Creation of an Integrated Southeast Child Advocacy Centre

Issue: There is a need for an integrated, effective, and efficient Child Advocacy Centre (CAC) to be located in Medicine Hat to increase and streamline service, as well as decrease costs for Southeastern Alberta. However it has been identified that provincial funding may be directed elsewhere and leave the Southeast region of the province without adequate service delivery and subsequent increased costs.

BACKGROUND

It is estimated that the minimum estimated cost of child abuse in Alberta is \$2.4 billion dollars per year¹. The Canadian minimum estimate of the cost of Child Abuse in Canada is \$15,705,910,047². In 2016/2017 the monthly average number of children receiving family enhancement or child protection services through the Government of Alberta, Ministry of Children's Services was 10,265. These children and their non-offending family members are accessing multiple publicly funded services³.

This cost is due to the fact that sexual abuse is widely recognized as a 'root cause' for other social issues such as addictions, mental illness, medical problems, self-harm, suicide, parenting challenges, poverty, homelessness and domestic violence⁴. Additionally, survivors of childhood sexual abuse are more likely to experience physical health problems. They are likely to visit the emergency room more frequently and have pro-longed hospital stays in comparison to individuals who have not experienced sexual abuse². Childhood sexual abuse also impacts the ability of survivors to participate in the workforce later in life². Individuals who have experienced childhood physical and sexual abuse are more likely to receive support from income support or disability income support programs in comparison to individuals who have not experienced abuse². Unaddressed child sexual abuse is also related to increased risk for re-victimization later in life⁵.

Considering that child abuse is an issue that impacts the child welfare system, the healthcare system, and the social service sector, the economic costs related to child abuse affect all citizens of Alberta.

According to the Alberta Sexual Violence Action Plan utilizing financial proxies from the evaluation model of Social Return on Investment (SROI), if just one Albertan is the victim of child sexual abuse develops an addiction in order to cope with their abuse, they could end up costing the Health/mental Health, Justice and Social systems \$68,038.99 per year ⁶. Because the literature states that individuals with childhood sexual abuse histories also experience higher rates of relapse, and if that same Albertan struggles with overcoming their addiction for 20 years, they could end up costing the three systems \$1,360,779.80. In addition to these costs, the cost of pain and suffering (counselling costs, work absences etc.) for individuals who have experienced sexual abuse is \$90,977.09 over their lifetime ⁷. Which brings the total cost to over 1.4 million dollars. And this is only one person ⁷. Early detection and intervention is key to reducing these social and economic costs.

One model proven to address these costs, societal issues and productivity in service delivery is the Sheldon Kennedy Child Advocacy Centre, as it reduces duplication of effort in the provision of investigation, assessment and intervention services to victims of child abuse and their families⁸. The development of the Sheldon Kennedy Child Advocacy Centre included researching how the centre could provide a social return on investment ⁸. The current operational budget of \$2.5 million for the Sheldon Kennedy Advocacy Centre only accounts for 0.1% of the total cost of child abuse in Alberta, which is \$2.4 billion dollars ⁸. This means that for the Sheldon Kennedy Child Advocacy Centre to achieve a social return on investment, the centre must provide at least a 0.1% reduction in the costs associated with child abuse in Alberta⁸. Although it is too early to determine the exact social return on investment of the Sheldon Kennedy Child Advocacy Centre, it is estimated that the annual savings related to productivity improvements on just one joint investigative child abuse team are \$550,000 alone⁸.

Considering the extensive amount of service providers that respond to child abuse, the development of a Child Advocacy Centre will lead to savings for the child welfare system, healthcare system, social service system, and the law enforcement system, in addition to reduced travel costs and response time for families in Southeastern Alberta.

Currently, in Southeastern Alberta there are few formal collaborative agreements specific to child abuse, referrals are based on relationships, and specialized case management for children and non-offending family members is nonexistent. This type of system causes additional publicly funded costs, duplication of services and a disjointed and cumbersome service delivery model, as children and their families are left to navigate a complex system, putting victim health at an even greater risk.

Our community is poised, ready, and has the expertise to make important changes. The objective would be to use an existing non-profit as the backbone organization in order to reduce costs and duplication. The Child Advocacy Centre would be a collaborative venture owned by the stakeholders, but legally supported the Southeastern Alberta Child Advocacy Centre, located in Medicine Hat, serving as the backbone organization in alliance with the Medicine Hat Police Service, Children's Services, Alberta Health Services, the RCMP, Alberta Education, Medicine Hat College, Treaty 7 and Treaty 4. The centre would aim to set new standards for providing a strategic, cost effective and proven approach to child abuse, teaching, best practices, research and learning.

RESOLUTION

The Medicine Hat and District Chamber of Commerce advocate for the Government of Alberta to:

- 1. Recognize the distinct needs of rural Southern Alberta communities and the unique context related to distance and service supports in the eastern and western corridors.
- 2. Direct funds towards a Child Advocacy Centre to be specifically located in Medicine Hat.
- 3. Support a community led, collaborative approach for service delivery towards achieving early detection, prevention and treatment to avoid duplication and reduce service delivery costs.

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¹ Sheldon Kennedy Child Advocacy Centre (2015). The Sheldon Kennedy Child Advocacy Centre: Social Return on Investment Study. Retrieved from: http://calio.org/images/social-return-on-investment-study.pdf

² Bowlus, A., & McKenna, K., & Day, T., & Wright, D. (2003). The economic costs and consequences of child abuse in Canada. Retrieved from: http://cwrp.ca/sites/default/files/publications/en/Report-Economic_Cost_Child_AbuseEN.pdf

³ Human Services. (2017). Child Intervention Information and Statistics Summary 2017/18 First Quarter (June) Update. Retrieved from: http://www.humanservices.alberta.ca/documents/child-intervention-info-stats-summary-2017-18-q1.pdf

Dilillo, D., & Guiffre, D., & Tremblay., & Peterson, L. (2001). A Closer Look at the Nature of Intimate Partner Violence Reported by Women With a History of Child Sexual Abuse. Faculty Publications, Department of Psychology. 106

Messman, & Moore (2000). Child Sexual Abuse and Revictimization in the Form of Adult Sexual Abuse, Adult Physical Abuse, and Adult Psychological Maltreatment. Journal of Interpersonal Violence, (15)5, 489-502

⁶ Association of Sexual Assault Services. (2017). Alberta Sexual Violence Action Plan. Retrieved from: https://s3-us-west-2.amazonaws.com/aasas-media-library/AASAS/wp-content/uploads/2017/05/AASAS-Sexual-Violence-Action-Plan.pdf

Association of Sexual Assault Services. (2017). Alberta Sexual Violence Action Plan. Retrieved from: https://s3-us-west-2.amazonaws.com/aasas-media-library/AASAS/wp-content/uploads/2017/05/AASAS-Sexual-Violence-Action-Plan.pdf

Sheldon Kennedy Child Advocacy Centre (2015). The Sheldon Kennedy Child Advocacy Centre: Social Return on Investment Study. Retrieved from: http://calio.org/images/social-return-on-investment-study.pdf