



Children's Advocacy Centers (CAC) Annual Report

Fiscal Year 2025

July 1, 2025 to June 30, 2026

Pursuant to:

22 §4019; PL 2013, c. 364, §1

Submitted by:

Maine Department of Health and Human Services
Office of Child and Family Services

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Introduction

Maine law requires that the Maine Department of Health and Human Services (DHHS) report annually to the Joint Standing Committee on Health and Human Services on the number of Children's Advocacy Centers (CACs), an overview of the protocols adopted by CACs, the effectiveness of the centers in coordinating both the investigation and prosecution of child sexual abuse, and the number of referrals of survivors of child sexual abuse for treatment.¹

Maine began the statewide development of CACs in 2013 pursuant to 22 M.R.S. § 4019, which states that CACs represent a response to child sexual abuse and assault that is nationally recognized and uses evidence-based best practices. **CACs are child-focused, facility-based programs in which professionals from multiple disciplines, including law enforcement, child protection, prosecution, mental health, medicine, survivor advocacy, and child advocacy, work together to conduct interviews and make strategic decisions.** Increased prosecution rates and more effective services for children and family members are some of the benefits created by CACs' innovative approach to responding to child sexual abuse. The CAC model has also been found to be an effective intervention for children and families involved in child sexual abuse investigations.²

The Maine Department of Health and Human Services (DHHS) has collaborated with the Maine Network of Children's Advocacy Centers (the Network), a program of the Maine Coalition Against Sexual Assault (MECASA), since its inception in 2013. The goals of this shared initiative include:

- Working with existing CACs to help obtain and maintain national accreditation standards and standardize policies across CACs;
- Developing and reviewing policies, screening tools, and caseworker training to identify and respond to Commercial Sexual Exploitation of Children (CSEC) survivors; and
- Supporting efforts to develop and establish CACs to serve children and families in all parts of the state.

In fiscal year 2025, CACs throughout Maine engaged in several efforts related to the goals outlined above to ensure relevant and appropriate services for clients utilizing the CACs. The following report highlights the CACs' successes and challenges in 2025, and demonstrates the importance of CACs in Maine's advocacy and investigatory systems.

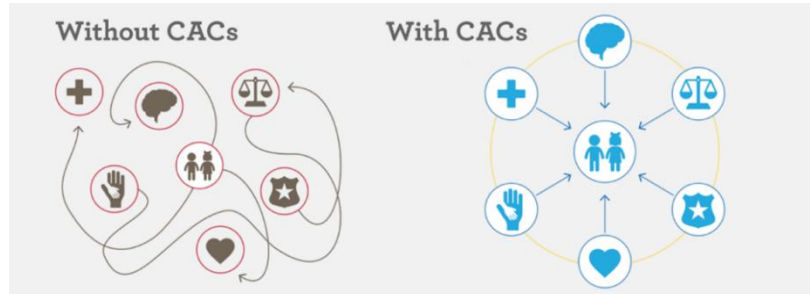
¹ Title 22: HEALTH AND WELFARE; Subtitle 3: INCOME SUPPLEMENTATION; Part 3: CHILDREN; Chapter 1071: CHILD AND FAMILY SERVICES AND CHILD PROTECTION ACT; Subchapter 2: REPORTING OF ABUSE OR NEGLECT; <http://legislature.maine.gov/statutes/22/title22sec4019.html>

² Westphal, K. K., Regoeczi, W., Masotya, M., Vazquez-Westphal, B., Lounsbury, K., McDavid, L., Walsh, W. (2020). Outcomes and outputs affiliated with Children's Advocacy Centers in the United States: A scoping review. *Child Abuse & Neglect*. doi:10.1016/j.chiabu.2020.104828

The Children's Advocacy Center Model

How does the model work?

About half of the calls to Maine's Statewide Sexual Assault Helpline are from or about children under age 18. Child sexual abuse is a crime that involves complex dynamics, and its impacts can have lifelong consequences for survivors and their caregivers.



Child sexual abuse investigations requires collaboration by multiple agencies and disciplines, which can be confusing and retraumatizing for children and their families. CACs aim to coordinate and streamline investigation activities, referrals, and follow up. This effort ensures that the intervention and response is timely, trauma- and evidence-informed, and survivor-centered.

In the CAC model, when a report or allegation of child sexual abuse is received, a member of law enforcement or Child Protective Services (CPS) will make a referral to the local CAC. After receiving the referral, CAC staff coordinate the appointment at the CAC with investigators (including law enforcement and CPS), the District Attorney's office, the child, and a non-offending caregiver. Once the child and their non-offending caregiver arrive at the CAC, a specially trained forensic interviewer (the person conducting the child's interview) meets with the investigators and the child's caregiver to discuss what is known about the case. Then, the forensic interviewer interviews the child using a developmentally appropriate, legally sound protocol, while other team members watch via closed-circuit television or another HIPAA-compliant video platform. The team members can unobtrusively alert the interviewer if they have additional questions as necessary. This process helps to ensure that each investigator gets the information they need from the interview while reducing the number of interviews for the child.

During the child's interview, a family advocate meets with the child's caregiver to provide additional resources and referrals, answer questions, and talk about next steps. This wrap-around approach brings services and support to families instead of requiring families to navigate the systems alone. The family advocate can provide support during the forensic interview and can make referrals to a sexual assault advocate for ongoing support as the case progresses.

Multidisciplinary Teams

In addition to the streamlined forensic interview and family advocacy services, an essential function of the CAC is establishment of the multidisciplinary team (MDT), which includes local law enforcement, child protective services, prosecution, and other key disciplines. The MDT and CAC work together to establish policies and protocols that help CACs provide the best possible services to child sexual abuse survivors and their non-offending caregivers. Each CAC's policies and protocols are established in alignment with standards set by the National Children's Alliance (NCA).

MDT members conduct a unified investigation of allegations of child sexual abuse and make strategic decisions, thereby increasing prosecution rates and providing more effective services and supports for children and family members who have been impacted by child sexual abuse.³ In a 2008 national study, the CAC model was found to be the most effective intervention for children and families involved in child sexual abuse investigations.⁴

The investigation and prosecution of child sexual abuse is extremely challenging for everyone involved, including the child who experienced abuse, their non-offending caregivers, and the various professionals who are a part of the systemic response. The coordination that happens because of CACs is not only effective, but also child-friendly and trauma-informed. Having resources and expertise offered as a cohesive service helps limit additional trauma that a child may experience from disclosing child sexual abuse and interacting with a disconnected set of systems. Additionally, this streamlined model provides built-in support and connection for professionals working to support children and families. The CAC model assists in reducing burnout by giving the professionals involved a reliable team to depend on during cases.

Research shows that survivors of sexual violence may face social and emotional challenges and economic effects, such as increased medical costs and lower lifetime earnings.^{5,6} However, the coordinated response to child sexual abuse is imperative to mitigate some of the negative consequences of trauma that survivors will face after experiencing sexual violence.

CAC Effectiveness in Coordinating the Investigation and Prosecution of Child Sexual Abuse

CACs recognize and respond to the unique needs of child sexual abuse survivors: Child sexual abuse survivors who receive services at CACs are twice as likely to receive specialized medical exams⁷ and more likely than those who are not engaged with a CAC to receive referrals for specialized mental health treatment.⁸

CACs better meet the needs of non-offending caregivers: In a 2008 University of New Hampshire study, non-offending caregivers whose children were engaged in CAC services indicated higher rates of

³ Westphaln, K. K., Regoezi, W., Masotya, M., Vazquez-Westphaln, B., Lounsbury, K., McDavid, L., Walsh, W. (2020). Outcomes and outputs affiliated with Children's Advocacy Centers in the United States: A scoping review. *Child Abuse & Neglect*. doi:10.1016/j.chiabu.2020.104828

⁴ Cross, T.P., Jones, L.M., Walsh, W.A., Simone, M., Kolko, D.J., Szczepanski, J., et.al. (2008). *Evaluating children's advocacy centers' response to child Sexual abuse*. Bulletin. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, Department of Justice. August 2008.

⁵ Fang, X., Brown, D.S., Florence, C.S., & Mercy J.A. (2012). *The economic burden of child maltreatment in the United States and implications for prevention*. *Child Abuse and Neglect*, 36(2), 156-165.

⁶ Currie, J. & Widom, C.S. (2010). *Long term consequences of child abuse and neglect on adult economic well-being*. *Child Maltreatment*, 15(2), 111-120.

⁷ Walsh, W.A., Lippert, T., Cross, T.E., Maurice, D.M. & Davison, K.S. (2007). Which sexual abuse victims receive a forensic medical examination? The impact of Children's Advocacy Centers. *Child Abuse and Neglect*, 31(10): 1053-1068. Smith, D.W., Witte, T.H., & Fricker-Elhai, A.E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment*, 11(4): 354-60. Edinburgh, L., Saewyc, E., Levitt, C., (2008). Caring for young adolescent sexual abuse victims in a hospital-based children's advocacy center. *Child Abuse & Neglect* 32(12): 1119-112.

⁸ Ibid.

satisfaction in the process than caregivers of children whose cases were investigated outside of the CAC system.⁹

Coordinated investigations are more efficient, effective, and economical: A 2006 national cost-benefit analysis demonstrated that traditional investigations cost 36% more than CAC-coordinated investigations.¹⁰ Streamlining the investigation process can save systems as much as \$1,000 per case.^{11,12}

CAC case coordination and MDT participation are correlated with higher rates of child sexual abuse prosecutions: In a Texas A&M University analysis of 553 cases of alleged child sexual abuse, logistic regression was used to evaluate the use of CAC case coordination and MDTs among law enforcement and CPS as they relate to prosecutorial decisions. The number of these participants at MDT meetings was directly correlated with an increase in prosecutorial acceptance rates of approximately 30%. The inclusion of the prosecutor in MDT meetings was correlated with an increase in case acceptance rates of approximately 80%.¹³

WHY ARE CACs AND MDTs SO IMPORTANT?

COORDINATED SERVICES⁴

CAC communities demonstrated significantly higher rates of:

- Coordinated investigations between law enforcement and CPS
- Team forensic interviews
- Case reviews
- Recording of forensic interviews
- Interviews in child-friendly settings



PROSECUTION RATES⁶

Use of the CAC approach leads to a dramatic increase in felony prosecutions of child sexual abuse:

- District with significant CAC usage – 196% increase
- District with limited CAC usage – 1% decrease

CASE PROCESSING TIME⁸

Faster criminal charging decisions in child sexual abuse cases:



ACCESS TO MEDICAL CARE⁵

Children served at CAC were much more likely to receive forensic medical exams:

- No penetration in abuse disclosure: 4.0 times more likely
- Penetration in abuse disclosure: 1.5 times more likely



CLIENT SATISFACTION⁷

Caregivers whose children were seen at the CAC:

- Higher rates of satisfaction than caregivers whose children were seen at the comparison sites
- Significantly more satisfied with the experience than caregivers from the comparison samples



Children who were seen at the CAC:

- More significantly described themselves as “not at all” or “not very” scared versus kids from the comparison communities

⁹ Jones, L.M., Cross, T.P., Maurice, D.M., & Davison, K.S. (2008). How long to prosecute child sexual abuse for a community using a children’s advocacy center and two comparison communities? *Child Maltreatment*, 13(1), 3-13.
Herbert, J. L., & Bromfield, L. M. (2020). A quasi-experimental study of the Multi-Agency Investigation & Support Team (MIST): A collaborative response to child sexual abuse. *Child Abuse & Neglect*. Online ahead of print.
<https://doi.org/10.1016/j.chiabu.2020.104827>

¹⁰ Formby, J., Shadoin, A.L., Shao, L., Magnuson, S.N., & Overman, L.B. (2006). *Cost-benefit analysis of community responses to child maltreatment: a comparison of communities with and without child advocacy centers*. Research Report No. 06-3, National Children’s Advocacy Center, Huntsville, AL.

¹¹ Ibid.

¹² https://www.bls.gov/data/inflation_calculator.htm

¹³ Bracewell, T. E. (2018). Multidisciplinary team involvement and prosecutorial decisions in child sexual abuse cases. *Child and Adolescent Social Work Journal*, 35(6), 567-576.

Children's Advocacy Centers in Maine

Maine has eight CACs which provide statewide coverage, five of which are nationally accredited by the National Children's Alliance (NCA). All operational CACs maintain rigorous standards for forensic interviewing and advocacy and continue to build their MDT's capacity and increase community buy-in.

The nationally accredited centers include:

- Children's Advocacy Center of Androscoggin, Franklin, and Oxford Counties;
- Children's Advocacy Center of Kennebec and Somerset Counties;
- Aroostook County Children's Advocacy Center;
- Cumberland County Children's Advocacy Center; and
- Penquis Children's Advocacy Center (serving Penobscot and Piscataquis Counties).

Three other centers—which are working towards national accreditation with support from the Network—include:

- Children's Advocacy Center of York County (pending accreditation status);
- Midcoast Children's Advocacy Center (serving Lincoln, Knox, Waldo, and Sagadahoc Counties);
- Downeast Children's Advocacy Center (serving Washington and Hancock Counties).

The CAC of Androscoggin, Franklin, and Oxford Counties was the first CAC in Maine and began to offer services in 2008. This program was instrumental in the widespread adoption of the CAC model, which began in earnest in 2013 with the passage of 22 M.R.S. §4019. Formed in support of implementing the law, the Network set the goal of promoting the development, growth, and utilization of CACs and MDTs to provide support to Maine's sexually abused children and their families. The Network became a nationally accredited Chapter by the NCA in 2014 and was reaccredited in 2025. The Network provides support for Maine's CACs through resource sharing, training, technical assistance, public policy advocacy, and statewide communication efforts.

VOCA Funding for CACs

CACs rely on Victims of Crime Act (VOCA) grants to fund core services, and federal VOCA allocations have declined. In 2025, the Legislature passed LD 210, which provides \$3,000,000 in ongoing state funding to help replace lost federal VOCA dollars. This represents a major step forward in stabilizing Maine's victim services network and ensuring that CACs can continue to deliver consistent, high-quality care. For this year, the new state funds largely fill the existing federal gap but ongoing funding will need to be considered as part of the overall approach to maintaining services long-term.

Turnover and Wages

Workplace sustainability is a critical factor in providing high-quality support for CAC clients and families. The stability and expertise of staff influence both family experiences and the effectiveness of MDTs. However, high turnover remains a challenge. According to MECASA's 2024 Needs Assessment, 38% of CAC staff reported plans to leave or were considering leaving their workplace within the next two years, and 64% cited low wages as their top reason. A quarter of CAC staff statewide turned over in the past year, a rate driven by rising costs of living and competitive pay in other industries. In 2025, MECASA advocated for additional funding to raise the wages of both sexual assault support center and

CAC staff to a minimum of \$45,000 per year. One-time funding for 2025-26 and 2026-27 in the amount of \$3,000,000 was appropriated, in part, for this purpose. While this funding marks an important step toward wage equity and sustainability, it is time-limited. Therefore, MECASA will continue to advocate in future sessions for permanent, ongoing support.

To help strengthen workplace sustainability beyond wages, MECASA continues to offer targeted supports, including a Supervisor Learning Cohort for CAC and other supervisors to build management skills, reduce burnout, and improve trauma-informed supervision skills. Additional trainings on organizational wellbeing, and conflict resolution further support CAC staff in maintaining healthy, sustainable work environments.

Implementation of Forensic Interview Admissibility Law

After P.L. 2023, c. 193 (LD 765) *An Act to Establish an Exception to the Hearsay Rule for Forensic Interviews of a Protected Person*, passed in 2023, courts, prosecutors, and Children's Advocacy Centers have spent the past year putting the new law regarding the admissibility of forensic interviews into practice.

In 2024, the ruling in *State of Maine v. Thorndike* confirmed that the current law can be applied retroactively, meaning that previously recorded forensic interviews may be considered under its provisions. That decision brought much-needed consistency across cases and reinforced the Legislature's intent to make the process more trauma-informed for youth, families, and incapacitated adults. In 2025, the *State of Maine v. Engroff* further affirmed the Court's approval of the process laid out in the statute as being an effective avenue for the presentation of child testimony.

Since implementation, forensic interviewers have been subpoenaed more frequently as courts adjust to the new framework. Even so, the law is achieving one of its primary goals, avoiding children having to retell their stories multiple times. In several cases over the past few years, judges have admitted recorded forensic interviews instead of requiring live testimony, which has spared youth from having to speak in open court, sometimes in front of the person who harmed them. MECASA continues working closely with the Maine Prosecutors Association, CACs statewide, and the Judicial Branch to support consistent application of the law.

CSEC Committee Report

In 2025, the Commercial Sexual Exploitation of Children (CSEC) Advisory Committee, co-chaired by MECASA and the Office of Child and Family Services, published its final report to the Legislature. This report was developed pursuant to P.L. 2023 c. 112 (LD 1092), *An Act to Prevent the Commercial Sexual Exploitation of Children in the State*, which directed the Department to convene a group of stakeholders to identify gaps in Maine's prevention and response systems and develop recommendations for improvement.

The final report, entitled *Commercial Sexual Exploitation of Children in Maine Policy Recommendations for Prevention and Intervention* reflects more than a year of collaboration among survivors, service providers, and systems partners across law enforcement, child welfare, juvenile justice, prosecution, and advocacy. The recommendations center on four priorities—increasing access to basic needs, building healthier communities, expanding healthcare access, and reducing systemic harms.

Mental Health Pilot Program

In FY24, Sexual Assault Support Services of Midcoast Maine (SASSMM) launched a mental health pilot program funded through a Services, Training, Officers, and Prosecutors (STOP) grant, aimed at increasing access to specialized clinical therapy for survivors of sexual trauma. The program provides low-barrier, no-cost mental health services—no insurance required, minimal administrative hurdles, and no waitlists. This initiative is especially significant for children and nonoffending caregivers connected to Maine’s Children’s Advocacy Centers (CACs), who often face long waits or a lack of clinicians trained in sexual trauma. By offering both in-person and remote sessions, SASSMM can accept referrals statewide, extending access to families in rural or underserved areas.

Expert Witness Training

Efforts have been underway to build a stronger statewide bench of experts who can provide clear testimony grounded in evidence and experience. This effort includes individualized support for potential experts and providing opportunities for ongoing skill development. In 2025, a training to build upon the *State of Maine v. Robshaw* decision—which affirmed that forensic interviewers may testify as blind experts—was hosted. This provided an opportunity for advanced training for forensic interviewers, sexual assault advocates, and prosecutors. The session focused on preparing professionals to offer expert testimony on the broader dynamics of sexual violence, including recantation, delayed disclosure, and gaps in memory.

Other Training for Child Advocacy Center Staff

In FY25, MECASA offered a series of professional development opportunities to help staff expand their skills and capacity to serve children and families with diverse identities, abilities, and experiences. Trainings included “*Why Parents Don’t Believe*,” which explored caregiver dynamics in cases of child sexual abuse; “*Visual Gestural Communication and Non-Traditional Communication Access for People with Intellectual Disabilities*,” which strengthened staff ability to support children and caregivers with communication differences; and “*Using Victim Behavior Expert Testimony in Sexual Violence Cases*,” which deepened understanding of how trauma affects survivor behavior and how to effectively communicate those dynamics in multidisciplinary and courtroom settings. Together, these trainings support a more inclusive, trauma-informed, and evidence-based approach across Maine’s CAC Network.

Training on the Child Advocacy Center Model

In 2025, efforts continued to expand cross-disciplinary training to strengthen Maine’s coordinated response to child sexual abuse and exploitation. MECASA provided instruction for School Resource Officers through the Maine Criminal Justice Academy, where training on child sexual abuse, the CAC model, and the intersection of Title IX investigations and CAC involvement are now required standing modules in the SRO training curriculum.

Similarly, MECASA contributes to the Sexual Assault Forensic Examiner (SAFE) training program, where education on the CAC model and trauma-informed collaboration is a required component for all new SAFEs. The Network also provided training for human trafficking service providers and mental health clinicians, focusing on recognizing, responding to, and referring cases of child sexual abuse and commercial sexual exploitation.

Together, these standing modules and targeted trainings ensure that professionals across law enforcement, healthcare, mental health, and victim services share a common understanding of the CAC model and trauma-informed best practices, which improves outcomes for children and families.

Child Advocacy Center Updates

Five of Maine's eight Children's Advocacy Centers (CACs) are accredited by the National Children's Alliance (NCA). The Downeast and Midcoast CACs are actively working toward accreditation and continue to operate as fully functional centers, accepting referrals and providing comprehensive services to children and families.

The CAC of York County is in "pending accreditation" status. The program has faced staffing challenges, and at points in 2025, paused forensic interviewing to focus on strengthening its internal team and MDT, and to reestablishing protocols that support a coordinated, high-quality response. OCFS and MECASA extend deep appreciation to the following programs for providing interviews for York County children during this period of organizational growth - the Children's Advocacy Center of Cumberland County; the Children's Advocacy Center of Androscoggin, Franklin, and Oxford Counties; and the Strafford County Children's Advocacy Center (in New Hampshire).

Outcome Measurement System Data

The Outcome Measurement System (OMS) was established by the NCA to measure and evaluate the efficacy of CAC and MDTs. The OMS provides a standardized way for CACs and MDTs to ensure the highest quality of services to their communities by identifying strengths and potential areas of improvement. Maine's CACs use the OMS to gather feedback from the families and children they serve, which supports CAC staff in defining success and improving the services offered.

In FY25, non-offending caregivers visiting Maine's CACs completed surveys about their experiences. Feedback was overwhelmingly positive. For example, 89% said they strongly agreed that their child felt safe at the CAC. Because CACs strive to be trauma-informed spaces not only for children but also for caregivers, it's encouraging that 96% strongly agreed the interview process was clearly explained. Additionally, 95% strongly agreed the CAC provided useful resources and follow-up support, and 100% of caregivers strongly agreed that staff were friendly and pleasant.

Comments provided anonymously by caregivers included:

- "They were very friendly and I didn't feel judged or like I was a bad parent for my daughter being in this situation"
- "this is a great place and wish something like this was around when i was going through this stuff"
- "Honestly, I appreciated everything they did for us. They were very kind, informative, greeted us at the door, had water for us ready. While in my pre meeting, I could hear my daughter laughing and talking with staff. Which was great. She is going through so much and I was very concerned that this would be very stressful for her. The staff here helped make sure it was as pleasant as possible. They made so many referrals and gave me plenty of information and packets. I am so thankful for everything they did."

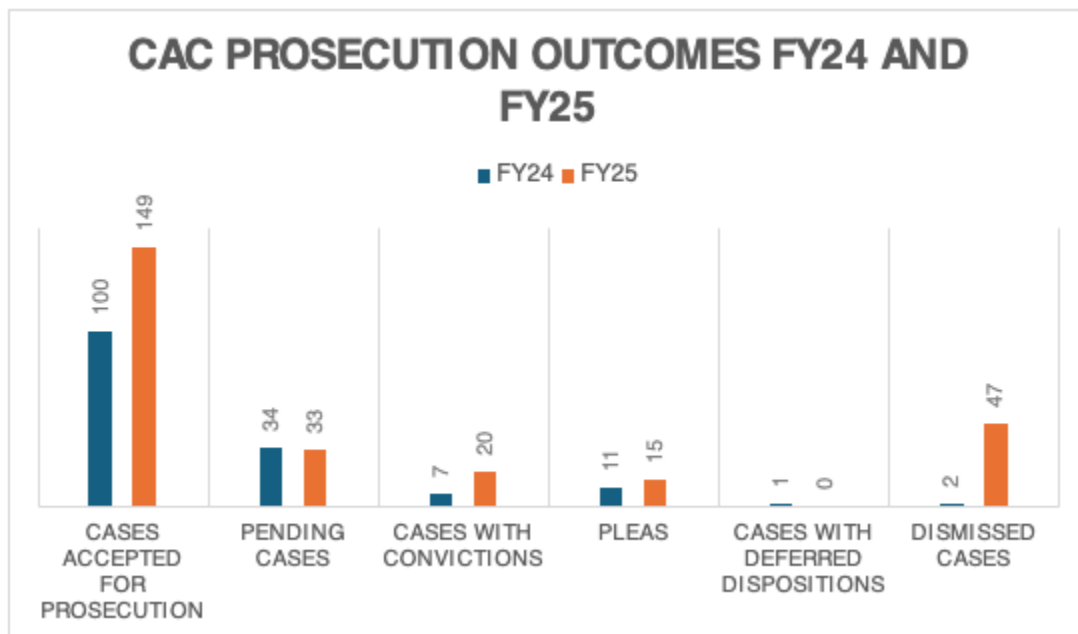
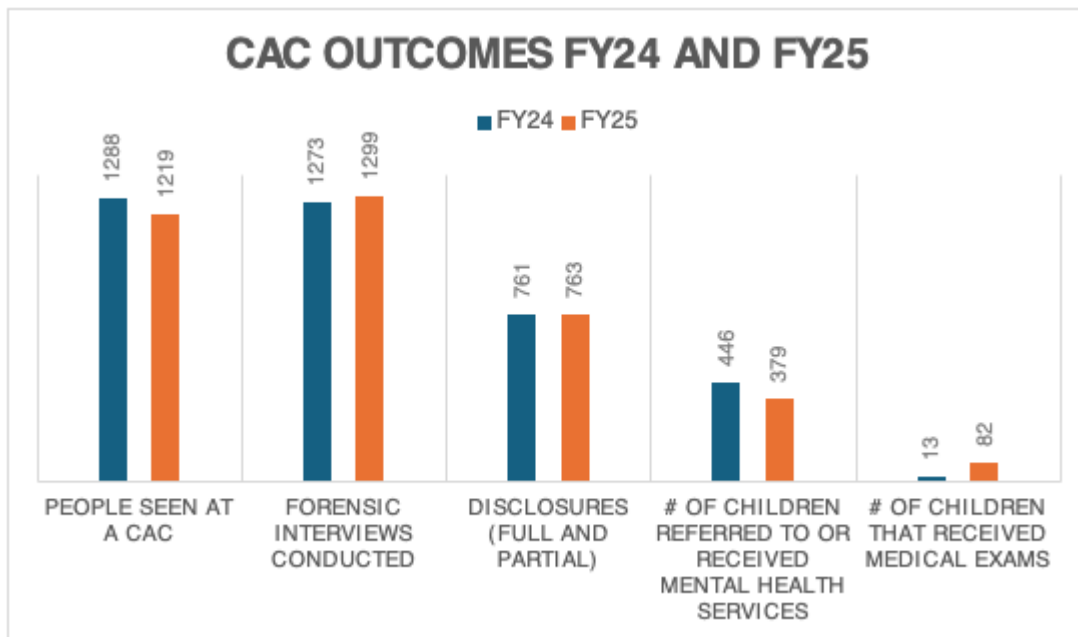
- “The professional and personal support of the staff felt welcoming and almost a family like environment and really focused on my daughters life making her feel heard and care about the same family does.”

Youth seen at CACs are also asked to provide feedback using OMS surveys. In FY25, their feedback was similarly positive. Of youth who responded, 99% described CAC staff as “nice” or “very nice”. 100% said that staff were “good” or “very good” at listening, and 93% reported that staff were “helpful” or “very helpful” in making them feel safer.

Outcomes for CACs

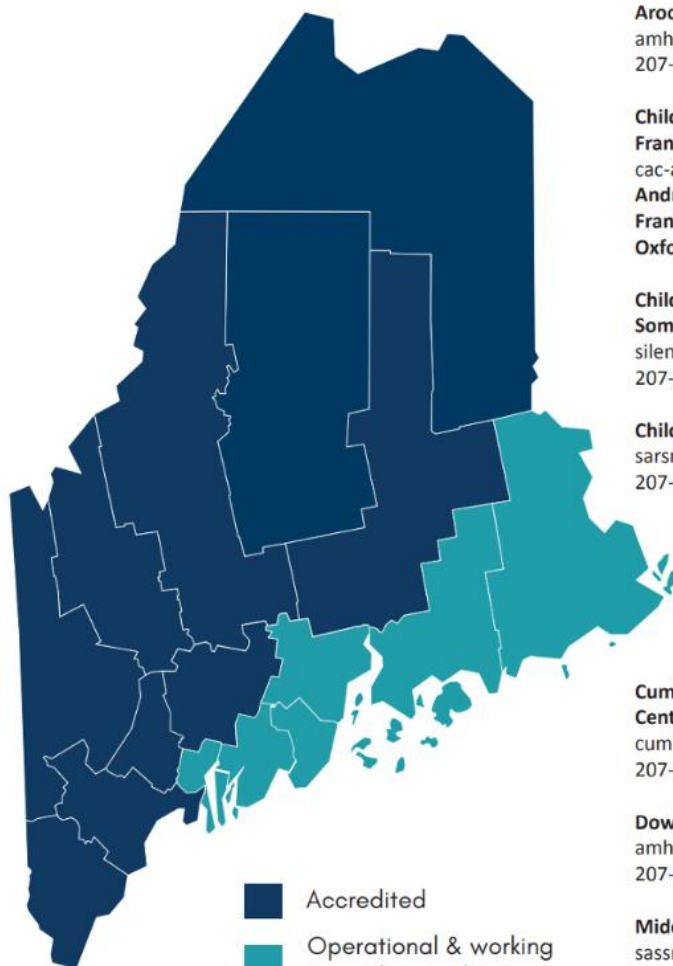
In FY25, 1,219 children were seen, and 1,299 forensic interviews were conducted. People seen at CACs may include children or adults living with intellectual and developmental disabilities. Case outcomes are carefully tracked and reported by MDTs and CACs throughout the life of the case. Potential outcomes include:

- Disclosures: the number of cases in which a child disclosed sexual abuse. This includes both full or partial disclosures and might also include disclosures of other forms of abuse or neglect.
- Cases of Charges Filed: the number of cases where criminal charges were filed by the prosecutor’s office.
- Pending decisions: the number of cases pending at the prosecutor’s office.
- Deferred dispositions: these are cases where the alleged offender has suspended sentencing as part of the resolution of the case.
- Pleas: the number of cases an alleged offender plead to charges as part of the resolution of the case
- Convictions: the number of cases where the alleged offender was convicted.
- Referred to or Received Mental Health Services: the number of cases where a child was referred to or received mental health services. This does not include cases where children already had mental health services or pending referrals prior to receiving services at the CAC.
- Received Medical Exams: the number of cases in which a medical exam was conducted by a specialized child abuse pediatrician.





Maine's Children's Advocacy Centers



Aroostook County Children's Advocacy Center
amhcsas.org
207-472-6134

Children's Advocacy Center of Androscoggin, Franklin, and Oxford Counties
cac-afo.org
Androscoggin: 207-784-0436
Franklin: 207-778-9777
Oxford: 207-739-1228

Children's Advocacy Center of Kennebec & Somerset Counties
silentnomore.org/about-our-cac
207-861-4491

Children's Advocacy Center of York County
sarsmm.org
207-459-2380

Cumberland County Children's Advocacy Center
cumberlandcountycac.org
207-879-6160

Downeast Children's Advocacy Center
amhcsas.org
207-255-3687

Midcoast Children's Advocacy Center
sassmm.org
207-522-7162

Penquis Children's Advocacy Center
penquiscac.org
207-974-2469

To learn more about Maine's Children's Advocacy Centers and the Maine Network of CACs, please visit www.cacmaine.org.