



CENTER FOR CHILD PROTECTION

2010 ANNUAL REPORT

help. hope. healing.

letter from the director



DEAR FRIENDS

One of the great joys of life is watching the things we've worked so hard for change and grow. Just looking out my window I can see the little garden that we planted in memory of Christopher Wohlers, the little boy whose tragic death was the impetus for change and the start of the Center for Child Protection, a children's advocacy center. This small garden was planted over a year and half ago and it took a bit of care and determination to foster growth. We finally have the right mix of plants and flowers and a proper watering schedule, but we had to nurture this space and care for it during the harsh winter to watch it bloom bright in the spring.

The same can be said for each child that walks through the doors of the Center. A lot is said about nature versus nurture when we talk about a child's development or a parent's innate ability to care for their child. More often than not, the case of nature versus nurture isn't really an argument at all. The nature of a child is to be open to the world, to learn from all it has to offer and to apply this knowledge as they begin to make decisions for themselves. Personalities and temperaments may differ, but to make the potential a reality children require responsible, caring adults to fully bloom. It is up to each of us to nurture a child's natural predilection towards discovery and growth. For many of the children that visit the Center, a horrifying experience has crippled that nature and their spirits. In all probability, they have been betrayed by a trusted adult. Without appropriate intervention, the child becomes prey for violence and a lifetime of shame and destructive forces.

This is why your support over this past year has been so important. As we nurture back the spirit of each child, we also give them the possibility of a future without violence. This is a future without shame, without being labeled as a victim and without fear. We know that every single abused child is more likely to face the possibility of drug addiction, depression, alcoholism, psychological disorders, teen pregnancy and repeating the cycle. The hours that you spent volunteering, the donations that you gave and the awareness that you brought to this issue gave 2,078 children services last year at the Center. You are responsible for restoring their spirit by removing the shame that their small shoulders carry.

We are honored that you choose to go on this journey with us. The work is hard to hear and see day in and day out. But knowing that you and others stand with the child and support our work each day gives us the strength to carry on our mission of hope and opportunity. The staff thanks you. Our Child Protection Team thanks you. And the children thank you.

Wishing you joy and safety,

A handwritten signature in black ink that reads "Sandra A. Martin". The script is fluid and cursive, with the first letters of each name being capitalized and prominent.

Sandra A. Martin

Chief Executive Officer





a year in review



MEET CONNER

Conner* is a ten-year-old who likes to play basketball after school. He lived with his father and several relatives in Austin. His mother lives a few states away. Late last year, the Center for Child Protection's on-call staff was notified that a possible emergency interview would be coming in after hours. The emergency interview would be for Conner, who had spent the majority of his afternoon at Dell Children's Medical Center, unable to walk or sit.

Conner, who had been absent at school the day before, showed up the following day with severe bruising and swelling on the region around his buttocks. When Child Protective Services arrived at Conner's school to investigate, his bruises were still warm to the touch. This is a serious concern for a child's safety. Because severe physical abuse can potentially lead to internal organ failure, EMS was called to take Conner to the emergency room. After several hours of examination, Conner was released and brought to the Center for Child Protection to talk to a forensic interviewer about what had happened to him.

From the forensic interview, we learned that young Conner lived with a father who smoked heavily. Sometime prior to his visit to the Center, Conner had attempted to flush his father's cigarettes down the toilet in an effort to prevent his father from smoking. A family member living in the house caught Conner in the act, and instructed Conner's father to beat him for what he had done. Conner sustained multiple injuries inflicted upon his little body by electrical cords, a plastic pipe, and the hands of both his father and another relative. Sensing they had done nothing wrong but to discipline an ill-behaving child, they sent Conner off to school the next morning. During the emergency forensic interview, investigative staff used the SDFI camera** to document Conner's injuries. They soon discovered Conner's little body was covered

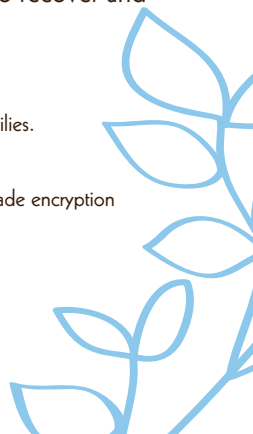
from head to toe with both new and healing wounds. The injuries took over an hour and 120 images to fully document.

On the following morning, the CPS caseworker stopped by the Center to retrieve print-outs of several of the images taken the night before. These images were needed along with an affidavit to present to the District Judge during the ex parte hearing. Under normal circumstances, a ten-year-old child with physical abuse injuries which were not considered life threatening, whose injuries were primarily on his buttocks (a common location for parents to inflict corporal punishment) would not be considered for an emergency removal. However, the photographs presented by the caseworker were enough to leave the District Judge literally in tears. Purple and blue bruises and cuts of all sizes covered Conner's body from head to toe. The resolution of the SDFI camera and the unique negative filter application were critical in assisting the caseworker to save this child's life. With these images as proof of the horrendous abuse Conner had endured, the caseworker was able to safely place Conner with a foster family until permanent arrangements could be made.

Without the ability to rely on the extremely advanced technology of the SDFI camera, it is likely that the caseworker would have faced significant barriers in removing Conner from an abusive home as quickly as she did. These photographs will remain with the Judge throughout all of the various hearings that this child will endure as a constant reminder of where he came from. Because of these photographs, Conner now has an opportunity to recover and freedom from violence.

*Names and identifying circumstances have been modified to protect the privacy of families.

** Secure Digital Forensic Imaging system, which includes a DLSR camera and military-grade encryption software, is used in the detection of physical and sexual abuse in children.



child and family services



Forensic Interview

After a report of abuse is made to law enforcement or Child Protective Services, children are brought to the Center for Child Protection to begin the investigation process. Each child is interviewed by a trained forensic interviewer whose job it is to collect a complete account of what happened for the investigation.

Therapy Services

The Center provides individual therapy, family therapy, crisis counseling intervention, emergency clinical assessments, psychiatric assessments, family assessments, family reunification sessions, and termination session services. These services are offered at no charge to ensure children have access to the help they may need to heal from the trauma of abuse.

Family Advocate Program

Family Advocates at the Center provide immediate crisis intervention and support while the child receives a forensic interview and throughout the duration of the case. Empathetic practitioners guide parents and caregivers through the steps in the investigation and prosecution process, so they can quickly access resources, therapy, and follow-up assistance needed to support their child, family, and themselves.

Intensive Case Management

Intensive case management services are available for families that have complex needs including severe neglect, over discipline, medically-involved children, or children in need of developmental assessments. Intensive case management is also available for parenting services to include family reunification, parent education, and one-on-one parent training that can be provided in the client's home.

Group Services

Parents who become involved in with Child Protective Services or law enforcement as a result of abuse, neglect, or protectiveness issues are often overwhelmed not only with the system, but also the current or previous family of origin dynamics that are barriers to healthy individual and family functioning. This group is designed to address issues related to trauma and protectiveness through both education and psychotherapy. Depending on the issues a family is addressing, they may be referred to a general Protective Parenting Group or a Protective Parenting Group with a focus on sexual abuse, substance abuse, teen parenting, or family violence.

CARE Clinic

CARE Clinic provides physical abuse and neglect assessments, photo documentation, as well as developmental assessment for suspected victims of child abuse and neglect. CARE Clinic is done in collaboration with Dell Children's Medical Center.

Court Orientation

The Court Orientation Program is a relaxed introduction to being witness in a trial for young children, teens and caregivers who may be testifying in court. Center staff members explain the different roles of each court official and children have the opportunity to role-play and ask questions. Court Orientation is held in an actual courtroom and is led by Center staff in cooperation with attorneys from the Travis County District Attorney's Office.



" the nature of a child is to be open to the world "

Emergency Funds

During times of acute crisis, the Center may provide emergency funds and resources for family preservation. Through the "Kid's Closet," staples such as car seats, bottles, and clothing are available to children and their protective caregivers who come to the Center. All expenditures are designed to be short-term in nature yet make a high impact to reduce the trauma for children or move them through the system more quickly. Other examples include purchases of medication, bus fare, or food.

2010 FINANCIAL OVERVIEW



REVENUE

Grants and contracts	\$1,129,483
Contributions	\$681,710
Fundraising	\$1,014,631
Guild membership	\$3,375
Investment income	(\$132)
Gain/(Loss) on sale of assets	(\$9)
Total Revenues and other support	\$2,829,058



EXPENSES

Program services	
Assistance to children	\$2,429,124
Supporting services	
Management and general	\$87,135
Fundraising	\$544,549
Total Expenses	\$3,060,808
Change in Net Assets (decrease)	(\$231,750)

NET ASSETS

Beginning of year	\$9,515,654
End of year	\$9,134,112



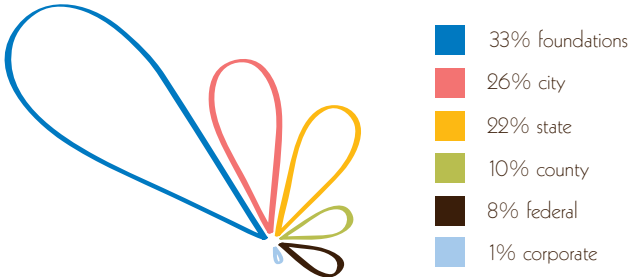
The Center for Child Protection spent \$3,060,808 toward total operations, and held \$9,134,112 in net assets at the end of 2010. A total of 79% was spent on program costs including forensic interviews, therapy, parenting classes, and clinical staff. Fundraising expenses were 18%, and 3% was spent on administrative expenses. All of the services were provided to children and families at no charge.

A majority of the Center’s funding comes from private sources (74%), which is obtained by donations from individuals, corporations, and private foundations. Government funding accounted for 26% of income in 2010.

2010 Funding Sources



2010 Grant Funding Sources



profile of children served



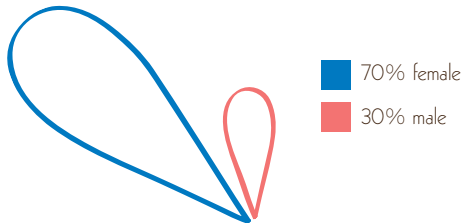
IN 2010

3,838 services were provided to 2,078 children and 3,336 services were provided to 1,442 adult caregivers. A total of 739 children were brought to the Center for Child Protection for a forensic interview. A majority of children were referred because of sexual abuse, were female, and between the ages of 6 and 12.

Age of Children Interviewed

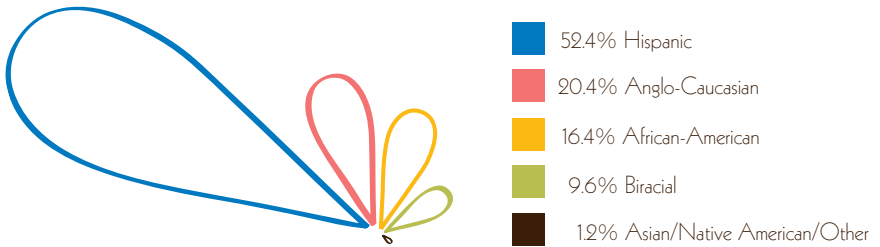


Gender of Children Interviewed



A majority of children (68%) came to the Center because of sexual abuse. Children were also referred to the Center because of physical abuse (12%), witnessing a violent crime (18%), multiple abuses (1%), or other reasons (1%). Of those reporting, 49% of caregivers reported an income at or below the federal poverty line, although children referred to the Center came from across the city and surrounding county from affluent, middle-class, poor, urban, and rural areas alike. Center staff provided most services in English and Spanish. All children and families received services at no charge.

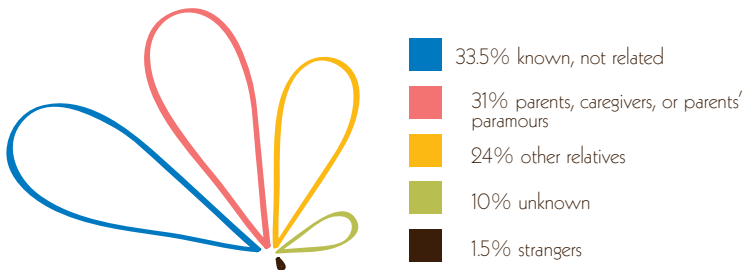
Race/Ethnicity of Children Interviewed



Profile of the Offenders

Despite popular fear of stranger danger, children are most at risk of harm from people they know. 90% of children referred to the Center reported the person who harmed them was someone they knew. Of the offenders reported, a majority were male (90%) and age 17 or above (73%).

Offenders' Relationship to Child



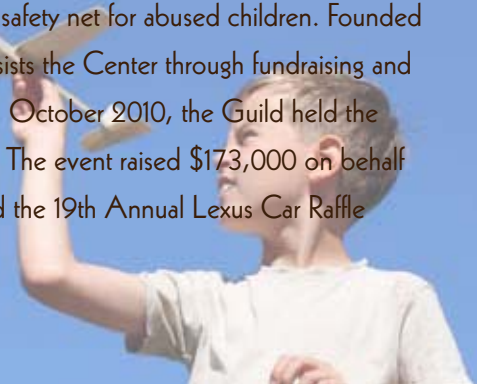
Volunteer Report

In 2010, 300 volunteers contributed 13,553 hours of service valued at \$289,497. This was a record year with a 9% increase in total hours served. Monthly volunteer orientations allowed potential volunteers to learn about the Center and the various opportunities available. Volunteers assisted children waiting for interviews and therapy appointments. They sorted and inventoried clothing, hygiene essentials, and child safety seats in the Kid's Closet. They also participated in administrative capacities such as tracking data and statistics so critical to recording information about children helped throughout the year. Our generous volunteer base ensures that services for children and families run smoothly, extending the Center's ability to help more children and families as they recover from the trauma of abuse.

Interns from area universities have been instrumental in raising the standard of care given to children and families that use Center services. Last year alone, they contributed 5,621 hours of service. Not only did they assist with follow-up calls to families, case tracking and research, they also contributed by assisting with set-up and registration at various fundraising events.

THE FRIENDS OF *christopher guild*

The Friends of Christopher Guild is a sustaining volunteer membership organization dedicated to expanding the safety net for abused children. Founded in 1992, this diverse group of women assists the Center through fundraising and direct services to children and families. In October 2010, the Guild held the sixth annual PlayBingo Ladies Luncheon. The event raised \$173,000 on behalf of the Center. The Guild also sponsored the 19th Annual Lexus Car Raffle which raised \$199,100.



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Carolyn & Ian Ball	Tanya & Thomas Graham	Faith Roberts
Dinah & Barry Barksdale	Patti & Gary Gray	Maxine Roberts
Cindy & Mike Barron	Laura & Richard Gruber	Jana Robertson
Connie & Stan Barron	Susan & Clint Hackney	Becky & David Roche
Julie & Mike Baselice	Michael Haddon	Marcie & Bill Rodrigues
Roger Beasley	Karen & Rick Hawkins	Janice & Robert Ryan
Amanda Beck	Rebecca & Steve Helble	Margo & Brian Sbrocco
Greg Bennett	Susan & Jim Hooks, Jr.	Leslie & Marty Scirratt
Shannon Bennett	Geri & Matthew Hooks	Karen & Mike Shultz
Ben Bentzin	Jeri & Jim Houstoun	Helen Dale Simons
Joanie Bentzin	Vicki & Jim Howard III	Ludi & Britton Skinner
Kay & Jim Broadus	Joanne Jones	Ann Smith & Ed Tovar
Amy & Nathan Brubaker	Johnna & Stephen Jones	Angela & Chris Smogur
Cynthia & Bruce Busby	Janis & Steve Jones	Suzanne Soares & Cal Luthy
Laura & Robert Campbell	Susan Kelly	Melissa & Aaron Soliz
Amy & Christopher Carrier	Jenny & David Kim	Cheryl Solt & Mark Fugina
Cecilia & Phil Collins	Cindy & Greg Kozmetsky	Kelli & Wayne Stickle
Amy & Mark Copen	Mary & Paul Kristynik	Bobbie & Vern Sumner
Karrie & Marcus Cox	Donna & Sanjeev Kumar	Blake Tally
Lynn Cranford	Kristi & Dean Leipsner	Mary & Rusty Tally
Mae Daniller	Victoria Li	Libby & Austin Tighe
Kristie & Matthew Dennis	Karina & Robert Machnacki	Christine & Michael Torres
Bill Dickson	Lisa Marshall	Lisa & Barry Trickey
Rhonda & John Dirvin	Betsy & Brian McClure	Karen & Thomas Vaughn
Kimberly & Justin Dove	Kate & Cary McNair	Mary Walcutt
Fran Driskell	Duane McNeill	Francine & John Webb
Charles Duggan	Shelly & Brent Metschan	Pamela & George Willeford
Rosanne Easton	Carol & Geoff Meyer	Linda & Mark Williams
Kathy Enfinger	Karen & Tory Meyer	Tama & Jodi Williamson
Cecelia & Vic Feazell	Kimberly & Stephen Orlando	Penny Wilson
Lucia & Bill Fields	Maria Orozova & Scott Thomas	Deborah & Stephen Yurco

Child Protection Team Members

The following agencies collaborate with the Center for Child Protection to reduce the trauma for children during the investigation and prosecution of child abuse cases: Austin Police Department, A.I.S.D. Police Department, Bee Cave Police Department, Cedar Park Police Department, Dell Children's Medical Center of Central Texas, Jonestown Police Department, Lago Vista Police Department, Lakeway Police Department, Leander Police Department, Manor Police Department, Mustang Ridge Police Department, Pflugerville Police Department, Rollingwood Police Department, Sunset Valley Police Department, Texas Department of Family & Protective Services, Travis County District Attorney's Office, Travis County Sheriff's Office, and West Lake Hills Police Department.

CENTER FOR CHILD PROTECTION

help. hope. healing.

The Center for Child Protection's mission is to reduce the trauma for children during the investigation and prosecution of child abuse cases.

The Center for Child Protection, a nationally accredited children's advocacy center, is the only nonprofit in Travis County involved in the investigation of crimes against children. The Center's best practice children's advocacy center model is widely endorsed to improve crime investigations and services for children and families. The Center provides a safe, non-threatening environment for children to begin the investigation process and tell what happened to them. After the initial interview, a child may return for a medical exam, counseling and other assistance for themselves and their family during the investigation and prosecution of child abuse cases. Immediate intervention means that children can recover more quickly and families receive what is needed to put their lives back together after an abuse outcry. Since inception, the Center for Child Protection has worked in collaboration with the Child Protection Team to help 10,923 Children who have walked through the Center's doors to be heard at the point of interview and receive help, hope and healing. If you know of or suspect a child is being abused, call 1-800-252-5400. If the situation is an emergency, dial 9-1-1.



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The Center is a founding member of the National Children's Alliance and
of Children's Advocacy Centers of Texas, Inc.

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