

# Children's advocacy centers: putting children first

Children's advocacy centers (CACs) provide child-friendly spaces where investigations of child abuse, including child sexual abuse and exploitation (CSAE), are coordinated. Without a CAC, children might have to repeat traumatic experiences many times to actors from different agencies. At a CAC, specialized interviewers help ensure the child only has to tell this story one time, while a multidisciplinary team (MDT)—including law enforcement, child protective services, medical and mental health professionals, victim advocates and prosecutors—reviews the case together and determines next steps. CACs also offer other vital services such as medical exams, counseling and legal support, helping streamline investigations while prioritizing the child's well-being and recovery.

## Why this matters

The use of CACs to coordinate investigations can not only contribute to improved outcomes for children and families, but also result in more efficient criminal justice processes and significant cost savings.<sup>1</sup> One study conducted by the University of Maryland School of Business found that for every dollar spent on providing support and guidance to a child victim and family through the multidisciplinary team model used by CACs, the State of Maryland saw a return of \$663.<sup>2</sup>

### Ensure children have access to services of the highest standards by:

- Ensuring that CACs are widely available across states to improve access and reduce travel times and costs
- Establishing a statutory definition of CACs that is in line with nationally recognized standards and that designates CACs and the MDT model as the preferred response to CSAE allegations
- Establishing a dedicated state funding stream to ensure CACs are consistently and adequately resourced to meet service standards and demand

## Mapping the policy landscape

### The access equation

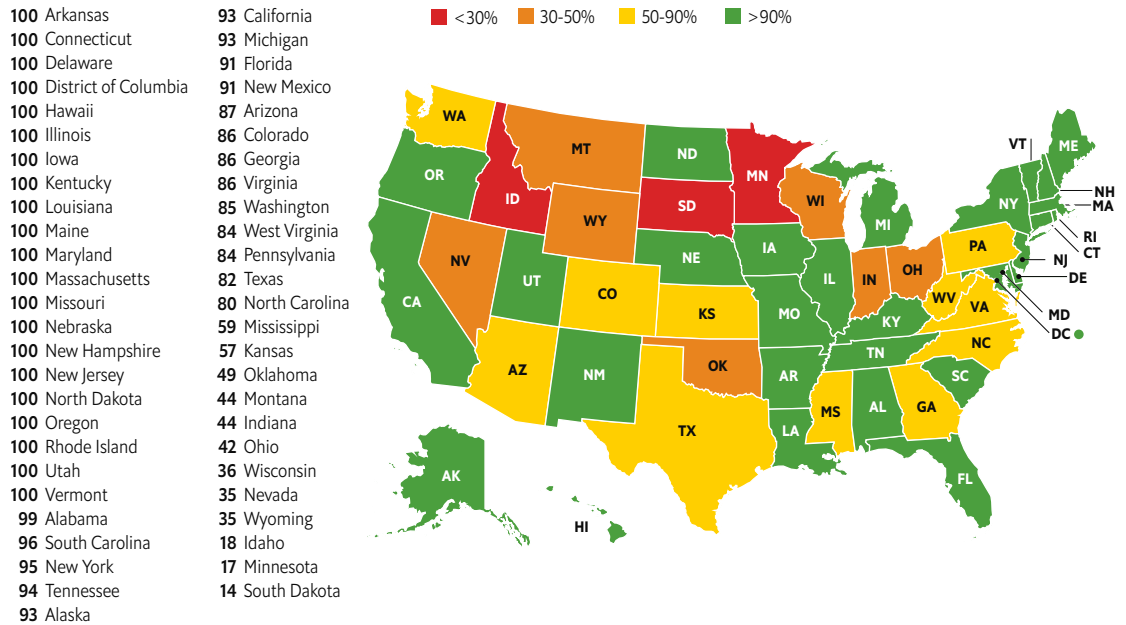
From the establishment of the first CAC in Huntsville, Alabama in 1985, access to these centers has expanded exponentially. As of June 2024, CACs served 2,498 counties—or 79% of the counties across all states.<sup>1</sup> 20 states plus the District of Columbia (D.C.) have achieved full coverage, with every county in the state served by at least one center. Meanwhile, the most significant coverage gaps remain in Idaho, Minnesota and South Dakota, where 18%, 17% and 14% of counties, respectively, are served by a CAC (Figure 1).

Solving the access equation not only means considering the need for a new center in a currently unserved area, but also doing more

to overcome other barriers children and their families might face in accessing CAC services. This is particularly relevant in smaller and more rural communities. Maribeth Bowman, director of program services for the Alabama Network of Children’s Advocacy Centers, explains, “Transportation is a big issue in getting some kids to CACs in our rural areas because there’s no public transportation or even Ubers. Some kids have to drive three hours just to get a medical exam.” To address such gaps, centers in some states have set up satellite locations to ensure that for most services and forensic interviews, families have the best possible access closer to where they live.

**Figure 1: Accessing a children’s advocacy center**

Counties served by children’s advocacy center (%)



Source: National Children’s Alliance

<sup>1</sup> Data on CAC coverage, which is integrated into the index, was sourced from the National Children’s Alliance (NCA). The NCA is the national professional membership organization and accrediting body for CACs in the U.S. CAC coverage areas are based on signed interagency agreements/memorandums of understanding. Out of the 2,498 counties served by a CAC, 2,269 are served by centers that are members of the NCA, while 229 are solely served by centers that are not yet members of NCA.

### Defining the gold standard

Recognizing the valuable role CACs play in the response to severe child abuse, a large majority of states (44) and D.C. have adopted legislation that defines CACs. Yet these laws vary significantly, ranging from brief references to a dedicated chapter of code that sets service standards or requiring their use in response to certain cases. Currently, 33 states and D.C. have statutes that explicitly require centers to meet nationally recognized standards for operation or, in some cases, to be eligible to receive state or federal funds. Meanwhile, about half of states (28) and D.C. clearly designate CACs by law as the preferred response to allegations of child abuse and child sexual abuse.<sup>ii</sup>

In the remaining 22 states, laws either permit the use of CACs in such cases without clearly requiring or encouraging it, or do not address the role of CACs in the response to child abuse at all.

The benefits of defining legislation are manifold. Teresa Huizar, chief executive officer of the National Children’s Alliance, explains, “comprehensive defining legislation is a cornerstone in states’ efforts to protect children from sexual abuse and exploitation. And it’s the only guarantee abused children have that the gold-standard care of a CAC is coming to their aid.”

### How states did it: enabling access to CACs

Nebraska requires each county or group of contiguous counties to have a child abuse and neglect investigation team, convened by the county attorney, to ensure a coordinated, multidisciplinary response to alleged child abuse. The Department of Health and Human Services must further assign each county to a CAC. Video-recorded forensic interviews must be conducted at a CAC for children who are 3-18 years of age and are alleged to be victims of sexual abuse or serious physical abuse or neglect, have witnessed a violent crime, are found in a drug-endangered environment or have been recovered from a kidnapping.<sup>3</sup>



<sup>ii</sup> This reflects the states with statutes that either designate CACs as the preferred response to allegations of child sexual abuse/a criminal offense against a child or require each county to establish a multidisciplinary team to investigate CSAE—provided a CAC representative is included on the team if available.

### Funding the frontlines

Consistent and sustainable funding is essential to ensuring CACs are adequately resourced to meet service standards and demand. It means attracting and keeping skilled staff, delivering a range of high-quality services and the ability to respond to changes in demand. Access to reliable funding also means staff in many centers can divert their attention away from fundraising back to the children and families they serve. Yet “money problems” are the number one challenge cited by CAC leaders across states.

funding support to CACs, leaving centers in eight states without such support.<sup>iii</sup> Yet even among states that do get state funds, substantial gaps often remain: CACs in seven states received less than \$240,000 a year in 2022, with centers in one state receiving just \$27,189.<sup>5</sup>

These challenges have been further compounded by cuts to federal funding, notably Victims of Crime Act (VOCA) funds. While policymakers in some states have stepped in to address shortfalls created by federal cuts, the responses have often focused on addressing the immediate losses and have raised questions over the sustainability of funding and the ability to meet growing needs.<sup>6</sup> Jessica Gorton, Communications Coordinator, Maine Coalition Against Sexual Assault, says, “While the Legislature took important steps last year to patch the VOCA funding gap, much of that fix was only one-time funding. Without sustained state investment, Maine’s Children’s Advocacy Centers will continue to face devastating service cuts, staff layoffs and possible closures—leaving a critical gap in the state’s response to youth who have experienced sexual harm.”

**“We’re not just asking for money—  
we’re asking to be seen as a  
necessity, not a luxury.”**

Jan Lutz, Executive Director, Indiana Chapter of National Children’s Alliance

Many governments support CACs with state dollars—which currently makes up around one third of the funding flowing to centers across the U.S.<sup>4</sup> A large majority of states (42) and D.C. currently provide at least some state

#### How states did it: creative approaches to funding CACs

In Pennsylvania, the cost of obtaining a duplicate birth certificate was raised from \$10 to \$20, a portion of which is dedicated to supporting the operation of CACs and the training of mandated reporters.<sup>7</sup>

Kansas imposes a \$400 fee on defendants convicted of certain crimes in which a minor is the victim. This is directed into the state’s CAC fund, which was established to support the operating expenditures of eligible CACs in the state.<sup>8</sup>



<sup>iii</sup> Alaska, California, Georgia, Indiana, Maine, Minnesota, Montana, Nevada, Rhode Island and South Dakota.

# References

- 1 Nwogu, N. N, et al. 2015. "Effectiveness of Child Advocacy Centers and the multidisciplinary team approach on prosecution rates of alleged sex offenders and satisfaction of non-offending caregivers with allegations of child sexual abuse: a systematic review." *JBI Database System Rev Implement Rep* 13 (12): 93-129. doi: 10.11124/jbisrir-2015-2113.
- 2 University of Maryland, Robert H. Smith School of Business. 2021. *MCA Final Deliverable*. Unpublished manuscript.
- 3 NE Rev. Stat. Ann. §§ 28-728, 29-4312
- 4 National Children's Alliance. n.d. "Legislation NCA Supports." Accessed August 1, 2025. <https://www.nationalchildrensalliance.org/supported-legislation/>.
- 5 National Children's Alliance. n.d. "Legislation NCA Supports". Accessed August 1, 2025. <https://www.nationalchildrensalliance.org/supported-legislation/>.
- 6 This finding is based on interviews Economist Impact conducted with the directors of CAC networks (see appendix II).
- 7 Pennsylvania General Assembly. 2013. *H.B. 316, Regular Session 2013–2014: An Act amending Title 53 of the Pennsylvania Consolidated Statutes in Commonwealth agency fees and providing for children's advocacy centers*. <https://www.palegis.us/legislation/bills/2013/hb316>.
- 8 KS Stat. Ann. § 20-370

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