

2011 Annual Survey Results

Current Trends in Forensic Interviewing and Medical Services
Midwest Regional Children's Advocacy Center



2011

2011 Annual Survey Results



Overview

In November 2011, MRCAC distributed a comprehensive survey to collect information regarding Forensic Interview and Medical trends in the CAC movement as well as salary and job description information. A special thanks to NCA and the Regional CACs for their review of the materials.

Methodology

The survey was distributed through Qualtrics, an online survey tool, to 794 CACs and Chapter contacts. Contact information for each CAC and Chapter was provided by NCA to generate a unique link for each center. The survey consisted of 106 questions about Forensic Interview practices and Medical services as well as key position salaries and job descriptions. There was a 58% response rate with 470 CACs participating and 47 Chapters.

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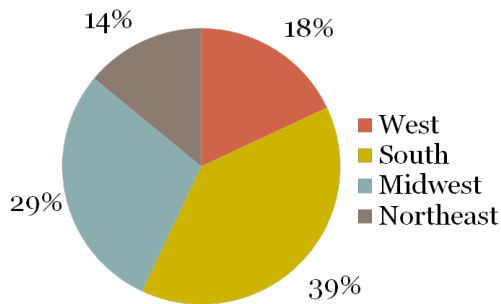
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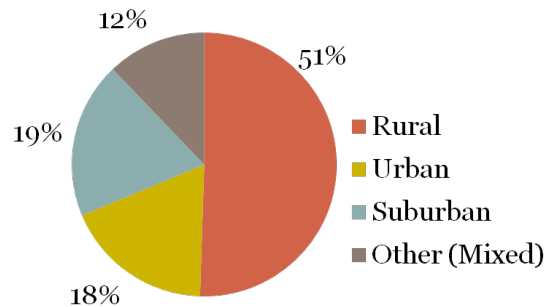
Demographics

The regional and geographic distribution of survey participants is representative of the CAC population. When compared to Project Access implemented by NCA, the sample for this survey is very similar. Project Access found that CACs were; 45% rural, 10% suburban and 45% urban, and regionally; 27% Midwest, 14% Northeast, 37% South and 22% West. The information for Project Access was reported based on zip code analysis using census definitions rather than the self-report format implemented with this survey.

Regional Representation

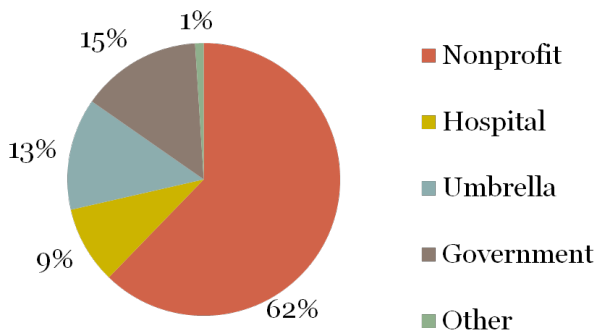


Geographic Location



The survey sample is also representative of the various CAC structures reported in Project Access; 56% independent nonprofits, 17% hospital-based, 16% government based and 17% as a program of a larger umbrella nonprofit. Overall, more Accredited centers completed the survey making up 78% of respondents than Associate centers, 20%. This is also similar to the Project Access's distribution; 64% Accredited, 15% Associate.

CAC Structure



Population Size	Respondents	% Respondents
Less than 25,000	22	6%
25,000 to 49,0000	44	12%
50,000 to 99,0000	82	22%
100,000 to 499,000	156	42%
500,000 to 999,000	45	12%
More than 1 Million	26	7%

Demographics

It is also important to note that the 44% of respondents serve on average 200-499 children per year and 42% operate with an annual budget of \$100,000 to \$250,000. The majority (57%) of the participating CACs reported having 1-4 paid employees (23% reported having only 1-2 paid employees). This is important as many of these employees hold multiple roles at the CAC.

Number of Children Served Annually		
Less than 99	30	8%
100-199	90	23%
200-499	170	44%
500-799	36	9%
800-1199	34	9%
1200-1999	14	4%
More than 2,000	10	3%

Annual Budget		
\$99,000 or less	35	9%
\$100,000 - \$250,000	159	42%
\$251,000 - \$499,000	106	28%
\$500,000 - \$750,000	30	8%
\$751,000 - \$1,000,000	16	14%
More than \$1,000,000	37	10%

Forensic Interview Trends

An overwhelming number of participants reported that they used a CAC employed Forensic Interview specialist to conduct the forensic interviews at their CAC. When asked to complete this question participants were directed to check all that apply, therefore it is appropriate to assume that although a CAC may have an employed Forensic Interview specialist they may still use Law Enforcement and Child Protection for backup interviews.

Professional	Respondents	% of Respondents
Child Protection (CPS)	132	34%
Law Enforcement (LE)	139	36%
CAC Forensic Interviewers (Employed by CAC)	300	77%
Other (ex. Contract positions)	39	10%

*CAC employed Forensic Interviewers has increased by 25.8% since 2009
- 2009 51.2% of respondents used CAC Forensic Interviewers*

The increase in CAC employed Forensic Interviewers may be a result of the increased training and technical assistance provided in this area. We also see that CornerHouse and NCAC Forensic Interview training continue to be the most popular training. It is important to note that Forensic Interviewers are often trained in more than 1 modality; therefore you will note that the total % of respondents below is greater than 100%.

Training	2009		2011	
CornerHouse/Finding Words/RATAC	142	60%	217	56%
APSAC	59	25%	88	23%
NCAC/Huntsville	125	53%	211	54%
Childhood Trust	16	7%	17	4%
NICHD	16	7%	39	10%
State Based Training	91	39%	159	41%
Other	-	-	63	16%

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Forensic Interview Trends

The survey revealed that CACs participating in Forensic Interview Peer Review increased by 12% from 2009 to 2011, with the majority participating monthly or quarterly.

Peer Review Status	2009		2011	
Participate in Forensic Interview Peer Review	205	82%	364	94%
Do NOT participate in Forensic Interview Peer Review	45	18%	24	6%

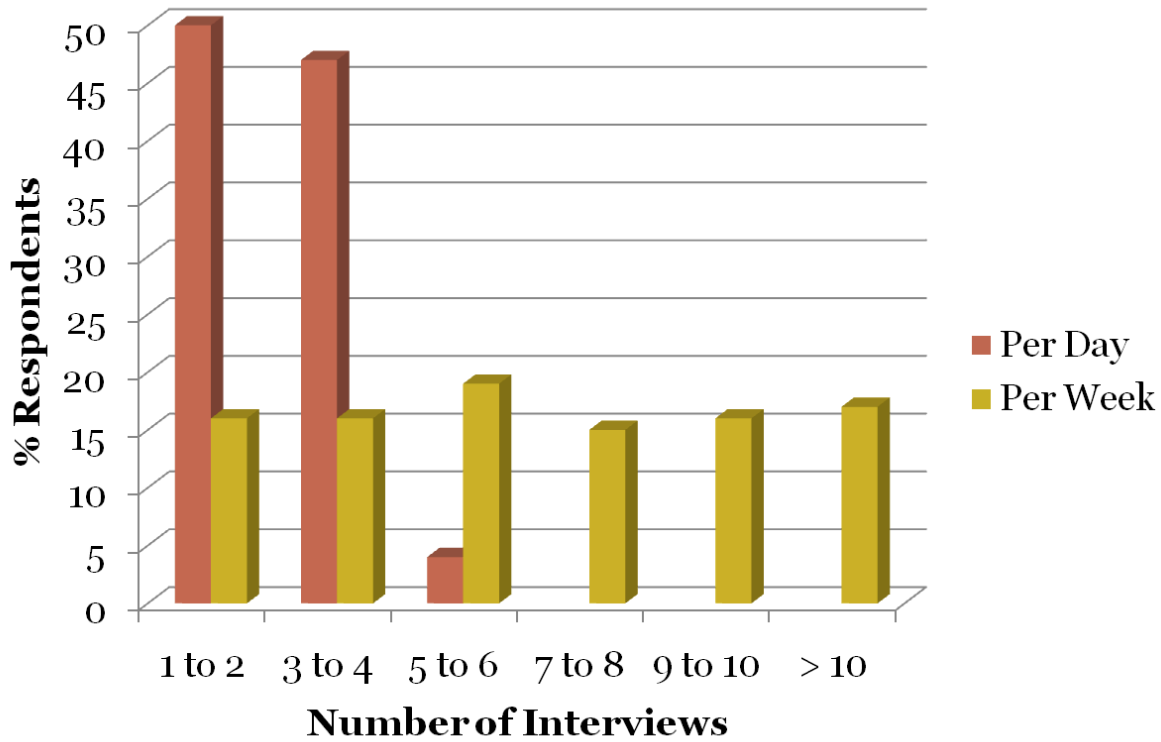
Frequency	2009		2011	
Weekly	18	10%	14	4%
Monthly	93	50%	152	42%
Quarterly	83	44%	171	48%
Annually	11	6%	22	6%

We also collected data on whether or not CACs record their interviews and if they are mandated to do so. From 2009 to 2011 we saw a slight increase in those mandated to record the interview, 18% in 2009 to 22% in 2011, which reflected in an increase in recorded interviews from 90% in 2009 to 94% in 2011. The majority (81%) of CACs use a DVD to record their interviews and 26% use DVR.

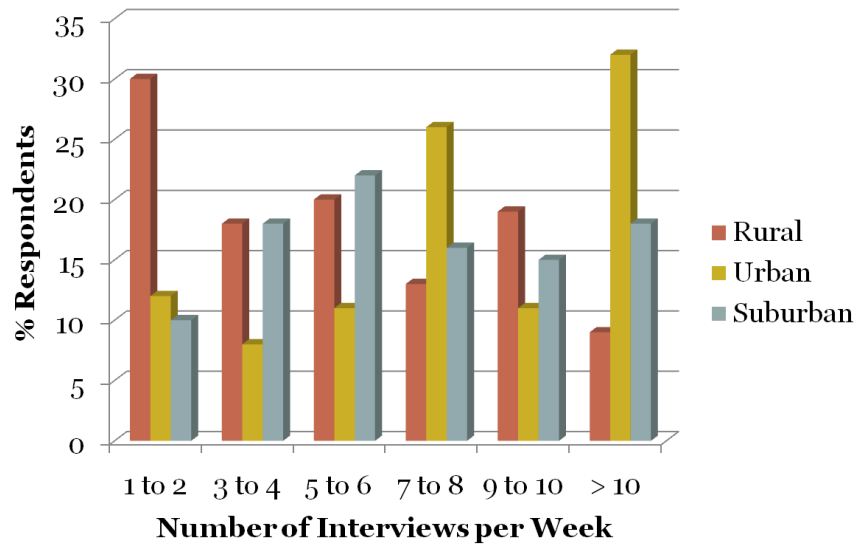
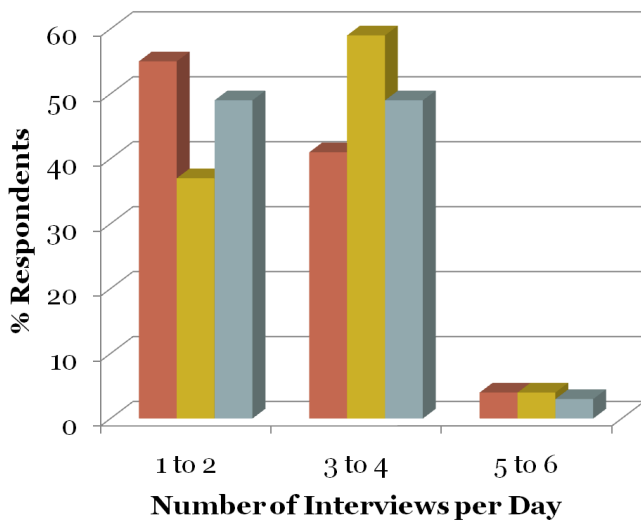
12% of respondents have been asked by defense counsel to review a Forensic Interview done at another CAC

Forensic Interview Trends

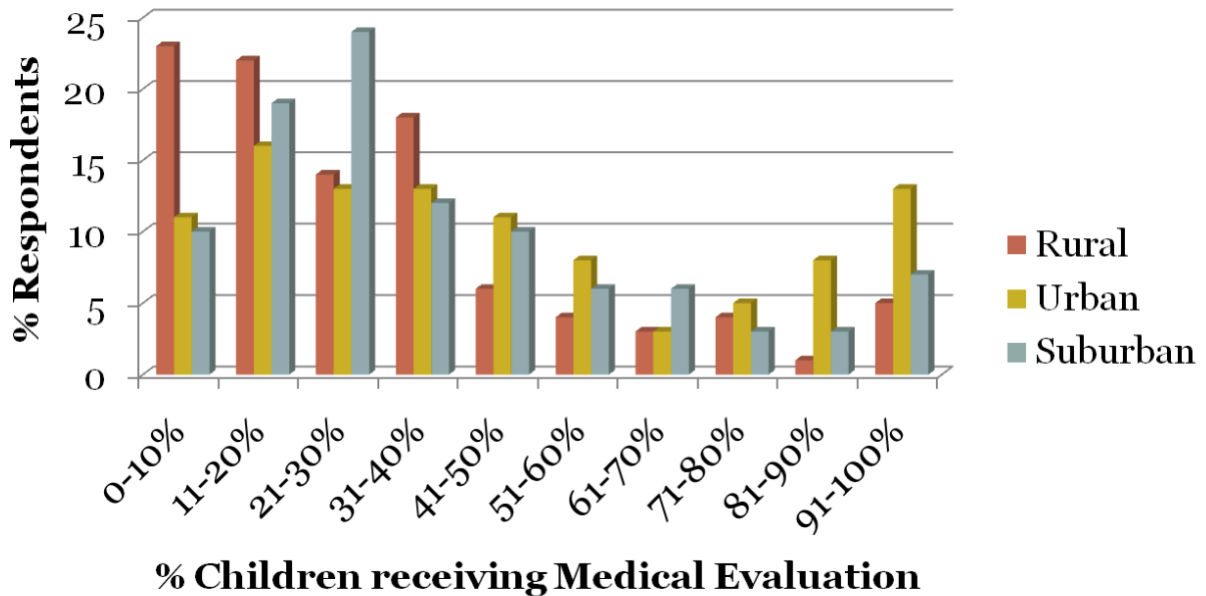
Expected Number of Interviews per Interviewer



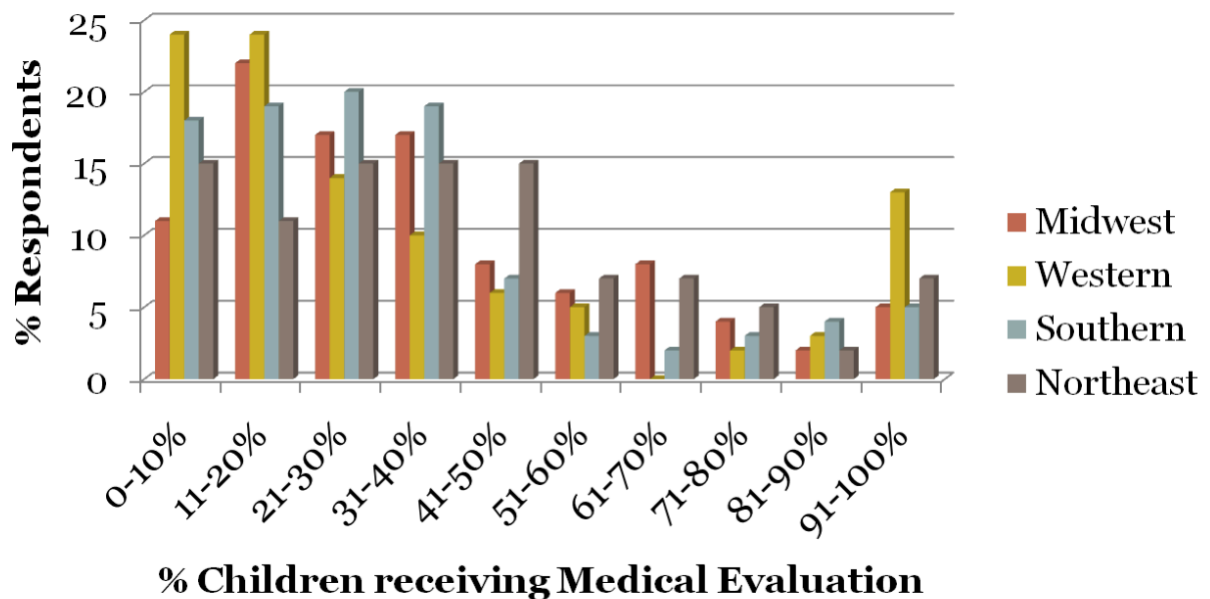
Geographic Breakdown



Medical Services Trends

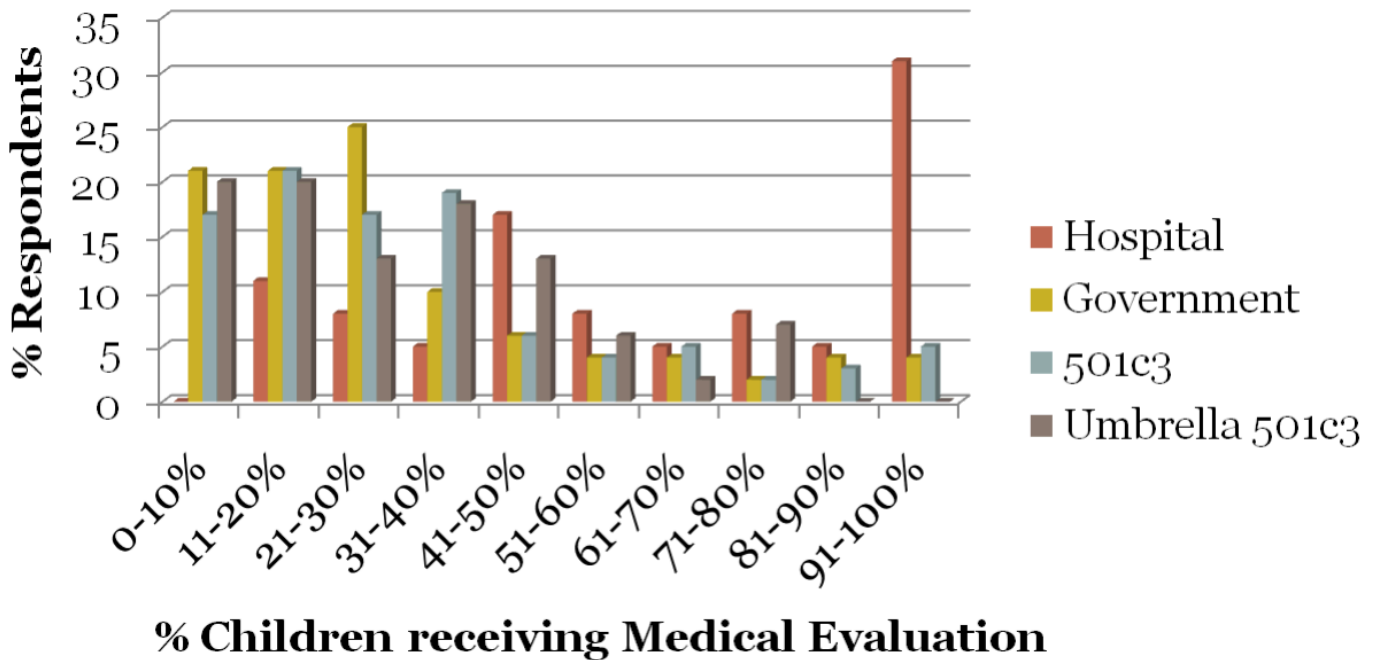


Nearly every CAC surveyed (96%) provides the opportunity for a medical evaluation to all of their clients. This is a great advancement in the field and is a direct result of the revised Medical Standard in the 2010 Standards for Accreditation. On average, 36% of children are actually receiving a medical evaluation (SD 26.49). As you can see this average is right skewed with outliers from the Urban centers and as we will see on the next page, hospital-based centers that provide an exam to every child that walks through the door.



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Medical Services Trends



The graph above indicates that hospital-based centers are indeed having an impact on the national average of percent of children receiving medical evaluations. Hospital-based CACs provide medical exams on average to 63.69% (SD 28.96) of their clients, much greater than non-hospital-based CACs (501c3 Independent Nonprofit, 34.18% (SD 24.95), Government based, 31.08% (SD 23.65), 501c3 Umbrella, 30.60% (SD 20.73).

Medical Services Trends

From 2009 to 2011, there was a shift in the credentials of the professional CACs indicated as their primary medical provider. SANE nurses have now taken the lead as primary medical providers for CACs increasing from 42% in 2009, to 65% in 2011. It is important to note that participants were asked to check all that apply, and therefore may rely on a combination of professions to fulfill their medical evaluation needs.

Profession	2009		2011	
	Physician (MD)	162	81%	224
Physicians Assistant (PA)	6	3%	19	5%
Nurse Practitioner (CNP)	59	29%	102	28%
SANE Nurse	84	42%	239	65%
Nurse (RN)	-	-	9	2%
Other	-	-	27	7%

Training	2009		2011	
	Board Certified in Child Abuse Pediatrician	63	40%	130
Medical Training Academy	71	45%	162	47%
Pediatric SANE training	87	54%	189	54%
Onsite Child Abuse training with Accredited CAC	-	-	123	35%
Child Abuse Fellowship	28	24%	44	13%
Other	-	-	63	18%

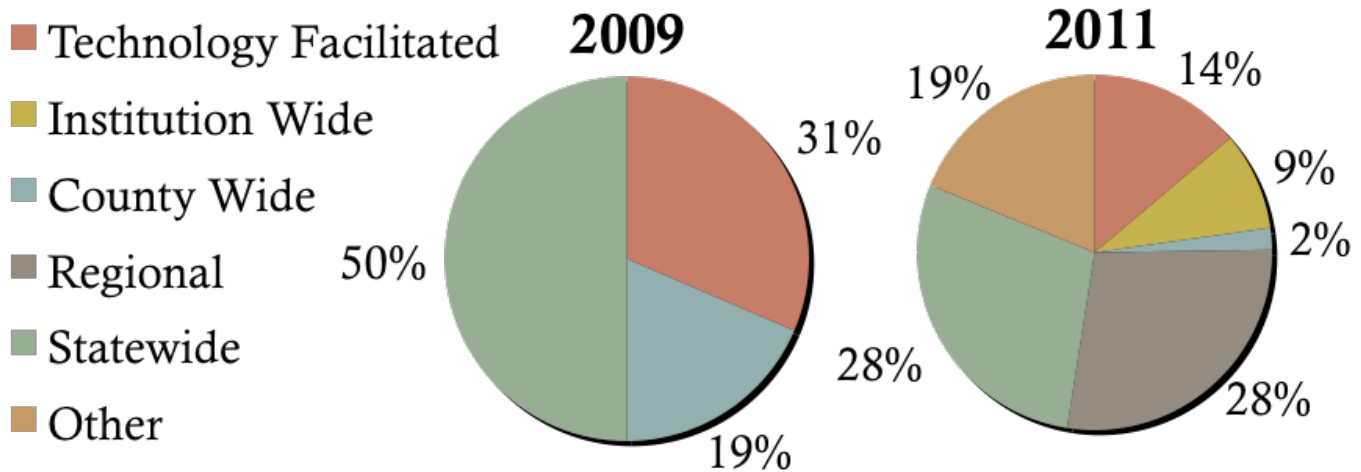
In addition to the professional shift, we also see that Pediatric SANE training is the most common training for 2011 providers, with Medical Training Academy close behind. We saw a significant decrease in Child Abuse Fellows which may be directly correlated with a decrease in MD's as the primary provider. Of those CACs who use a SANE nurse as their primary provider, 40% indicated that their SANE nurse is receiving supervision from a professional who has NOT received training specific to child abuse medical evaluations.

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Medical Services Trends

Peer Review Participation	2009		2011	
	Yes	117	71%	283
No	49	29%	64	18%

Participation in medical peer review increased 11% from 2009 to 2011, another direct result of the 2010 Revised Medical Standard for Accreditation. The majority of participants reported a digital camera (56%) or a Colposcope with still camera (66%) is used by their primary medical provider to document exam findings. Additional peer review modalities have surfaced from 2009 to 2011, with statewide and regional peer review leading the way. Technology facilitated peer review; including NCA n.e.t. Medical Peer Review and THICM (Telehealth Institute for Child Maltreatment) have continued to be a successful tool for peer review in both the medical and forensic interview fields.



Conclusion

In conclusion, this survey demonstrates progress towards meeting best practices in the field of child maltreatment and progress towards meeting the NCA Standards for Accreditation. We saw a significant increase in peer review participation for both Forensic Interview specialists as well as medical providers. Peer Review provides an opportunity for professional growth, but also an opportunity to discuss and review best practices in action; a necessary process to ensure we are providing the best quality care for children seen at CACs.

Although progress was made in providing medical evaluations to CAC clients, there are still a substantial number of children not receiving this service. With increased training and technical assistance in this area, we hope to see the average number of children receiving medical exams to increase by 2013.

We also want to thank all of you participated in completing this survey and contributing to a better understanding of the Forensic Interview and Medical services offered at CACs across the nation. We hope the availability of this information is helpful to you and your MDT and we will be using this analysis for training and technical assistance development in the future.

*For more information about this report please contact MRCAC at
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