



**National  
Children's  
Alliance®**

*The Force Behind  
Children's Advocacy Centers*

2025

# Healing, Justice, & Trust

Highlighting the  
Voices of Caregivers,  
Youth, and MDT  
Partners at Children's  
Advocacy Centers





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# Introduction



**Every year, Children’s Advocacy Centers (CACs) across the country serve nearly 400,000 children who have experienced abuse and maltreatment. These centers’ collective impact on the well-being of children and families is immense. This impact can also be challenging to quantify in ways that do justice to the scale of the support, healing, and care provided to so many young people.**

Enter the Outcome Measurement System (OMS). OMS is a program evaluation tool designed to help CACs collect feedback, document their impact, and inform continuous enhancements to services and programs. Originally created by the Children’s Advocacy Centers of Texas, OMS was acquired by National Children’s Alliance (NCA) in 2012 and expanded over time. OMS now consists of a suite of standardized surveys used by more than 900 CACs nationally to solicit feedback about the experiences of caregivers, youth, and multidisciplinary team (MDT) partners who visit or work with CACs. Collectively, the questions on these surveys paint a picture of how well CACs are fostering two primary intended outcomes of the CAC field:

- 1 To facilitate healing for children who have experienced abuse and their caregivers.
- 2 To foster an MDT approach that results in collaborative and efficient child abuse case investigations.

NCA uses national OMS data to understand the collective contributions of CACs and to pinpoint trends in the successes and needs of the field over time. As part of that effort, this report presents data and key findings from all OMS surveys submitted in 2024. Because it is impossible to summarize all data points from the tens of thousands of surveys submitted across the country during the past year, this report spotlights critical takeaways, organized by two primary themes:

- Benchmarking the degree to which CACs are fostering core goals of promoting healing, facilitating justice through effective case investigations, and fostering trust with children, families, and MDT partners, and
- Highlighting critical findings that showcase both successes and potential growth areas for the movement.

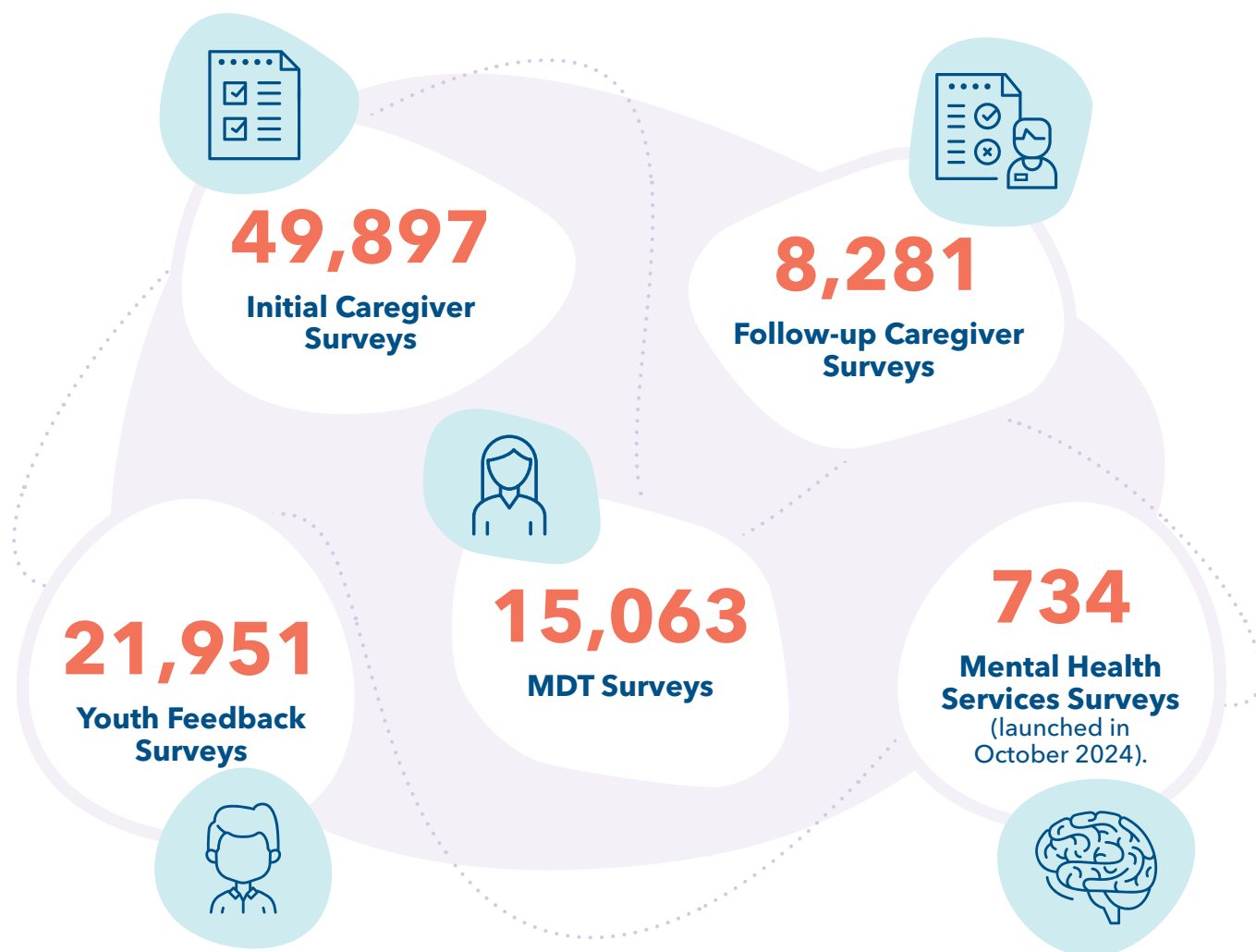
We also highlight exciting OMS-related developments. In 2024, NCA developed and launched a new tool in the OMS toolbox, the Mental Health Services Survey. This report describes the creation of and initial findings from this new survey and highlights ways it may be useful to the CAC field. A full summary of all quantitative data from 2024 OMS surveys is in the appendix of this report.

# By the numbers

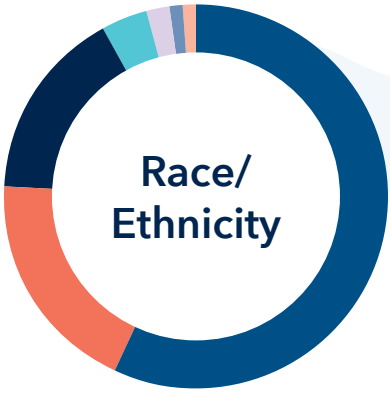
## Whose voices are reflected in OMS surveys in 2024?

OMS now consists of five core surveys. CACs can decide how many and which of these surveys to use based on what best meets their organizational needs. For clients, the OMS surveys include an initial caregiver survey offered to caregivers at the end of their first visit to a CAC, a follow-up caregiver survey that elicits caregiver feedback one to three months after their initial CAC visit, a youth feedback survey offered to those 10-17 at the end of their first visit to a CAC, and a mental health services survey designed to elicit caregiver feedback specifically about mental health services provided at a CAC or linkage provider. OMS also includes an MDT survey that provides its partners with a semi-annual opportunity to provide feedback about the functioning and effectiveness of their MDT.

**CACs who use OMS make a strong effort to offer surveys to all clients, youth, and MDT partners. CACs participating in OMS in 2024 collected:**

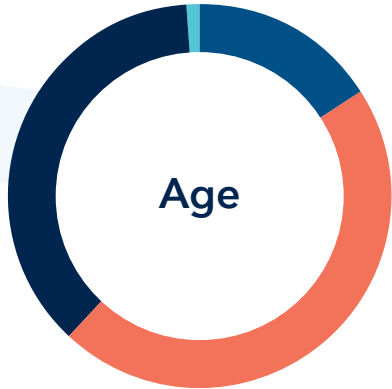


The range of youth and families served by CACs is evident in the child demographic information submitted by caregivers on initial visit caregiver surveys.



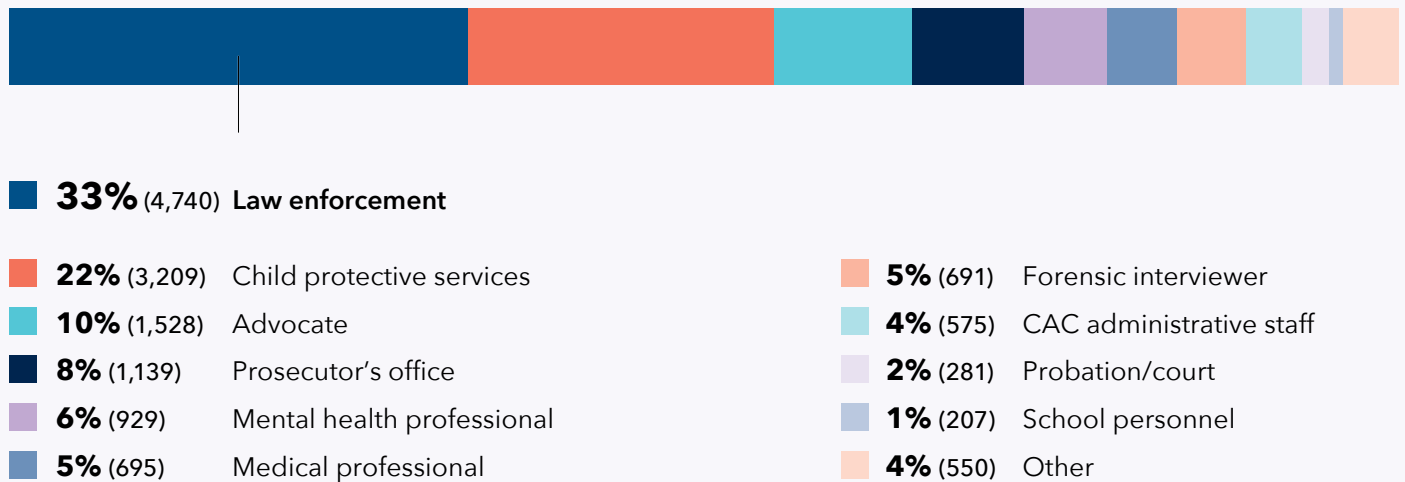
- 57%** White
- 19%** Hispanic/Latino
- 16%** Black/African American
- 4%** Multi-racial
- 2%** American Indian or Alaska native
- 1%** Asian, Native Hawaiian, Pacific Islander, South Asian
- 1%** Another race/ethnicity

- 16%** 0-5
- 46%** 6-12
- 37%** 13-17
- 1%** 18+

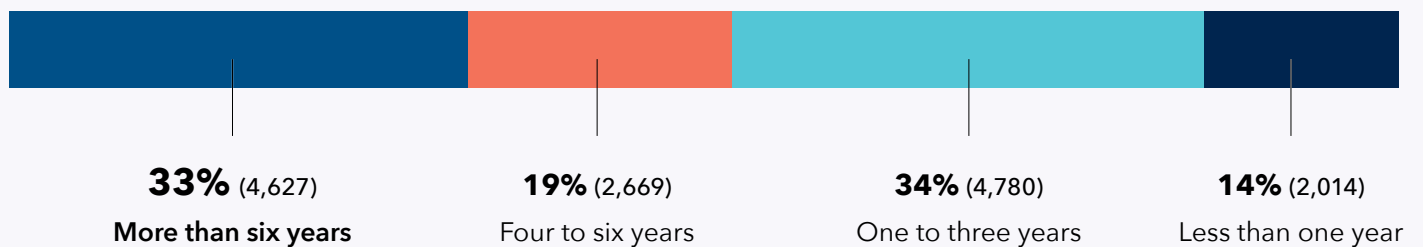


Although demographic information is not systematically collected from MDT partners who complete the survey, MDT members do provide information about their professional discipline and length of time working with the CAC offering the survey. Approximately one third of MDT survey completers in 2024 were law enforcement personnel, with child protective services and prosecutors' offices also well represented among responses.

## MDT partner professional discipline

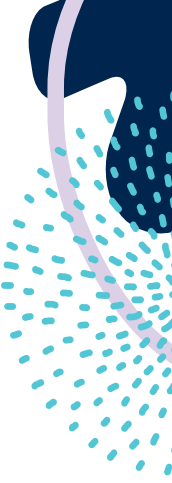


## Length of time working with CAC





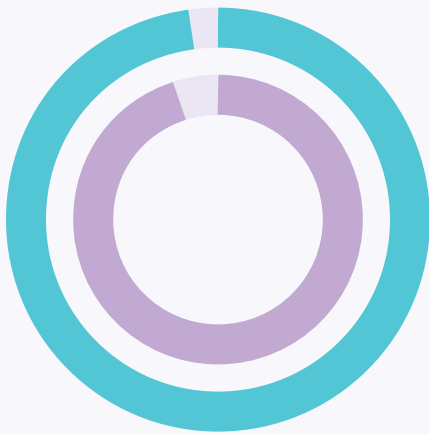
# Healing



A core mission of Children's Advocacy Centers is to facilitate the initial steps toward healing for children and their caregivers. Several questions across OMS surveys are designed to assess whether some of the foundational building blocks of a trauma-informed approach to fostering healing are in place. These include making sure children and caregivers feel cared for and listened to, that youth and caregivers are given clear information about their visit and next steps, and that families have access to referrals and resources they need.

**Key finding:** OMS feedback affirms that CACs implement services in trauma-informed ways that facilitate initial steps toward healing.

As in the past, OMS data continues to demonstrate strongly that youth and caregivers feel welcomed, supported, and listened to at CACs and that they are given the information they need to understand what to expect. For example, in 2024 youth feedback surveys:



- **98%** of youth said that CAC staff were “good” or “very good” at listening to them.
- Nearly **95%** of youth reported that CAC staff were “helpful” or “very helpful” with assisting the young person to understand what to expect at the center.

## What youth say about healing

## Healing



*"I like that they heard every word I had to say and were very patient."*

AGE 15 - NATALIE

*"They are kind and listen to you. They got to know me first before asking questions about trauma."*

AGE 13 - KAYLA



*"I liked how nice everyone was and how I got to talk about me. It's a place that made me feel good and safe."*

AGE 12 - JOAQUIN



*"They helped me understand things even when I was nervous."*

AGE 10 - SARA



Feeling safe, having a clear, transparent understanding of what to expect, and gaining access to resources for support and healing are critical for families experiencing a crisis. These are some of the cornerstones of a trauma-informed approach to services (SAMHSA, 2014). Additionally, the degree to which youth who have experienced abuse are listened to and have access to social support in their family and community are crucial determinants of the subsequent trajectory of their healing and well-being (Domhardt et al., 2015).

Feedback from caregivers on initial caregiver surveys echoed the above sentiments from youth, and affirm the degree to which CACs help caregivers feel welcomed, know what to expect, and feel equipped to provide support to their child:

**The center staff made sure I understood the reason for our visit.**

99% Agree

1% Disagree

**Staff at the center were friendly and pleasant.**

99% Agree

1% Disagree

**The staff provided me with resources to support my child and respond to his or her needs in the days and weeks ahead.**

98% Agree

2% Disagree

## What caregivers say about healing

## Healing



*“They spoke with me and not at me.”*

CAREGIVER



*“What I appreciate most about the center is how comfortable my daughter is. I have seen an incredible difference in her mental health.”*

CAREGIVER



*“The center to me was a breath of fresh air where my granddaughter is going to be believed, and her well-being is a priority.”*

CAREGIVER



**Key finding:** Caregivers are highly satisfied with core CAC services.

Follow-up surveys from 2024 highlight the high degree of caregiver satisfaction with core CAC services:

### Forensic Interview

91% Satisfied

9% Dissatisfied or Don't Know

### Medical Exam

87% Satisfied

13% Dissatisfied or Don't Know

### Mental Health Services

90% Satisfied

10% Dissatisfied or Don't Know

### Case Status Updates

84% Satisfied

16% Dissatisfied or Don't Know

Most caregivers reported on initial caregiver surveys that their CAC provided them with information about counseling or other family support for their children (90% of caregivers) and for themselves (83% of caregivers). Only 6.5% of caregivers noted on an initial caregiver survey that there were additional services for a child they would have liked from a center but did not receive. This suggests that CACs engage families in a holistic way that addresses issues beyond the specific abuse investigation. The most desired services and referrals identified by caregivers beyond those provided by CACs included access to additional mental health care resources, financial assistance, parenting classes or support, legal advice or assistance, respite care, support related to their child's disabilities, and mentoring or peer support resources for their children.

### Key finding:

CACs have moved the needle by helping families understand the importance of mental health care and other services for their children.

## Healing



At 30-90 days after the initial visit, the caregiver follow-up survey provides an opportunity to assess what services families actually accessed and how satisfied they were with those resources. About 51% reported that their child had used at least some of the additional services (such as mental health counseling). Slightly more caregivers actually took advantage of services for themselves in 2024, with more than 31% of caregivers accessing services to which they had been referred, compared with 28% in 2021.

### More caregivers see the value in counseling

Notably, only about **20% of caregivers** who did not access services such as counseling for their children reported that this was because they did not believe their child needed those services. This proportion is down from prior years. In 2019, for example, 27% of caregivers who did not access services for their children stated that it was because **they saw such services as unneeded**. This trend highlights CACs' success over time at addressing perceptual impediments among caregivers regarding accessing critical services, such as mental health care for their children.

### But practical barriers are growing

On the other hand, caregiver feedback about challenges related to accessing services also demonstrates the increased difficulty of accessing care. In 2019, only 12% of caregivers who had not accessed services for their child reported that this was because they were still waiting to receive them. In 2024, this proportion had increased to more than 17%. Waiting for a spot in services was a far more common barrier than transportation, time, or scheduling challenges.

Collectively this feedback from caregivers paints a picture of families who **increasingly see the value and importance of services** like mental health care for their children, **but must contend with limited availability of those services**. Tools for addressing mental health services' wait times include increased use of telemental health and implementing brief but effective evidence-based treatments. In addition to enhancing the national availability of telehealth services, greater strategic use of shorter-term, effective treatments, such as Child and Family Traumatic Stress Intervention (CFTSI), can alleviate pressure on waitlists. This five- to eight- session intervention addresses the immediate impacts of recent trauma and has demonstrated effectiveness for reducing or eliminating the need for longer-term treatment (Goslin & Epstein, 2024). See [NCA's Institute for Better Mental Health Outcomes Learning Page](#) on NCA Engage for more information about CFTSI and other models.



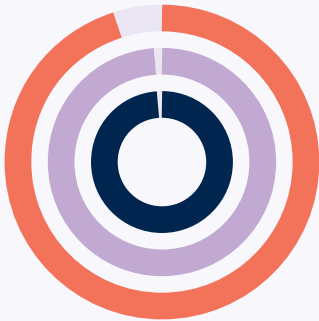
# Justice

CACs are places where multiple systems and disciplines come together to streamline child maltreatment investigations and pursue just and protective case outcomes for youth in a way that minimizes further trauma.

**Key finding:**

**Overall, caregivers and MDT partners trust the CAC model and have confidence in CACs' ability to facilitate services and case investigations.**

In initial or follow-up caregiver surveys:



- **95%** of caregivers agreed or strongly agreed that services from the CAC were helpful to themselves and their child.
- **99%** of caregivers agreed or strongly agreed that the process for the interview of their child was clearly explained.
- **99%** of caregivers agreed that their questions were answered to their satisfaction.

## Caregivers say



*“Keep being superheroes without capes. You’re great.”*

CAREGIVER



*“Staff were thorough in answering all my questions throughout the process and made us feel at ease. The entire experience has been like a safe place where we can talk and not feel judged.”*

CAREGIVER

*“I really appreciated how kind everyone was. The staff were very friendly and took the case very seriously, and I feel like my kids were given the best opportunity here for a favorable outcome.”*

CAREGIVER



## Justice



Effective case coordination in pursuit of appropriate case outcomes is perhaps best assessed by members of the MDTs who attend collaborative case review meetings at CACs to facilitate child maltreatment investigations. More than 15,000 law enforcement officers, child welfare personnel, advocates, medical and mental health providers, and prosecutors completed surveys about their experiences participating in MDTs and case review meetings in 2024. Across indicators of effective collaboration, MDT partners showed strong agreement that CACs and case review meetings facilitate interdisciplinary communication and investigation effectiveness. For example:

### Team members willingly share information relevant to our cases.

98% Agree

2% Disagree

### Members of the multidisciplinary team demonstrate respect for the perspectives and informational needs of other team members.

96% Agree

4% Disagree

### The Children's Advocacy Center model fosters collaboration on the multidisciplinary team.

97% Agree

3% Disagree

### I believe the clients served through the Center benefit from the collaborative approach of our multidisciplinary team.

98% Agree

2% Disagree

### I can get the information I need to fulfill my areas of responsibility on cases.

97% Agree

3% Disagree

## Feedback from MDT partners

*"Team members go above and beyond to facilitate cooperation and teamwork between all members of the MDT and ensure that all members are on the same page for the final outcome."*

LAW ENFORCEMENT REPRESENTATIVE



*"Every team member is valued and made to feel important during the process."*

CHILD WELFARE REPRESENTATIVE



*"The staff are always approachable and quick to answer questions and offer advice. The MDT offers a professional approach to every case. No one member is larger than the team. The common goal and core values of the MDT are never forgotten."*

LAW ENFORCEMENT REPRESENTATIVE





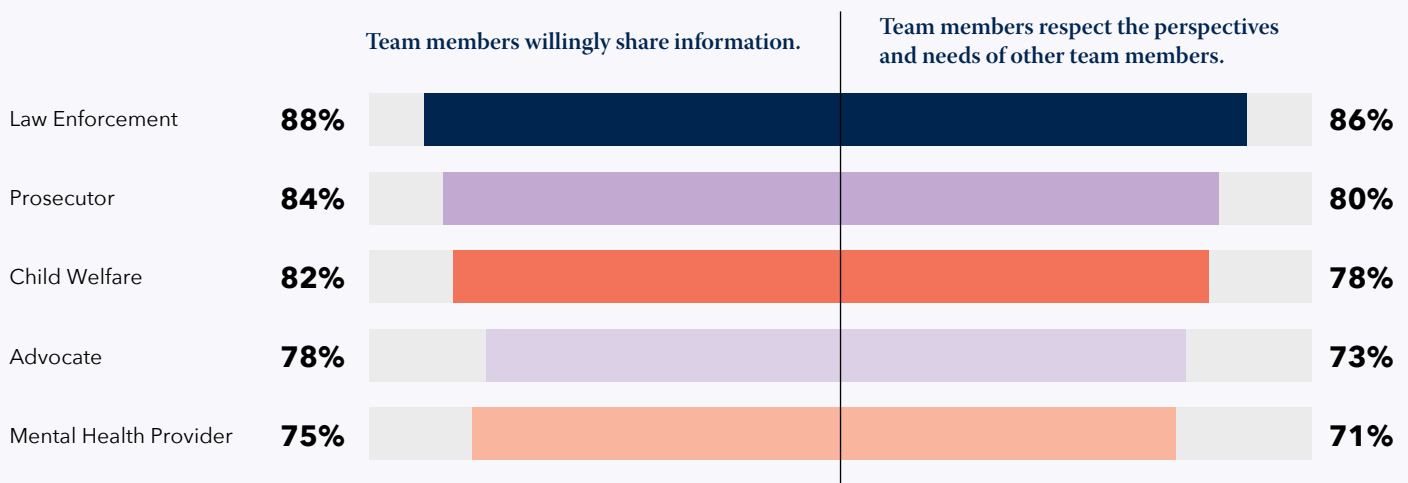
MDT members would like to see improvement in the way meetings are held. Open-ended comments included the need for scheduling for times when key partners can attend, focusing on the child and family impacts as well as prosecution needs, and openly and proactively discussing case developments and tensions rather than waiting until major case developments. Still, MDTs mostly agree that case review meetings help with work on cases (68%) and are a productive use of time (69%).

**Key finding:**

**MDT professionals have different perceptions of MDT's effectiveness and of team member respect for all disciplines.**

Although very positive overall, representatives of different disciplines have somewhat varied ratings of MDT effectiveness. Law enforcement personnel and representatives from prosecutors' offices are particularly positive in their ratings of MDTs. For example, these disciplines are most likely to strongly agree that MDT partners share information and respect each other's roles. In contrast, victim advocates and mental health providers are a bit less likely to strongly agree that MDT members share information freely and respect one another's viewpoints and roles.

### Percent of specific disciplines who strongly agree with statements:



It is important to emphasize that CACs' MDTs are remarkably strong, collaborative units, with at least 92% of all respondents answering positively to all statements on the OMS MDT survey. The small divergence across professionals pictured above is one example of the value of OMS data, and the opportunity it affords to drill down and understand respondents' unique perspectives. Here, for example, OMS data allows CACs to elicit the unique perceptions and experiences of all of their MDT partners, enabling CACs to pinpoint both their MDTs' particular strengths, and areas in which further growth is possible.



# Trust

Youth and caregiver trust in CAC staff and MDT partners is crucial for healing. Trust is built by creating safety and support at centers and by being responsive to families' needs.

**Key finding:** Youth feel safe at CACs and trust CACs enough to share their stories.

Did they help you feel safe?

95% Helpful

2% Not helpful    3% Not sure

Did they care about you?

95% Yes

1% Not so much    5% Not sure

A CAC visit can be an experience children and families don't often look forward to, which makes it remarkable that 19 out of 20 kids left the center reporting that the staff made them feel safe. Add to this.

## What youth say about trust

*"They were very comforting and made me feel safe!!! I liked everything about it, they were very kind and caring!!"*

AGE 11 - ANGUS



*"They don't judge you for anything that has happened and they care a lot about what has happened and for your wellbeing."*

AGE 15 - AMARA



*"They understood me to where I felt comfortable enough to open up."*

AGE 14 - JAYDEN



## Trust



Caregivers echoed their children's sentiments. In responses to initial and follow-up surveys, caregivers strongly endorsed the idea that CACs fostered safety and responsiveness for their children.

I believe my child felt safe at the Center.

97% Agree

3% Disagree or Don't Know

I feel I have received information that has helped me understand how I can best keep my child safe in the future.

94% Agree

6% Disagree or Don't Know

When I came to the Center, my child and I were greeted and received attention in a timely manner.

99% Agree

1% Disagree or Don't Know

If I knew anyone else who was dealing with a situation like the one my family faced, I would tell that person about the Center.

96% Agree

4% Disagree or Don't Know

## What caregivers say about trust

*"The family advocate was very compassionate. I felt safe talking and expressing myself with her. She was understanding and helpful."*

CAREGIVER



*"Amazing staff and a nice comfy place that feels safe to discuss difficult topics. All around excellence – thank you."*

CAREGIVER



*"I was nervous coming in but leaving, I'm confident that my child's needs are met."*

CAREGIVER



# New in OMS: The Mental Health Services Survey



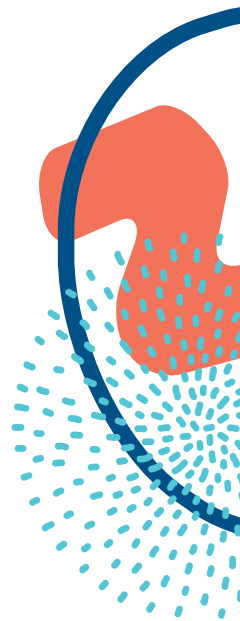
CACs have expressed for many years the desire for a tool to collect feedback specifically about their mental health services. In 2024, NCA added the Mental Health Services survey to the OMS toolkit. This new survey is designed to elicit caregiver feedback about their and their child’s experiences with a mental health provider at a CAC or linkage provider.

The new survey was informed by existing, validated tools for assessing mental health services, and was developed in consultation with two groups of national experts, a group of clinicians and a group of researchers. The final survey was pilot tested with 25 CACs across the country for three months. Pilot CACs provided feedback to NCA about the most successful strategies for offering the survey to caretakers, the comprehensibility of the survey questions, and the usefulness of data. The final survey was launched in October of 2024. By the end of 2024, more than 200 CACs in 45 states had adopted the survey.

## What does the mental health services survey ask about?

The new survey was designed to be flexible and to elicit feedback from a caregiver at any point during the therapeutic process, from a few sessions in until graduating from treatment. Like other OMS surveys, the mental health services survey is available in English and Spanish, and CACs can add custom questions to the standardized survey. In addition to child demographics, the survey asks about:

- Treatment format (in person vs. telehealth)
- Accessibility of mental health services
- Caregiver engagement
- Safety in therapeutic environment
- Openness and responsiveness of the mental health provider
- Helpfulness of therapy
- Improvement in child well-being
- Improvement in caregiver strategies for supporting their child



## What have we learned so far?

Like feedback from other OMS surveys, caregivers' responses to mental health services surveys have been resoundingly positive. From the 2024 mental health services surveys:



- In response to the question, "How open is the mental health provider to your questions and concerns," **89%** of caregivers responded, "very open."
- In response to the question, "The mental health provider helps my child feel safe during counseling," **94%** of caregivers responded, "very true."
- **90%** of caregivers report that their child is doing better than before they started counseling (including families who just started care).
- **89%** of caregiver report that they are better able to support their child with their feelings and behavior than before they started counseling.

Caregivers also articulated specific benefits of counseling in comments on the surveys:



*"It was helpful being able to process what happened and working through it, knowing it was not her fault."*

CAREGIVER

*"Helped my child gain a sense of feeling like everyone else – that this trauma does not define her or make her not normal."*

CAREGIVER



*"My child feels safe with her provider and is able to confide in her each week. It means a lot knowing they have someone else outside of the family as a support."*

CAREGIVER

# Appendix:

## Full annual data from 2024 OMS surveys

### 2024 Initial Caregiver Survey Core Results

Please select the option that most closely reflects your experience with the Center for each of the following statements.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I Don't Know	N
1. I believe my child felt safe at the Center.	90.7%	6.4%	0.3%	0.4%	2.1%	47,947
2. The Center staff made sure I understood the reason for our visit to the Center.	95.4%	3.6%	0.3%	0.3%	0.3%	47,802
3. When I came to the Center, my child and I were greeted and received attention in a timely manner.	97.1%	2.3%	0.2%	0.3%	0.2%	47,955
4. I was given information about the services and program provided by the Center.	96.4%	2.6%	0.3%	0.3%	0.4%	47,848
5. My questions were answered to my satisfaction.	94.7%	4.2%	0.3%	0.3%	0.4%	47,407
6. The process for the interview of my child at the Center was clearly explained to me.	94.8%	4.0%	0.4%	0.4%	0.3%	47,495
7. I was given information about possible behaviors I might expect from my child in the days and weeks ahead.	82.6%	8.6%	2.7%	2.1%	4.0%	46,771
8. The staff members at the Center were friendly and pleasant.	98.0%	1.5%	0.1%	0.2%	0.1%	47,552
9. After our visit at the Center, I feel I know what to expect with the situation facing my child and me.	83.7%	11.0%	1.6%	0.9%	2.8%	46,794
10. The Center staff provided me with resources to support my child and respond to his or her needs in the days and weeks ahead.	92.9%	4.7%	0.6%	0.5%	1.3%	46,956

## 2024 Caregiver Follow-up Survey: Core Survey Results

Please select the option that most closely reflects your experience with the Center for each of the following statements.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I Don't Know	N
1. The staff members at the Center have been friendly and pleasant.	96.1%	2.8%	0.4%	0.5%	0.2%	7,424
2. As a result of our contact with the Center, we knew what to expect in the days and weeks that followed.	78.1%	14.6%	2.4%	2.2%	2.7%	7,380
3. Since my first contact with the Center, Center staff has been available to answer any questions I had.	88.0%	7.3%	1.0%	1.3%	2.4%	7,381
4. Overall, the services we have received from the Center have been helpful to me and my child.	87.0%	7.5%	1.5%	2.0%	2.1%	7,393
5. I feel I have received information that has helped me understand how I can best keep my child safe in the future.	84.3%	10.1%	1.5%	1.9%	2.3%	7,263
6. I feel that the Center has done everything it can to assist my child and me.	87.1%	8.0%	1.6%	1.8%	1.6%	7,276
7. If I knew anyone else who was dealing with a situation like the one my family faced, I would tell that person about the Center.	91.1%	4.9%	0.7%	1.7%	1.6%	7,290

8a. Did someone at the Center give you information about how to get services like counseling or family support for YOUR CHILD?	N = 7,303
Yes	80.0%
No	5.4%
I Don't Know	3.0%
My Child Did Not Need Services	11.7%

8b. If yes, has YOUR CHILD used any of those services?	N = 5,725
Yes	51.2%
No	45.5%
I Don't Know	3.3%



<b>8c. If no, please tell us the reason YOUR CHILD has not used the services. (Check all that apply)</b>	<b>N = 2,503</b>
Still waiting to receive the services	17.4%
Days/times did not fit our schedule	2.4%
Location hard to get to (no transportation)	1.5%
My child was already receiving similar services somewhere else	24.7%
I did not think my child needed the services	20.5%
My child did not want to use the services	10.4%
Have not had time/have not made appointment yet	13.8%
Other	18.4%

<b>9a. Did someone at the center give you information about how to get services like counseling or family support for YOURSELF?</b>	<b>N = 7,242</b>
Yes	64.1%
No	9.9%
I Don't Know	5.0%
I Did Not Need Services	21.1%

<b>9b. If yes, have YOU used any of those services?</b>	<b>N = 4,544</b>
Yes	31.2%
No	66.1%
I Don't Know	2.7%

<b>9c. If no, please tell us the reason(s) YOU have not used the services. (Check all that apply)</b>	<b>N = 2,879</b>
Still waiting to receive the services	9.3%
Days/times did not fit our schedule	4.1%
Location hard to get to (no transportation)	1.2%
I did not think I needed the services	44.7%
I was already receiving similar services somewhere else	15.1%
Have not had time/have not made appointment yet	18.5%
Other	12.1%

<b>10. Please rate your satisfaction with the following services... (Not Applicable responses removed)</b>	<b>Very Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Somewhat Dissatisfied</b>	<b>Very Dissatisfied</b>	<b>I Don't Know</b>	<b>N</b>
Forensic Interview	79.8%	10.9%	2.0%	1.9%	5.4%	6,512
Medical Exam	77.4%	10.4%	1.8%	1.8%	8.5%	2,651
Mental Health Services for YOUR CHILD	80.8%	9.2%	1.8%	1.7%	6.5%	3,895
Mental Health Services for YOURSELF	73.9%	10.7%	2.3%	2.5%	10.6%	2,122
Information/Updates on Status of Your Child's Case	67.6%	15.8%	4.4%	5.2%	7.0%	5,895



11a. Would you have liked additional services for YOUR CHILD that were not offered by the Center?	N = 7,000
Yes	6.1%
No	75.6%
I Don't Know	18.3%

12a. Would you have liked additional services for YOURSELF that were not offered by the Center?	N = 6,976
Yes	5.2%
No	80.3%
I Don't Know	14.5%

14a. Was there anything that the Center staff could have done better to help you or your child?	N = 6,790
Yes	5.8%
No	84.5%
I Don't Know	9.7%

## Full 2024 Annual Data–Multidisciplinary Team Survey

How accurately does each of the following statements reflect your experience as a member of the CAC/MDT...? (N/A Removed)	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N
1. Team members willingly share information relevant to our cases.	82.4%	15.2%	1.5%	0.9%	13,429
2. I can provide input during the forensic interview process.	83.5%	12.7%	2.6%	1.2%	11,443
3. Members of the multidisciplinary team demonstrate respect for the perspectives and informational needs of other team members.	79.1%	16.5%	3.1%	1.4%	13,410
4. The Children's Advocacy Center Model fosters collaboration on the multidisciplinary team.	86.9%	10.5%	1.5%	1.1%	13,412
5. Team meetings are a productive use of my time.	69.1%	24.2%	4.7%	2.0%	12,824
6. Case review team meetings help me with my work on cases.	67.6%	24.4%	5.6%	2.5%	12,215
7. Other team members understand my role on the team.	72.6%	21.9%	4.1%	1.4%	13,025
8. I believe the clients served through the center benefit from the collaborative approach of our multidisciplinary team.	86.8%	11.0%	1.3%	0.8%	13,122



How accurately does each of the following statements reflect your experience as a member of the CAC/MDT...? (N/A Removed)	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	N
9. My supervisor/agency is supportive of the work of the multidisciplinary team.	89.4%	9.0%	1.0%	0.6%	12,891
10. All members of the multidisciplinary team are actively involved in cases relevant to their role.	71.8%	22.3%	4.4%	1.4%	12,904
11. Resources provided by the center help improve work on our team's cases.	83.2%	14.5%	1.6%	0.7%	12,820
12. The center provides an environment where I feel safe expressing my concerns or making suggestions about the functioning of the multidisciplinary team.	81.7%	13.4%	3.0%	1.8%	12,854
13. I can get the information I need to fulfill my areas of responsibility on cases.	81.2%	15.6%	2.1%	1.1%	12,732
14. Other team members turn to my agency for information, expertise, and direction.	74.4%	21.3%	3.2%	1.1%	12,721

## Full 2024 Annual Data – Youth Feedback Survey

What were the people at the center like?	Very nice	Nice	Not so nice	Not nice at all	Not sure	N
	80.2%	18.1%	0.3%	0.1%	1.4%	21,248

Did they help you understand what to expect at the center?	Very helpful	Helpful	Not so helpful	Not helpful at all	Not Sure	N
	56.8%	37.8%	1.3%	0.3%	3.7%	21,194

Were they good at listening to you?	Very good	Good	Not so good	Not good at all	Not sure	N
	79.2%	18.9%	0.7%	0.2%	0.9%	21,184

How good were they at answering your questions?	Very good	Good	Not so good	Not good at all	Not sure / Didn't have questions	N
	55.6%	30.3%	1.2%	0.3%	12.6%	21,159

Did they help you feel safe?	Very helpful	Helpful	Not so helpful	Not helpful at all	Not sure	N
	69.1%	26.1%	1.2%	0.4%	3.0%	21,161

Did they care about you?	A lot	A little	Not so much	Not at all	Not sure	N
	84.6%	9.8%	0.4%	0.2%	5.0%	21,069

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## **National Children's Alliance®**

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