the incidents where children and youth were assaulted by a relative, a parent was identified as the abuser (Statistics Canada, 2009). Given that rates of child abuse continue to rise, and that the majority of children who have been victims of abuse are abused by someone close to them, it is imperative that these children have a safe place to go.

² Organization's whose primary focus is abuse were invited to participate in the research initiative regardless of whether they had child specific programming. The scope and practice of these organizations is of strong relevance to this project.

History of Children's Advocacy Centres

Child Advocacy Centres (CAC's) are non-profit community organizations dedicated to helping child victims of abuse. The key to a successful Child Advocacy Centre is the cooperation of a multidisciplinary team who works together to investigate, treat, manage, and prosecute child abuse cases (Jackson, 2004). The Child Advocacy Centre model incorporates many progressive approaches to criminal child abuse investigations such as multidisciplinary team investigations, forensic interviewing, video taped interviews, specialized forensic medical examinations, victim advocacy, and mental health treatment (Jones, Cross, Walsh & Simone, 2005).

Child Advocacy Centres were developed in the 1980's (the first CAC was established in 1985) in response to the rising criticism that child sexual abuse investigations were causing more harm to an already victimized child. The child abuse process prior to the introduction of CAC's was considered detrimental to both the child's well being as well as the prosecution of these cases (Jackson, 2004). In many instances, professionals were uneducated on how to conduct an effective child centered forensic interview and medical exam and most of the child abuse investigations were uncoordinated resulting in children having to disclose their abuse several different times (Jones et al., 2005). CAC's were, therefore, developed in order to improve community responses to child abuse and the criminal justice process in child abuse cases in a way that incorporated a more humanistic approach to ensure the child was not further victimized (Jackson, 2004). Research in the United States has demonstrated that cities with high CAC participation have a significantly higher number of felony prosecutions of child sexual abuse than those cities with less participation (Miller & Rubin, 2009).

Child Advocacy Centre Niagara

Child Advocacy Centre Niagara opened its doors in September 2008 and is the first dedicated, stand alone facility in Canada, where multidisciplinary services are coordinated in the best interest of the child. Child Advocacy Centre Niagara is a Regional facility and provides services to Niagara Region's 12 municipalities. Child Advocacy Centre Niagara provides services for children and youth up until their 16th birthday, who have suffered abuse (physical, sexual, internet luring, and/or witness to violence). Since opening its doors in 2008, Child Advocacy Centre Niagara has interviewed close to 800 children and youth at the time of writing.

Child Advocacy Centre Niagara works in partnership with Niagara Regional Police, Family and Children's Services, Family Counselling Centre Niagara, and medical professionals. The multidisciplinary team conducts child-focused forensic interviews that provide solid evidence when perpetrators are prosecuted. In order to ease children and their caregivers when they come to the centre, all police investigators wear plain clothes and drive unmarked vehicles. Police investigators and Child Protection Workers engage with the child before the formal interview occurs. Child Advocacy Centre Niagara provides a private, safe, non-threatening environment for child-focused investigations to be conducted.

Objective

The roundtable discussions and interviews were the first step in identifying current service and programming gaps and using this information to better service children who have been victims of abuse. The goal was to identify areas where there may be service shortcomings within the Niagara Region and to use this information to implement new services and programs at Child Advocacy Centre Niagara and

to make recommendations for use by future Canadian Child Advocacy Centres. The overall goal of the project is to ensure that the needs of victimized children and their families are met.

Topics and Issues

Several questions were presented to the roundtable groups and interview participants as a way to focus discussion on key issues. Question guides were semi-structured in order to motivate thoughts and commentary and appropriately guide the dialogue (see Appendix B and Appendix C for sample Roundtable and Interview question guides). The following key issues were touched upon to varying degrees throughout all roundtable and interview discussions.

Key issues

- Identification of existing programs and services for children in the Niagara Region.
 - Specifically, program accessibility to all populations, program and service strengths, and overall successfulness of current program and service offerings.
- Identification of gaps in current service delivery to child victims of abuse and their non-offending caregivers and/or high-risk populations within the Niagara Region.
- Suggestions for improved service delivery for child victims of abuse and their non-offending caregivers within the Niagara Region in general, and for Child Advocacy Centre Niagara specifically.

Research Design

This research study was conducted using a non-experimental design in which qualitative data was collected and utilized to identify program and service gaps and to make recommendations for the benefit of Child Advocacy Centre Niagara and other/future Canadian Child Advocacy Centres. Data was collected via three roundtable discussion groups and 11 interviews. All collected data was analyzed using transcription and thematic coding.

Key Learnings

Regional Gaps in Service Delivery and Suggestions for Improvement

This section contains a list and discussion of the results of the roundtable discussions and individual interviews. The list includes identified gaps as well as suggestions for enhanced service delivery that were provided by the participants are not necessarily reflective of the views of the Researcher or Child Advocacy Centre Niagara. Participants were encouraged to provide suggestions both for the Niagara Region as a whole and for Child Advocacy Centre Niagara specifically.

Access to mental health services

The most commonly cited gap among all roundtable discussions and all interviews was access to children's mental health services. In particular, participants indicated that wait lists for mental health services are long and the intake process for Pathstone Mental Health (mental health service for children and youth in the Niagara Region) through Contact Niagara is difficult to navigate and often time consuming. This was a concern especially for referrals from parents who may have difficulty navigating through this process which in turn could have a negative impact on the child as the parent may choose not to access these services.

Similarly, it was noted there is a lack of Child Psychologists and Child Psychiatrists in the Niagara Region. Participants stated that the limited number of trained professionals leads to long wait lists for services and sometimes requires families to travel long distances to access these services. In turn, some families are not able to access services or attend appointments because they do not have access to transportation or adequate funding to support their travel³.

Finally, concern was expressed about the types of therapies offered to children with mental health difficulties or those who have been victims of abuse. Specifically, it was noted that there is a lack of specialized therapies such as Art and Play Therapy as well as a lack of Therapists with specialized child abuse and Post Traumatic Stress Disorder (PTSD) therapy training (see Appendix D for definitions of each of the listed therapies) within the Niagara Region.

Suggestions

The most widely noted suggestion was to increase the number of mental health professionals in the Niagara Region. Specifically, participants indicated that Niagara would benefit from more counsellors who specialize in specific therapies (such as play therapy, art therapy, working with individuals who have PTSD, etc). It was noted there needs to be a willingness in the Region to educate professionals in these specialized therapies in order to meet the specific needs of the population. It was also suggested that the Niagara Region needs more Child Psychiatrists who are able to prescribe medications and Child Psychologists who can provide more intensive therapies. Participants believed that if the number of specialized professionals was increased, wait times would decrease.

When asked about suggestions specific to Child Advocacy Centre Niagara in the realm of mental health, some participants indicated that it would benefit CACN to have a Child Therapist that worked directly

³ Please see sections entitled "Transportation" and "Funding" for further explanation of this gap.

out of the centre and was an employee of CACN rather than a partner agency. Participants also indicated that it would be helpful for CACN to further research successful counselling models employed in other agencies to aid in the development of a best practices model. And finally, it was suggested that CACN re-introduce the psycho-educational workshops that were implemented in the past by staff members of Family Counselling Centre. These workshops allow families to receive education about their current situation, bond with other families, and enhance therapy success.

Programs and services for youth

Another commonly cited gap was that of specific programs and services for youth. It was consistently noted that youth between the ages of 15 and 20 often have significantly fewer services available to them than younger children or adults. It was stated that these young people often “fall through the cracks” and are not able to adequately access the services that they need. Specific services that were noted include mental health services, youth specific shelters, juvenile justice services, youth advocacy, and youth mentor programs.

Suggestions

Many of the participants felt very strongly that there was a significant lack of programs and services for youth living in the Niagara Region. Participants suggested more interaction between educators and community organizations in order to understand the unique needs of the youth population and to integrate appropriate programs for them in the educational system.

Specific to Child Advocacy Centre, participants suggested that CACN could implement specialized programming for youth to meet their needs. One example was to implement a program for young males who have been victimized and give them a safe environment to discuss their emotional struggle. It was also suggested that CACN could employ a Youth Worker or Youth Advocate who could be there to support youth who come to the Centre for investigations. Often, when youth come to CACN, they are not accompanied by a caregiver. They may spend a lot of time alone in the waiting room. Youth would benefit from having someone designated to support them through the investigative process.

Abuse education in the schools

A primary concern of many participants was the lack of abuse education in the schools, especially elementary schools⁴. Although there are a few very successful programs currently employed throughout Niagara schools (for example the CAPP (Child Abuse Prevention Program) program run by the Niagara Regional Sexual Assault Centre, various activities designed by Public Health, and programs executed by Child and Youth Workers) very little core programming is conducted within Niagara schools with abuse as its focus. Although the above mentioned programs are well received by the community, the concern arises when looking at access to programming. For example, the CAPP program is not employed in all schools as it is at the discretion of each principal whether it will be implemented in a particular school and even after this decision has been made, there tends to be a two year waiting list. As for the various programs offered by public Health Nurses and Child and Youth Workers, these programs vary among schools (depending on need, time, and principal discretion) and can change from year to year.

⁴ Please note: this gap was not supported by all participants as some individuals felt that abuse awareness should not be taught in the school system. To date, abuse education is mandated by the Ministry of Education in Ontario through the health and physical education curriculum. A discussion of whether or not this is appropriate is not included in this study.

When consulting with school board professionals (both Teachers and Curriculum Consultants) through the interview process, the coverage of abuse in the curriculum was a primary area of discussion. Although there are areas within the health and physical education curriculum (elementary curriculum)⁵ that require teachers to incorporate abuse discussions, it was expressed that many teachers feel uncomfortable teaching these areas. Generalist teachers do not necessarily have a health background, coupled with a lack of relevant, up-to-date resources to aid in the execution of such information. While educating children about abuse is mandated by the Ministry of Education in Ontario, it was reported that teachers often feel inadequate to teach these topics without more appropriate resources.

Similarly, educational professionals felt that many are not informed of the complexities of what to expect from children when abuse is reported. Interviewees expressed that although there are policies and procedures in place for reporting suspected abuse to FACS, they do not have the necessary information about what to expect from children after this process has occurred or how to properly support them through this difficult time.

Suggestions

Several suggestions were made with respect to abuse education in Niagara Region schools. First, it was suggested that more resource material be available for teachers. This would help to alleviate the discomfort some educational professionals have with teaching the abuse section of the curriculum as they would have several different grade appropriate resources at their disposal to help educate children in various grades. Specific resource suggestions included print materials teachers could use to develop lessons (possibly also developing materials to be sent home to parents), educational videos, or the development of abuse related workshops. One area in particular that many people felt was pertinent for teachers was that of the internet. In recent years child sexual exploitation and internet luring have become increasingly prevalent (Ferraro & Casey, 2005; O'Connell, 2001) and, therefore, educating children and parents on these forms of abuse is also imperative. And second, participants suggested that teachers be provided with training and/or print materials that better educate them on how to identify signs of abuse, proper reporting of abuse, what to expect from a child who is involved in an abuse investigation, and how to adequately support that child.

The majority of participants felt that Child Advocacy Centre Niagara could take a lead role in enhancing abuse education in Niagara schools by providing print materials and resources for teachers so that what is taught is up to date, relevant, accurate, and age appropriate. It was also suggested that Child Advocacy Centre Niagara could host training sessions or workshops for teachers to increase the effectiveness of the teaching materials.

Language services and cultural sensitivity and awareness

Participants indicated that although Niagara has designated bilingual areas (Port Colborne and Welland), as specified by the French Language Services Act (1986), there is a lack of French language services in the Region. Specifically, it was noted that besides the services offered by Centre de Sante Communautaire (medical centre that also offers counselling and immigrant services), located in Welland, Ontario, there are very few organizations/agencies that offer services in French. It was also

⁵ Secondary school health and physical education curriculum was not examined as the age of secondary school students is beyond the scope of the services offered by Child Advocacy Centre Niagara or future Children's Advocacy Centres.

noted that it is quite difficult to acquire a French translator in the Niagara Region which can be problematic for families trying to access services in organizations where French language translation is not available.

Of similar concern throughout the discussions was the perceived lack of cultural sensitivity and awareness within Niagara Region social service organizations. This was a concern for both newcomer and Native populations. Particularly, participants indicated that it is difficult for Native persons to access services at many of the organizations throughout the Region. They indicated that besides Native centres (for example: Abbey House or the Fort Erie Native Friendship Centre) Native people face barriers when acquiring necessary services. The most noted barrier was a lack of understanding of cultural practices. Native populations often have certain medicines and practices that they use. These medicines and practices are not always welcomed or sanctioned by other organizations. Therefore these people are not comfortable accessing services where they are not able to perform the practices that are very important in their healing.

For newcomer populations, participants noted that the most significant barrier to service was language. In particular, newcomers are often not fluent in English or French and therefore need adequate translation services to access programs at English speaking organizations and these translator services are not always available.

Suggestions

Although cultural sensitivity and a lack of French language services was a strongly noted gap in the region, participants had a difficult time suggesting methods of enhancement. Suggestions included implementing more cross-sector training to better educate organizations on the differing needs of the population and to work together to fill these noted gaps. And it was suggested that community organizations could better accommodate French speaking community members and Native community members by incorporating services specific to their needs. The exact method of this accommodation was not specified. Participants felt that CACN could attend or host such cross-sector training among community organizations and could work with these populations to better accommodate cultural practices and French speaking peoples into the Centres practices.

Consistent referral services for child abuse victims who are not clients of Family and Children's Services

Through discussions with community members and agency partners it became evident that there is a lack of consistency in the referral process for children and young people who have been victims of abuse but who are not a client of Family and Children's Services and therefore do not have an assigned Child Protection Worker (this would be the case if a child was abused by a stranger and therefore it would be reported to the police but would not be a file for FACS). These young people often attend Child Advocacy Centre Niagara for their forensic interview with a Niagara Regional Police Detective. Although referrals are made, no systematic protocol exists with regards to who this young person should speak to about acquiring follow up services (i.e., counselling, housing, financial aid etc.).

To date, these individuals are most often referred to the Victim/Witness Assistance Program in hopes that appropriate referrals can be made. It was unclear from this study, however, if referrals are acquired as follow-up on these cases is limited. Therefore, it would be beneficial if a service were in place for these young people to ensure they received consistent referral services and follow-up care.

Suggestions

Suggestions for this gap were noted for Child Advocacy Centre Niagara specifically given that it is CACN clientele who are affected. In particular, it was suggested that CACN have someone on staff who could provide support and referral services (i.e., a Child Advocate) for children and youth who are not clients of Family and Children's Services and therefore do not have an assigned Social Worker. This person could then be in contact with Niagara Regional Police when investigations with these clients take place and can aid the young person to ensure adequate support and follow-up care.

Regional transportation

Participants consistently shared concerns regarding lack of regional transportation. Community members in the Niagara Region in need of services may have difficulty accessing available services due to a lack of transportation. Families who do not own their own vehicle have two options: public transportation (the bus) or taxi. With regards to public transportation, the Niagara Region cover 1852 square kilometers and most of the public transit systems do not connect. Extra fair or long wait times are the norm. This can be very discouraging to families and may inhibit them from accessing the services they need. Taxi fares can also be a barrier as many families are not able to pay for the fair and again, may not access much needed services.

Suggestions

Three specific suggestions were made with respect to filling the transportation gap in the Niagara Region. First, participants suggested that organizations provide funding for taxi services so that clients are better able to access services and get to their appointments. Second, organizations could acquire satellite offices throughout the region so that clients do not have to travel as far and can access the services they require at an office located close to their residence. And finally, more organizations could incorporate the Port Cares model (Port Cares is a non-profit community organization located in Port Colborne, Ontario) in which multiple agencies share one space and rent rooms from a central organization which would provide clients with many different services under one roof making it easier for them to attend appointments and access required services. No suggestions were made for Child Advocacy Centre Niagara specifically.

Community awareness of proper child abuse reporting procedures

Participants felt that there is a lack of awareness among community members and community professionals with regards to the procedure for reporting suspected child abuse to Family and Children's Services. It was expressed that many people felt uncomfortable in a reporting role and are often unaware of what constitutes a reportable offense and when it is appropriate to report suspected abuse. This issue was further supported by FACS staff who felt that reports are inadequate at times.

Suggestions

Participants suggested there should be more community education about abuse, the signs of abuse, how to report abuse, abuse prevalence rates, etc. It was noted that if community members were more educated on the problem they would be better equipped to identify and report suspected abuse and therefore more children would get the help required.

Participants suggested that Child Advocacy Centre Niagara could provide community advocacy and work to better educate the public on the topic of abuse and advocate on behalf of the children by trying to make some systemic changes.

Community awareness of CACN

Many community members were unaware of what exactly Child Advocacy Centre Niagara does, who they serve, and the role of Child Advocacy Centres in general. Therefore, many participants noted that there should be more community awareness of the Centre including awareness of exactly what the organization does and the scope of the services offered.

Suggestions

It was suggested that CACN could hold community open houses and invite people to see the Centre, meet the staff, and have an orientation to the Centre's goals and mission. Participants suggested that CACN could present at public health meetings, provide information to community members and community professionals on what the organization does, and have a greater presence on some of the regional planning committees. Finally, it was suggested that CACN could have someone on staff who could advocate for the Centre and provide prevention and awareness throughout the community while educating people on what CACN does and how they help victims of abuse.

Funding for programs and services

Funding was noted several times throughout all discussions as a significant barrier to services. Many participants indicated their respective organizations would like to expand the scope of their services and increase access, however, lack of funding limits these developments.

Suggestions

No suggestions specific to funding were provided.

Collaboration among organizations

Some participants expressed a desire for more community organization collaboration within the Region. Individuals noted that with the lack of funding it is unreasonable to expect one organization to provide all the services needed to serve a particular population. Having said this, participants felt that although there is collaboration among organizations it would be beneficial to increase communication and ensure collaboration continues. Participants suggested that enhancing this may aid in better service delivery.

Suggestions

In order to increase collaboration among organizations, participants suggested cross-sector training and more community roundtable facilitations. Particularly, individuals noted that it would be beneficial to host more roundtable discussions such as the ones conducted for this research initiative, in order for organizations throughout the region to meet on a regular basis and discuss ways to improve service delivery. Also, it was suggested that community organizations should align themselves with other organizations that have the same core values in order to expand the scope of their service. It was noted

that it would be unreasonable to expect any one organization to support all of the needs of the Niagara populations. By creating partnerships, more services can be offered with less cost.

For Child Advocacy Centre Niagara specifically, participants thought that CACN could continue to host roundtable discussions to keep organizations connected and informed. It was also suggested that CACN could increase collaboration with their partner agencies (Niagara Regional Police, Family and Children's Services, and Family Counselling Centre) by following the United States Child Advocacy model of holding regular case review meetings. In these meetings, partners come together regularly to discuss pertinent cases and ensure the most effective service delivery.

Court supports for children and families

Participants recognized that Victim/Witness Assistance Program (VWAP) aids children and families in court preparation. However, additional supports are needed specifically for the child during their time in court and at trial.

Suggestions

It was suggested that Child Advocacy Centre Niagara work with the Victim/Witness Assistance Program to make the transition smoother for children and their families. Specifically, it was noted that it may be beneficial for children if the initial court preparation appointment was done at CACN (with VWAP staff) since this setting would be familiar for the child and would increase collaboration between the two organizations. And finally, it was suggested that CACN could provide court support for children and their families by having a Court Advocate on staff (or as a volunteer) that could work in collaboration with the VWAP staff to ensure all children and families were fully supported throughout the entire court process.

Home supports and follow-up care

Participants indicated that there is a lack of home supports for families. For example, a family may access a service in the community but have difficulty maintaining their well-being once they no longer attend that service.

Suggestions

Participants indicated home support is imperative and it would therefore be beneficial if organizations provided more follow-up contact. Specifically, participants indicated that although many organizations provide referrals for follow-up care and continued support, it is not often that families are followed up with to ensure this support was adequately accessed. In turn, it would be advantageous if more contact was kept with families to guarantee they were continually supported. It was suggested that to help alleviate this gap, Child Advocacy Centre Niagara could ensure they had a staff member who was tracking referrals made and referrals accessed to make certain adequate support is provided to all clients.

Offender services

During the roundtable and interview discussions, concern was expressed regarding the lack of offender services, particularly programs for adult offenders. It was noted that programs need to be in place to rehabilitate these individuals and therefore, decrease the number of incidents of abuse.

Suggestions

Participants suggested it would be beneficial if the Niagara Region had a program similar to the existing Partner Assault Response Program (PARS), which is offered by Family Counselling Centre, but was designed for child abuse perpetrators. This way, offenders of child abuse would be able to access this service in an attempt to decrease the number of abuse cases within the region.

There were no suggestions specific to Child Advocacy Centre Niagara with regards to offender services for adults. However, it was suggested that CACN could implement a sibling reunification program. These programs aim to reintroduce young offenders (with which the victim was a sibling) with their families and the victimized sibling by providing counselling and treatment for both the victim and offending sibling.

Recommendations

Child Advocacy Centre Niagara⁶

Access to mental health services

Recommendation #1

Research best practice counselling models

It is recommended that Child Advocacy Centre Niagara further review CACN client access to counselling services so that an accurate depiction of the service is understood by both CACN staff and partner organizations. In doing this, it is recommended that CACN staff consult with Family Counselling Centre staff to ensure both parties are clear on how many clients are accessing counselling services, if there is a waiting period for CACN clients (and if so, how long), how many clients are getting counselling referrals, and which clients are getting referrals. In conducting this review, it is also recommended that CACN staff research successful counselling models employed at Children's Advocacy Centres in the United States to compare best practice models.

Recommendation #2

Re-introduce FCC psycho-education workshops

It is recommended that Child Advocacy Centre Niagara, in consultation with Family Counselling Centre Niagara, re-introduce the previously implemented psycho-education workshops for parents and caregivers of child victims of abuse. By re-introducing these workshops, CACN is able to offer a wider variety of counselling related services. It is also assumed that these workshops enhance the therapy experience for these families and provide more opportunity for families to access mental health services.

Recommendation #3

Provide support groups for parents/caregivers

It is recommended that Child Advocacy Centre Niagara provide support groups for caregivers of child victims of abuse. Research demonstrates that non-offending parents are better able to cope with what has happened, better able to support their child, and better able to help the child cope with their new situation when they receive supportive interventions. A primary way parents can receive support is through the use of support groups (Elliott & Carnes, 2001). Support groups would allow parents and caregivers to develop stronger coping abilities while feeling a sense of emotional support throughout their treatment process. It is recommended support groups should be offered to caregivers as an addition to counselling and psycho-education, not in replace of.

⁶ Please note that recommendations made for Child Advocacy Centre Niagara do not address all noted gaps or participant suggestions. Recommendations made for Child Advocacy Centre Niagara were based on the organizations scope of practice, mission and goals, resources available, and NCA accreditation requirements.

Recommendation #4***Implement a family advocacy program***

Finally, it is recommended that Child Advocacy Centre Niagara implement a family advocacy program in which a Child/Family Advocate(s) would provide continued support to the child victim and the non-offending caregivers through the duration of the investigative and court processes. Literature explains that family advocacy programs are an early intervention method that aids families by offering emotional support, crisis intervention, and referral services (Elliott & Carnes, 2001). It is not recommended that the family advocacy program be offered instead of counselling, but rather, in addition to counselling sessions. The Advocate would be able to provide the child and family with continued support between therapy sessions and educational workshops. In addition, Advocacy is a component of the National Children's Alliance accreditation standards and would therefore aid in the accreditation membership process of CACN (National Children's Alliance, 2008).

Programs and services for youth**Recommendation #1*****Implement a family advocacy program***

Although this recommendation was made with respect to addressing the gaps in mental health service access, the implementation of a family advocacy program can also be beneficial in addressing the gaps in programs and services for youth. Specifically, it is recommended that the Child/Family Advocate(s) provide necessary support and follow-up care with youth clients who come to Child Advocacy Centre Niagara. Often times when youth come to CACN they are accompanied by a Social Worker rather than family members or caregivers. It is therefore recommended that these young people be provided a strong support system while they are going through the investigative and court process. Consequently, an Advocate should be there to provide emotional support, referral services, follow-up care after the investigation, and court support. And again, Advocacy both at the Centre and in court, are required for NCA accreditation (National Children's Alliance, 2008).

Abuse education in the schools**Recommendation #1*****Provide resource material to aid teachers in teaching the abuse and personal safety portions related to the 2010 Ontario health and physical education curriculum***

It is recommended that Child Advocacy Centre Niagara produce educational materials that teachers can utilize when teaching the abuse and personal safety portions of the health and physical education curriculum. It is recommended that CACN use accurate and current information that is grade appropriate and approved by the various school boards. Making these resources available will alleviate some of the stress teachers feel in developing appropriate abuse related lessons and will therefore ensure more children are receiving accurate and developmentally appropriate information.

Recommendation #2***Provide material for teachers about what to expect after an abuse report***

It is recommended that Child Advocacy Centre Niagara produce materials that are available in all classrooms that teachers can use as a reference guide after reporting suspected child abuse to Family

and Children's Services. These materials should be brief (possibly in the form of a pamphlet or booklet) and contain information on what to expect from a child that has a reported instance of abuse and what steps the teacher should take to ensure the child is properly supported.

Recommendation #3

Provide help in the implementation of the ICE Unit school program

To date, the ICE (Internet Child Exploitation) Unit of the Niagara Regional Police has developed a high-school (specifically grades 9 and 10) program that educates youth on internet exploitation. This program is designed to be an auditorium based presentation that would be followed up in the classrooms through health classes. Although this program has been developed, it has not yet been implemented due to time and resource constraints. It is therefore recommended that Child Advocacy Centre Niagara staff work in partnership with the NRP to coordinate and implement this program.

Language services and cultural sensitivity and awareness

Recommendation #1

Produce French language materials

It is recommended that Child Advocacy Centre Niagara produce materials in French. For example, CACN could produce their information brochure, their annual report, educational resources, and website documents in French so that this information is more readily accessible to French speaking people living in the Niagara Region. Given that CACN is a regional facility, it is imperative that all members of the community feel they can access their services.

Recommendation #2

Have CACN staff attend cultural sensitivity/diversity training

It is recommended that all staff members at Child Advocacy Centre Niagara, who work directly with clients, attend training sessions on cultural sensitivity and diversity⁷. This will ensure CACN staff are trained to accommodate the needs of all clients who enter the facility. Staff should also be encouraged to expand their skills by continually attending trainings sessions when available.

Consistent referral services for child abuse victims who are not clients of Family and Children's Services (FACS)

Recommendation #1

Implement a family advocacy program

Please see section entitled ***Access to mental health services-recommendation #4*** and section entitled ***Programs and services for youth- recommendation #1*** for further description of the family advocacy program. To alleviate this gap, the Advocate would be responsible for providing the necessary referrals for these clients and ensuring that referrals are accessed and followed through with. Examples of possible referral services include, but are not limited to: counselling, housing, legal supports, victim compensation, etc.

⁷ Please note: this recommendation is not suggesting that this training be offered by CACN, but rather, that CACN staff actively seek appropriate training offered in the community.

Community awareness of CACN*Recommendation #1**Develop and disseminate community outreach materials*

It is recommended that Child Advocacy Centre Niagara continue to produce print materials with information that will educate the Niagara Community about abuse (signs, statistics, resources etc.) and about the services offered at CACN. Also, it is recommended that these materials be available electronically through the CACN website.

*Recommendation #2**CACN to be represented at more regional planning committee meetings*

It is recommended that the Executive Director or other staff member of Child Advocacy Centre Niagara attend more Niagara based planning committee meetings. By having a greater presence at these meetings, CACN can better educate others on the Centre and its place within the Niagara Region service sector and stay informed of the operations and events happening in other organizations. This would also increase organization collaboration and could potentially lead to more partnerships between CACN and other agencies.

Collaboration among organizations*Recommendation #1**CACN to assume the role as community facilitator*

It is recommended that Child Advocacy Centre Niagara take a lead role to increase collaboration among community organizations by hosting more roundtable discussions or workshops. There are different approaches that can be taken in order to encourage organization collaboration. First, CACN could facilitate more community roundtable discussions throughout the region which would encourage organizations to come together to share their expertise. Or second, CACN could host community workshops in which CACN staff could organize and coordinate workshops offered to organizations throughout the region which could include guest presenters and would help to engage multiple agencies in ensuring the best possible service delivery to individuals living in the Niagara Region.

*Recommendation #2**Joint-training*

It is recommended that Child Advocacy Centre Niagara host joint-training sessions. By offering joint-training with other community organizations, CACN will increase collaboration among organizations and ensure the appropriate sharing of services and make certain that there is no duplication of service. It is also recommended that CACN host joint-training sessions with their partner agencies which would increase partner communication and collaboration and would ensure that CACN clients were being offered the best service available.

*Recommendation #3**Participate in case review meetings*

Finally, it is recommended that Child Advocacy Centre Niagara staff aid in the coordination and facilitation of, and participate in, regular case review meetings that include representation from the entire multidisciplinary team. These meetings will assist in building stronger connections between CACN partners while also ensuring that all CACN clients receive appropriate treatment and support. Regular case review meetings are also a requirement for accreditation by the National Children' Alliance (National Children's Alliance, 2008) and therefore should be a priority of both CACN staff and partner agencies.

Court supports for children and families*Recommendation #1**Initial court preparation appointment to be conducted at CACN*

It is recommended that Child Advocacy Centre Niagara, establish a partnership with Victim/Witness Assistance Program (VWAP), to allow for the initial court preparation appointment for CACN clients at CACN. Therefore it is recommended that VWAP staff arrange for clients to do their initial court preparation at CACN rather than the courthouse. CACN will provide the space for this appointment and will coordinate with VWAP staff for scheduling. This will give children a chance to be introduced to the court process in an environment they are already comfortable with and will build a stronger partnership between VWAP and CACN.

*Recommendation #2**Provide court support to children*

It is recommended that court support be implemented as part of the family advocacy program (for more information on the family advocacy program see sections entitled ***Access to mental health services- recommendation #4*** and ***Programs and services for youth- recommendation #1***). Through this program, the Child/Family Advocate will accompany children and youth to court and will provide continued support throughout the duration of the court process. It is recommended that CACN staff work in partnership with staff members from the Victim/Witness Assistance Program in conveying court information to families and in ensuring every child has a support person to accompany them to court.

Client satisfaction surveys

Finally, it is recommended that Child Advocacy Centre Niagara collect Client Satisfaction Surveys once a family has completed their time at CACN. This survey should be continually updated to reflect all new programs and services offered by CACN to ensure the most accurate information is collected. Client feedback will allow CACN to gain a greater understanding of the impact their programs and services have, and this information can be used for continual program and service enhancement.

Future Canadian Child Advocacy Centres

Although the aforementioned recommendations are based on information and suggestions obtained from research conducted in the Niagara Region specifically, many of these recommendations would be

useful for Child Advocacy Centres throughout Canada. Below is a list of recommendations based on the current research initiative for existing and future Canadian Child Advocacy Centres.

Recommendation #1

Implement a family advocacy program

Advocacy and support services are primary components of Child Advocacy Centres throughout Canada and the United States. Providing advocacy services is an accreditation standard (National Children's Alliance, 2008) and an important factor in the continued support of child victims of abuse and their non-offending caregivers. It is therefore recommended that an advocacy program be established in all future Canadian Child Advocacy Centres as a primary goal. Advocacy programs vary in their execution and development and should be tailored to the specific needs of the community the CAC is located in. Regardless of its implementation, an advocacy program should ensure that a staff member or trained volunteer performs advocacy services such as emotional support, crisis intervention, referral services, court support, and follow-up care. It is recommended that the Advocate position be filled at the point in which the Centre opens as to ensure all members of the multidisciplinary team (including the Advocate) develop a strong collaborative working relationship.

Recommendation #2

Have Advocacy Centre staff attend cultural sensitivity/diversity training

It is recommended that all future and existing Canadian Child Advocacy Centres ensure that their staff (especially those in contact with clients) attend regular training sessions in the area of cultural sensitivity and awareness. Child Advocacy Centres should be a safe and supportive environment for all children and their families who require services. Having said this, in order to provide the most supportive environment possible, staff should be trained to be sensitive to all individuals and be aware of cultural differences when interacting with children and their families and when deciding on the appropriate referral services.

Recommendation #3

Produce community outreach materials

It is recommended that Children's Advocacy Centres produce community outreach materials (print and/or web based) that educates their community on the prevalence and risks of child abuse while also giving them valuable information about signs of abuse, reporting procedures, and prevention strategies. Outreach should also include information about the Centre itself to ensure that community members are aware of the Centres mission and goals and the services that are offered. This is especially important in communities where a CAC is newly established.

Recommendation #4

Joint-training for all partners

Children's Advocacy Centres are premised on the notion that teams from various disciplines (e.g., child protection, law enforcement, mental health etc.) work together to ensure the best outcome for child victims of abuse and their non-offending caregivers. Joint-training that includes all partner agencies allows for increased communication among the disciplines and ensures that all members of the CAC multidisciplinary team have current and consistent training.

Recommendation #5***Participation in, and coordination of, case review meetings***

The National Children's Alliance (2008) states that all Child Advocacy Centres must establish a formal case review process in which representatives of the multidisciplinary team work together to monitor and assess current cases to provide the best care and treatment for children and their families. Given that regular case review is a mandatory accreditation standard, and promotes the safety and well being of children and families accessing CAC services, it is recommended that future Canadian Child Advocacy Centre's establish an appropriate case review process. The exact procedures in which the CAC may execute this process can vary and should be tailored to the needs of the individual CAC depending on case load and the size of the service area (National Children's Alliance, 2008). It is recommended that this be a primary goal for future CAC's and should be implemented at the time of the CAC opening.

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APPENDICES

APPENDIX A: LIST OF ALL PARTICIPATING ORGANIZATIONS

List of all participating organizations

Organization	Scope of practice
1. Abbey House	A secured residence that supports Aboriginal women and their children to overcome crisis and homelessness by assisting them to achieve a positive well being.
2. Bethlehem Projects Niagara	A housing and support service that assists people living with low to moderate incomes, victims of abuse, and people facing homelessness or family breakdown.
3. Big Brothers Big Sisters St. Catharines	Offers support, companionship, and mentoring for children and youth ages 6-16 by assigning them a suitable adult volunteer.
4. Bridges Community Health Centre	Provides primary health care, illness prevention, health promotion, and community development initiatives, using multi-disciplinary, interprofessional teams.
5. Centre de Sante Communautaire	A community health centre offering primary health care and social services for the Francophone population of Hamilton and Niagara.
6. Contact Niagara	Provides information and connects people to local services for children who have emotional and/or behavioural problems and people of all ages with developmental disabilities.
7. Distress Centre Niagara	Free and confidential 24-Hour Distress Line.
8. District School Board of Niagara	Is made up of 119 schools plus a number of education centres. It is a public system school board that serves approximately 48,000 students.
9. Family and Children's Services (FACS)	Is Niagara Region's local Children's Aid Society.
10. Family Counselling Centre (FCC)	Is a division of FACS and is a fully accredited, professional counselling agency dedicated to strengthening and supporting individuals, couples, children, and families residing within the Niagara Region.
11. Forensics Nurse (Sexual Assault Nurse Examiner)	Registered Nurse with additional training in forensic medical examinations.
12. Fort Erie Multicultural Centre	A multicultural centre providing settlement services that meet the needs of Immigrant and Refugee populations living in Fort Erie.
13. Fort Erie Native Friendship Centre	Promotes cultural, recreational, social, and educational activities for the Native Community.

14. Gillian's Place	Shelter for abused women and children that provides a safe refuge and non-residential programming that enables women and children to break the cycle of violence.
15. Niagara Catholic District School Board	Catholic school system providing education from Junior Kindergarten to Grade 12.
16. Niagara Crown Attorney's (North and South)	The Crown Attorney's office is responsible for conducting prosecutions of offences in its district under the Criminal Code of Canada and other statutes such as the Young Offenders Act.
17. Niagara Regional Police	Provides policing and public safety services to an estimated 410, 574 residents and 15,000,000 visitors annually.
18. Niagara Region Sexual Assault Centre	Provides services in a safe and comfortable environment for survivors of child sexual abuse, incest, and adult sexual assault.
19. Niagara Victim/Witness Assistance Program (VWAP)	Provides information, assistance, and support to victims and witnesses of crime throughout the criminal justice process.
20. Pathstone Mental Health	Offers a broad spectrum of mental health treatment services and programs to children and youth ages 0-18.
21. Port Cares	Provides a wide range of services in an individual case basis including: advocacy, assistance with domestic abuse situations, addictions, emergency food, utilities, crisis situations, transportation, financial assistance, and referrals.
22. Public Health	Committed to meeting the public health needs of the Niagara community through health protection, disease prevention, health promotion, and injury prevention programs.
23. Sexual Assault/Domestic Violence Treatment Program	Regional service that provides immediate, confidential, and individualized treatment to females or males who have recently been sexual assaulted or are victims of intimate partner abuse.
24. Welland Heritage Council & Multicultural Centre	Assists immigrants in overcoming barriers to integration by helping them gain the necessary skills to live and work in Canada.
25. Welland Neighborhood School Project	Helps to provide a wide range of supports to parents and students in the community.
26. Women's Place	Provides shelter for women and children experiencing abuse.
27. Victim Services Niagara	An organization whose dedicated volunteer crisis responders respond to referrals from Niagara Regional emergency services by offering immediate, vital short-term, confidential support to victims.

APPENDIX B: SAMPLE ROUNDTABLE QUESTION GUIDE

Roundtable Discussion Guide

Guided by Kate Twigger

Welcome:

Welcome to the Child Advocacy Centre Niagara Roundtable Discussion; thank you very much for coming. My name is Kate Twigger and I will be guiding the discussion today. The purpose of this meeting is to gain information on the programs and services that are currently available to child victims of abuse and their non-offending caregivers and to begin to identify gaps in existing service. Child Advocacy Centre Niagara has been tasked by the federal government with identifying gaps in the provision of child victim services. In addition, I hope to discuss ways to enhance service delivery to children who have been victims of abuse and their non-offending caregivers.

Begin short presentation on CACN and hand out consents

Setting ground rules:

Before we get started with the discussion it is important that we set some ground rules. Ground rules for this meeting are:

1. No cell phones
2. Maintain confidentiality
3. Participate as much as you can
4. Ask any questions that arise during the process
5. Do not interrupt; only one person talks at a time. This maintains respect as well as allows for information to be recorded more effectively.

Before we begin, does anyone have anything they would like to add?

Roundtable discussion:

The goal of this meeting is to have an open discussion concerning the status of services currently available to children who have been victims of abuse. This discussion will be tape recorded to ensure the most accurate information is obtained.

Topics and questions to be explored include:

1. Existing programs and services

- a. Can you briefly tell me about some of the programs your organizations offer to victims of abuse and their non-offending caregivers?
 - i. Do you have services aimed directly at children?
 - ii. How accessible are these programs?
 1. Niagara community; immigrant populations; native populations; disabled persons
- b. What are some of the strengths of these existing programs?
 - i. Can refer to one's own organization's programs or just programs in Niagara in general
 - ii. Take into consideration: clients; community; family members; staff etc.

- c. Do you know how the programs you currently offer came about?
 - i. Were they provided from the very beginning; did they come about because of community need; were they modeled after another organizations programming?
- d. In your opinion, are the programs and services currently offered to children and their families successful in their aim?
 - i. Do they meet the goals of that specific program; the goals of the organization; the goals of the board and staff members?
- e. What yardsticks does your organization use to measure the success of their programs/services?

2. Gaps in current service

- a. Do you think there are gaps in the current delivery of services to child victims of abuse and their non-offending caregivers?
 - i. In other words, do you think there are improvements we can make to existing programs and services that would enhance service delivery?
 - ii. Are there needs that you see that there are no services for?
- b. What are some of the specific gaps that you see in today's programming and services?
 - i. This can be based on your particular organizations services and programs or just based on what you know about community services in the Niagara area

3. Suggestions for improved service delivery

- a. So a little earlier you noted some of the strengths of current services offered [briefly go through strengths that were listed in part 1], how do you see us building on these strengths?
 - i. As professionals; community members
- b. What areas do you think require attention and improvement to enhance service delivery to children who have been victims of abuse and their non-offending caregivers?
 - i. What do you think needs to be done to make these improvements? [refer back to specifics from previous question].
- c. Based on the strengths of the programs within your organizations, and organizations throughout the Niagara region as well as the service gaps we have identified, what recommendations would you suggest for Child Advocacy Centre Niagara with regards to programming and service delivery?
 - i. What are some suggestions you can offer in order to see that these recommendations be implemented successfully? [refer back to specifics from first part of question]

Closing remarks:

Thank you very much for coming, your participation is greatly appreciated. All contributions from today's discussion will be used to enhance service delivery to child victims of abuse as well as to make recommendations for the benefit of other/future Canadian Child Advocacy Centre's. Are there any questions? – Now hand out thank you letter.

APPENDIX C: SAMPLE INTERVIEW QUESTION GUIDE

Interview Discussion Guide⁸

Interviewer: Kate Twigger

Interviewees will be asked to consider a series of discussion questions concerning current programming and services for child victims of abuse as well as future improvements. The interview will be guided by Kate Twigger, Researcher/Community Engagement Coordinator for the Child Advocacy Centre Niagara.

Materials:

- Contents of participant package
- Pens
- Snacks/refreshments
- CAC Niagara information material (brochures, letters from chair, ED, etc.)
- Tape-recorder
- Thank-you cards

Welcome:

Thank you very much for being a part of our research initiative. My name is Kate Twigger and I will be interviewing you today (introduce Cindy). The purpose of this meeting is to gain information on the programs and services that are currently available to child victims of abuse and their non-offending caregivers and to begin to identify gaps in existing service. Child Advocacy Centre Niagara has been tasked by the federal government with identifying gaps in the provision of child victim services. In addition, I hope to discuss ways to enhance service delivery to children who have been victims of abuse and their non-offending caregivers.

Any questions before we begin?

Interview Guide:

The goal of this meeting is to have an open discussion concerning the status of services currently available to children who have been victims of abuse. This discussion will be tape recorded to ensure the most accurate information is obtained.

Topics and questions to be explored include:

1. Existing programs and services

- a. Can you briefly tell me about some of the programs or initiatives that your organization provides (in general)?
- b. Do you have any programming/initiatives specifically surrounding the issue of abuse?
- c. If **YES**, what kinds of programs do you offer?
 - i. How accessible are these programs? Are they available to everyone?

⁸ Please note: this interview guide is just a sample as interview guides were tailored to the individuality of all the organizations who participated. All interview guides included information on service gaps and suggestions but exact content of each differed slightly.

1. Niagara community; immigrant populations; native populations; disabled persons
- ii. What are some of the strengths of these existing programs?
 1. Take into consideration: clients; community; family members; staff etc.
- iii. What yardsticks do you use to measure the success of your programs/services?
- d. If **NO**, what related programs/services/information do you offer?
 - i. If **NONE**, do you see issues that need to be addressed?
 - ii. Do you think this is something your organization should be addressing?
 1. If **NO**, Who do you think should be addressing them?
 - i. CACN? Other organizations?
 2. How do you think these issues could be addressed?

2. Gaps in current service

- a. What is your awareness of services for child victims of abuse in the Niagara Region?
- b. Do you think there are gaps in the current delivery of services to child victims of abuse and their non-offending caregivers?
 - i. In other words, do you think there are improvements we can make to existing programs and services that would enhance service delivery?
 - ii. Are there needs that you see that there are no services for?
- c. What are some of the specific gaps that you see in today's programming and services?

3. Suggestions for improved service delivery

- a. So a little earlier you noted some of the strengths of current services offered [**only if strengths were listed, if not move on to b**], how do you see us building on these strengths?
 - i. As professionals; community members
- b. What areas do you think require attention and improvement to enhance service delivery to children who have been victims of abuse and their non-offending caregivers?
 - i. What do you think needs to be done to make these improvements? [refer back to specifics from previous question].
 - ii. What do you think could happen in schools to help address these needs?
- c. Based on the strengths of existing programs and services as well as the service gaps you have identified, what recommendations would you suggest for Child Advocacy Centre Niagara with regards to programming and service delivery?

- i. What are some suggestions you can offer in order to see that these recommendations be implemented successfully? [refer back to specific from first part of question]

Closing remarks:

Thank you very much for sitting down and speaking with us today, your participation is greatly appreciated. All contributions from today's discussion will be used to enhance service delivery to child victims of abuse as well as to make recommendations for the benefit of other/future Canadian Child Advocacy Centre's. Are there any questions? – Now hand out thank you letter.

APPENDIX D: THERPAY DEFINITIONS AND DESCRIPTIONS

Therapy Definitions and Descriptions

Art Therapy

Art therapy is a therapy method in which the child uses different art mediums to express their emotions and concerns. In this therapy method, the child and the therapist work together in defining the art process. In art therapy, the art product is used as a communication tool (Case & Dalley, 1992).

Play Therapy

Play therapy is a widely used counselling method often employed to treat children's emotional and behavioural problems. Play therapy is believed to be successful in its execution because it responds to children's unique developmental needs and is age appropriate (Bratton, Ray, Rhine, & Jones, 2005). Young children are more capable of expressing themselves through play rather than verbal communication and therefore play therapy is considered an effective way to elicit communication between the child and their therapist. Specifically, play therapy rides on the assumption that children will use toys and activities to directly or indirectly (through symbolism) express their thoughts, emotions, and feelings that they are not able to express through speech (Bratton et al., 2005).

Therapy for children suffering from PTSD

After an instance of abuse, many children suffer from Post Traumatic Stress Disorder (PTSD) and if left untreated, can lead to significant mental health problems. Research supports the use of Cognitive Behavioural Therapy (CBT) for the treatment of children who have PTSD and other symptoms following instances of abuse (Smith et al., 2007). The premise of CBT is if you change the way a person thinks about something, you can in turn, change their behaviour. The goal is to have the child focus on the present and make them feel better rather than focusing on the past (Whitfield & Davidson, 2007).