

**Informational Hearing on Child Advocacy Centers  
Before the Senate Aging and Youth Committee  
August 8, 2023**

**Testimony of**

**Robin M. Boyer, MSW  
Director of Intake Services  
Lancaster County Children and Youth Agency**

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Robin M. Boyer, MSW, Lancaster County Children & Youth Agency

Good afternoon, Chair Ward, Chair Collett and the members of the Senate Aging and Youth Committee. My name is Robin Boyer, and I am the Director of Intake Services for Lancaster County Children & Youth. Thank you for giving me the opportunity to testify on behalf of the Child Advocacy Centers, often referred to as CAC's. Today, I come before you as a partner with the CAC's. I have worked in the child welfare field for my entire career, starting at Lancaster CYA in 1985 and have primarily been in the investigative part of the Agency's services. I have specialized in the field of child abuse and the Child Protective Service Law (CPSL). I am a trainer for the PA Academy of Pediatrics, training the medical providers in Pennsylvania about mandating reporting and the CPSL. I have had the privilege of working on state task forces, such as the Children's Justice Act, which developed the Model Set of Standards for the investigation of child abuse allegations. I am also one of the trainers for the Pennsylvania District Attorneys Institute, Multi-Disciplinary Investigation Team (MDIT) Symposium.

During my close to 40 years of child welfare experience, I have had the opportunity to see amazing growth of the team approach to investigations. When starting out in the 80's, investigations were done by the caseworker with little or no interaction with law enforcement or the district attorney's office. Decisions were made based on the caseworker's interview and the facts that they gathered. Law enforcement completed their investigation with minimal to no input from the caseworker. Everyone knew that there had to be a better way.

Around 2000, the Lancaster County District Attorney's Office took the initiative to start a collaborative process, they called together all disciplines that worked within the field of child abuse, which included law enforcement, prosecutors, and case workers. We called it a CADRE (loosely defined as a core group of specially trained personnel able to assume control and to train others). CADRE meets quarterly to educate, network and provide targeted interdisciplinary

trainings. This became the process for Lancaster County, but we knew something was missing. Although we came together as a group, talked about issues and perspectives, we still viewed the investigation through our own individual lenses. The common thread that caused ongoing issues was the interview of the victim. Typically, a report came in, a caseworker responded, interviewed the child and then made the decision to call law enforcement. The police would come out, reinterview the child, and possibly take him back to the station and then continue. How devastating for a child to have to continue to talk about an incident, often feeling judged, or not believed. We all knew that we had the best intentions but still the victim and family suffered.

You have already heard from the others, stating why CAC's are an integral part of the investigation of child abuse and their role in the MDIT process. I would like to speak to this from the perspective of child welfare, the entity that has the responsibility for investigating child abuse in Pennsylvania.

Child Welfare is a difficult field that is high stress, fast paced, low pay and has an extremely high turnover rate. We continue to employ young inexperienced people right out of college who use this field as a steppingstone to other higher paying, less stressful jobs. This is the population that is investigating child abuse. CAC's are the reason that the investigation has been completed with high standards.

Lancaster saw the importance of using CAC's early on and often utilized the Children's Resource Center that was available in early 2000 in Dauphin County. This was a hardship for both the families and investigators due to the distance and scheduling issues. Lancaster started the process in 2003 of developing their own CAC and opened our very first center in April 2006. You have already heard from many, the components of a CAC and what they bring to the table, but I would like to highlight Lancaster's Children Alliance and what it has brought to the children in my area.

It is also important to note that Lancaster was asked to present to the Task Force on Child Protection whose final report was issued in November 2012 about the collaborate process of child abuse investigations.

Lancaster has taken the time to build a very strong CAC, by starting small, working on the buy in and building from there. Our first CAC, which was hospital based, utilized shared space with Healthy Beginnings and was made up of one interviewer and one part time pediatrician who specialized in child abuse exams. We have found that being hospital based has removed the stigma from parents going to “cya” or the “police” and the children appear comfortable in this setting.

Fast forward to 2023, we have grown to our own building that was developed with architects and the MDIT team. We had the ability to develop what worked best for all of us. What we came up with was a design that had five separate pods (color coordinated by pod) that had an interview room, an observation room, a medical room and a waiting room for the family. In addition, there are conference rooms, office space for a trauma therapist and offices for two family advocates. Our interviews have expanded from just the forensic interviews of alleged victims to high-risk interviews of potential victims of human trafficking, children witness to homicides, domestic violence, child deaths and interviews that are fact gathering (minimal fact interviews) to determine the cause of sexual acting out behaviors. Our CAC also provides non-offending parenting groups. We really have become a “one stop shop” for children in Lancaster County. The Director of our Children’s Alliance spends more than 50% of her time advocating for funding, searching for grants, promoting the center to the community in an effort to increase the funding streams and support.

One of the most important aspects of our CAC is the case review. Our CAC provides a trained facilitator who develops the list, organizes the monthly review, and leads the discussion.

All children with allegations of sexual abuse come to the CAC. They are seeing all children from the ages of 3 to 18 when the perpetrator meets the CPSL definition. Law

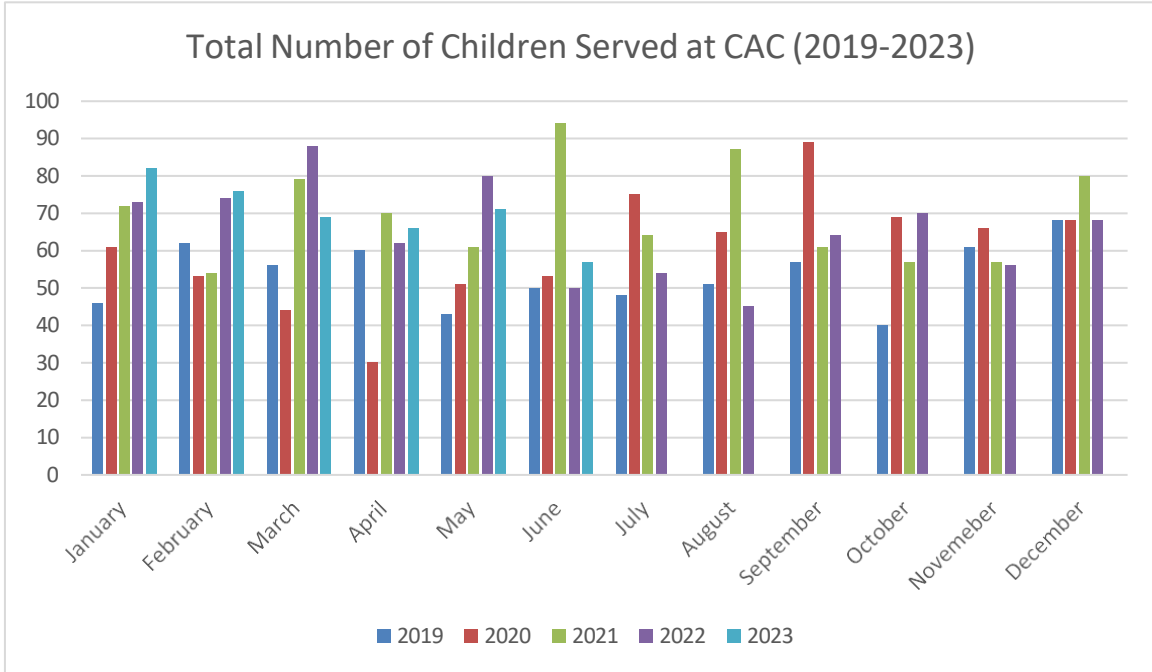
enforcement also brings their children to the CAC to be interviewed, even when CYA is not involved. We have developed this standard as part of our protocol so that the buy-in continues across disciplines even when people leave.

As our CAC grew along with our MDIT, disagreements would come up with how cases are being handled. We have developed policies around this and how they are handled. This has prevented the MDIT from fracturing and allows for continued partnership. We continue with our CADRE meetings where each of the partners provides updates, educate on law changes or discuss issues and concerns.

Sadly though, none of this is possible without the funding that connects all the pieces together. CAC's should be a reality for every child in every county across the Commonwealth and it can be, when legislation recognizes and supports this program. I can only dream about the possibilities, if additional funding was available-the upgrade to equipment, the ability to have more than one trauma therapist on site, a family advocate assigned to each family, transportation, etc.

We need help in making CAC's a reality in all counties so that the most vulnerable of our population can grow and succeed.

Thank you.



May 2023 - 71

June 2023 - 57

70% Cases - sexual abuse concerns  
(Medical Rate 46%)

65% cases – sexual abuse concerns  
(Medical Rate 54%)

\*Medical rate is of those with sexual abuse allegations



## 2023 LCCA Statistics

**\*Note Medicals are only for sexual abuse allegations/concerns**

### January

Total Children Served: 82  
Forensic Interviews: 57  
Medicals: 29 (51 % medical rate)

### February

Total Children Served: 76  
Forensic Interviews: 52  
Medicals: 21 (42 % medical rate)

### March

Total Children Served: 69  
Forensic Interviews: 43  
Medicals: 21 (54 % medical rate)

### April

Total Children Served: 66  
Forensic Interviews: 56  
Medicals: 21 (40 % medical rate)

### May

Total Children Served: 71  
Forensic Interviews: 43  
Medicals: 23 (46 % medical rate)

### June

Total Children Served: 57  
Forensic Interviews: 38  
Medicals: 20 (54 % medical rate)

## 2022 Year in Review

Total Children Served: 784  
Total FIs in 2022: 732  
Total Meds in 2022: 351  
387 Mental Health Sessions Provided

## 2021 Year in Review

Total Children Served: 836  
Total FIs in 2021: 772  
Total Meds in 2021: 450  
650 Mental Health Sessions Provided