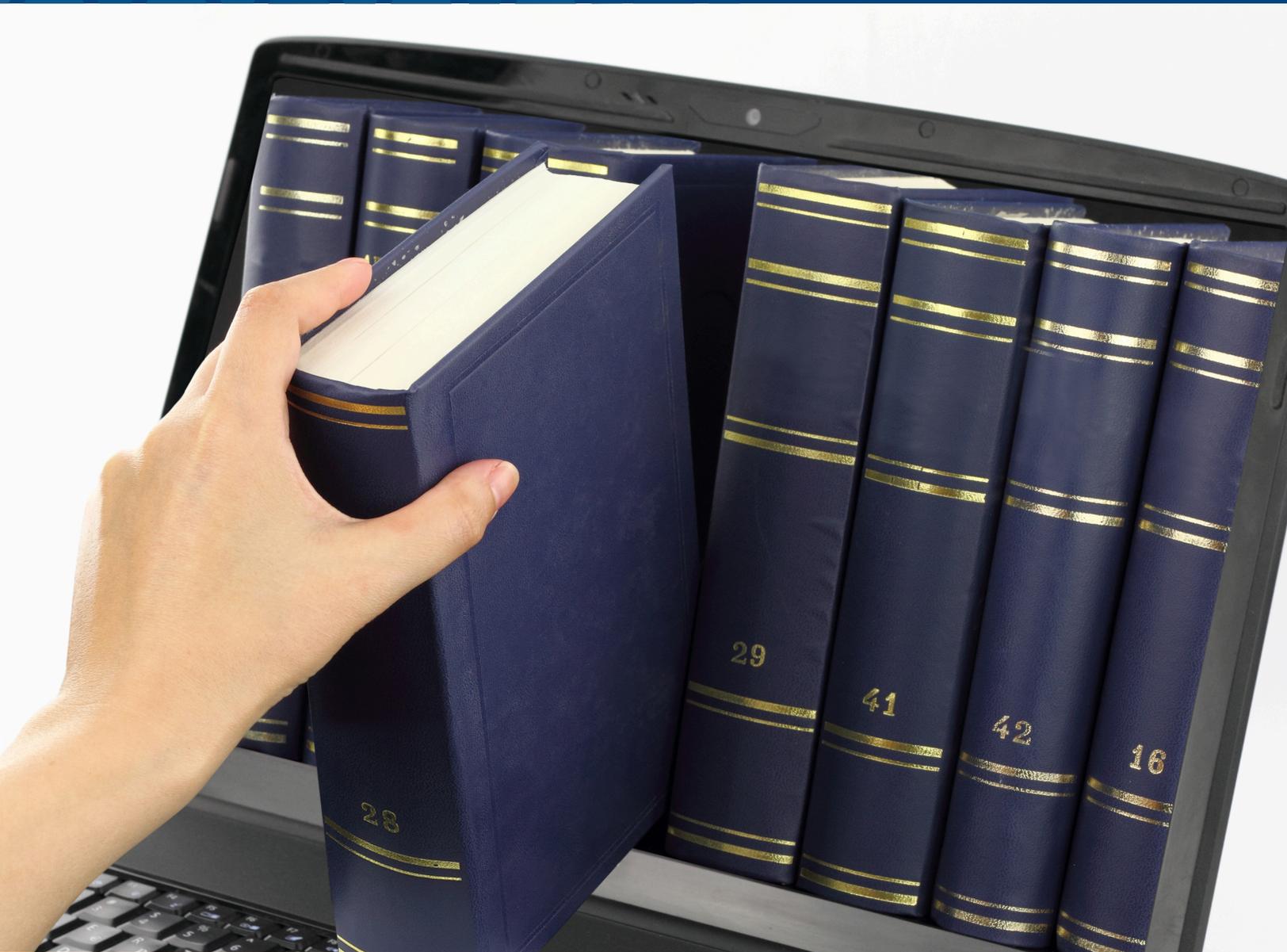


Children's Advocacy Centers -The Literature

A Bibliography



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**Local Service.
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**National Children's
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Scope

This bibliography provides citations and abstracts to English language publications pertaining to Children's Advocacy Centers (CACs) and similar organizations founded upon the core CAC model. It also includes publications produced in conjunction with CACs, such as research that took place in CACs or involved CAC personnel. English language international publications are also included. The bibliography cites articles, reports, books, chapters, theses, and dissertations. News items and media reports, publicity and promotional materials, brief fact sheets prepared by CACs, and government reports that may include mention of CACs are omitted. Although the bibliography is extensive, it may not be exhaustive and may be amended as more publications appear.

Organization

Publications are listed in date descending order. Links are provided to full text documents when possible.

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Children's Advocacy Centers -The Literature

A Bibliography

Bi, S., Rancher, C., Johnson, E., Cook, K., McDonald, R., & Jouriles, E. N. (2019). Perceived loss of social contact and trauma symptoms among adolescents who have experienced sexual abuse. *Journal of Child Sexual Abuse, 28*(3), 333-344.

Child sexual abuse (CSA) is a robust predictor of trauma symptoms. Past research has identified many correlates of trauma symptoms following disclosure of CSA. Theory suggests that loss of social contact may be another important contributor to adolescents' trauma symptoms following CSA. A clinical sample of 166 adolescents (95% female) between 11 and 19 years ($M = 13.80$, $SD = 1.87$) reported on perceived loss of social contact, the extent to which the CSA was coercive, appraisals of self-blame for the abuse, supportiveness of a primary nonabusing caregiver, and trauma symptoms. The adolescent's relationship to the abuser, abuse severity and duration were coded from forensic interviews. Results indicated that greater perceived loss of social contact was associated with higher levels of trauma symptoms, even after controlling for other correlates of trauma symptoms and demographic variables. These findings suggest that perceived loss of social contact may be an important variable to consider in assessing and intervening with adolescents who have been sexually abused.

Bounds, D. T., Edinburgh, L. D., Fogg, L. F., & Saeywc, E. M. (2019). A nurse practitioner-led intervention for runaway adolescents who have been sexually assaulted or sexually exploited: effects on trauma symptoms, suicidality, and self-injury. *Child Abuse & Neglect, 90*, 99-107.

Adolescent victims of sexual assault and exploitation suffer significant mental health distress including PTSD, self-harm, suicidal ideation, and attempts. This longitudinal observational study investigated the Runaway Intervention Program's influence on trauma responses at 3, 6, and 12 months for adolescents who have run away at least once and have been sexually assaulted or exploited. Runaways ($n = 362$) received nurse practitioner (NP) home and community visits, intensive case management, and optional empowerment groups. The setting was an urban Midwestern city's hospital-based Children's Advocacy Center. Trauma responses were measured

by the UCLA PTSD-RI index, past 30 days emotional distress scale, and self-harm, suicidal ideation, and suicide attempt questions. Repeated Measures ANOVA assessed trauma response changes over time. Growth curve analyses using intervention doses determined which aspects of the intervention predicted change. From program entry to 3 and 6 months, mean values decreased significantly for emotional distress (-0.67, -.91) self-harm (-.30, -.55), suicidal ideation (-.45, -.57), suicide attempts (-.58, -.61), and trauma symptoms (-11.8, -16.2, all $p < .001$) all maintained at 12 months. In growth curve models, NP visits independently predicted declines in emotional distress (-.038), self-injury (-.020), suicidal ideation (-.025) and attempts (-.032), while empowerment groups predicted trauma symptoms (-.525) and all others except suicide attempts. The program, especially NP community visits and empowerment group elements, decreased trauma responses in runaway youth with a history of sexual assault. Given high rates of PTSD and emotional distress among runaways, the Runaway Intervention Program offers promise for improving mental health outcomes.

Dillard, R., Maguire-Jack, K., Showalter, K., Wolf, K. G., & Letson, M. M. (2019). Abuse disclosures of youth with problem sexualized behaviors and trauma symptomology. *Child Abuse & Neglect*, 88, 201-211.

The majority of youth with problem sexualized behaviors (PSB) have substantiated experiences of abuse or exposures to violence (Silovsky & Niec, 2002). Little is known about specific abuse experiences that may differentiate youth with PSB from those without. Few studies have examined the types of abuse associated with post-traumatic stress symptomology. The current study explored two research questions: (1) Do children with PSB differ from children without PSB in terms of their abuse disclosures?; and (2) Are the types of abuse disclosed associated with the child's scores on a post-traumatic stress measure?. Participants & setting: Data were analyzed for youth (N=950) ages 3–18 years who completed a clinical assessment at a child advocacy center in the Midwest during the 2015 calendar year. Youth completed assessments that included a forensic interview and either the Trauma Symptom Checklist for Young Children (TSCYC) for children ages 3–10 years, or the Trauma Symptom Checklist for Children (TSCC) for children ages 11–16 years. Bivariate logistic regression was used to answer the research questions. Findings indicated that youths who disclosed offender to victim fondling were less likely to disclose PSB (OR=0.460, $p = .026$), and children exposed to pornography were more likely to disclose PSB (OR=3.252, $p =$

.001). Additionally, youth who disclosed physical abuse (OR=1.678, p= .001) or victim to offender sexual contact (OR=2.242, p= .003) had higher odds of clinically significant trauma scores. Implications for practitioners and future research directions are discussed.

Dopp, A. R., Munday, P., Silovsky, J. F., Hunter, M., & Slemaker, A. (2019). [Economic value of community-based services for problematic sexual behaviors in youth: A mixed-method cost-effectiveness analysis](#). *Child Abuse & Neglect*, Online ahead of print. DOI: 10.1016/j.chiabu.2019.104043

This study used a mixed quantitative-qualitative approach to investigate the economics of the implementation of Problematic Sexual Behavior – Cognitive-Behavioral Therapy (PSB-CBT), an evidence-based treatment for problem sexual behaviors in youth. Participants and setting were youth (N = 413) participated in PSB-CBT at six program sites in youth service agencies across the United States. We used cost-effectiveness ratios (CERs) to compare the direct and indirect costs of PSB-CBT to self- and caregiver-reported youth clinical outcomes (i.e., problem sexual behavior as well as secondary behavioral health problems). CERs represented the cost of achieving one standard unit of change on a measure (i.e., $d = 1.0$). The design and interpretation of those quantitative analyses were informed by qualitative themes about program costs and benefits that were derived from interviews with 59 therapists, administrators, and stakeholders. CERs (i.e., \$ per SD) were \$1,772 per youth for problem sexual behavior and ranged from \$2,867 to \$4,899 per youth for secondary outcomes. These quantitative results, considered alongside the qualitative perspectives of interviewees, suggested that the implementation of PSB-CBT was cost-effective. The results were robust to uncertainty in key parameters under most, but not all, conditions. The results have important implications for decisions made by administrators, policymakers, and therapists regarding use of community-based approaches to address problematic sexual behavior of youth.

Fansher, A. K., Zedaker, S. B., & Brady, P. Q. (2019). Burnout among forensic interviewers, how they cope, and what agencies can do to help. *Child Maltreatment*, Online ahead of print. DOI: 10.1177/1077559519843596

The current study used quantitative and qualitative responses from 250 forensic interviewers (FIs) in the United States to examine predictors of burnout and personal coping mechanisms. Findings

indicated that burnout was primarily driven by work-related factors including frequently feeling overwhelmed with job-related duties, inadequate organizational support, and direct exposure to graphic materials involving children. Moreover, having a higher degree of compassion satisfaction and being non-White significantly mitigated symptoms of burnout. Qualitative findings indicated that FIs regularly experienced varied and personalized feelings of burnout and utilized a variety of coping methods to combat their stressors. FIs in this study also made individual suggestions regarding how their respective agencies can assist in the coping process. Policy implications are discussed.

McCarthy, A., Cyr, M., Fernet, M., & Hébert, M. (2019). [Maternal emotional support following the disclosure of child sexual abuse: A qualitative study](#). *Journal of Child Sexual Abuse*, 28(3), 259-279.

Non-offending caregiver (NOC) support has long been considered one of the most important protective factors in facilitating better child and adult adjustment following the disclosure of child sexual abuse (CSA). However, recent findings have led authors to conclude that NOC support has yet to be properly conceptualized and operationalized within the CSA literature. Emotional support is one dimension that has consistently emerged in recent studies attempting to reconceptualize NOC support, but which also requires further theoretical investigation. This study interviewed 22 mothers about their experience and provision of emotional support following the disclosure of CSA. Data was analyzed using a method inspired by grounded theory. Mothers reported feeling initially overwhelmed and lost about how to emotionally support their child, but described an improvement in their capacities following therapy with their child. Furthermore, three overarching categories emerged outlining maternal emotional support strategies, each serving a specific emotional function: 1) elaborating, which encouraged children to talk about their experience following CSA, 2) soothing, which attempted to comfort children's distress, and 3) orienting, which attempted to guide children's recovery process. Implications are discussed for offering improved and more rapid clinical services for NOCs following the disclosure of CSA, as well as future development in the operationalization of NOC emotional support.

Nelson, A. (2019). [Understanding fear and self-blame symptoms for child sexual abuse victims in treatment: An interaction of youth age, perpetrator type, and treatment time period.](#) (Masters Thesis). University of Nebraska – Lincoln.

Child Sexual Abuse victims have been known to experience a wide array of emotional and behavioral symptomology following abuse. These symptoms can have a negative impact on victims in the future if proper intervention and treatment is not provided. This study focuses specifically on the symptomology of fear and self-blame in victims and what factors influence the efficacy of treatment due to these symptoms' continuous and impartial characteristics. Participants were 333 sexually abused youth attending Project SAFE (Sexual Abuse Family Education), a cognitive-behavioral treatment program through a local Child Advocacy Center. Children were 6 to 18 years old, 79.9% female, and 71.8% European American. A repeated measures analysis was performed looking at the interaction between treatment time period (pretreatment, midpoint treatment, and post-treatment), victim age at the start of treatment (child vs. adolescent), and perpetrator type (family vs. non-family). The main effect of treatment time period was found to be significant for fear scores and self-blame/guilt scores. This indicates that, regardless of a child's CSA perpetrator or their age, the treatment is still beneficial at reducing symptoms of fear and self-blame/guilt.

Rancher, C., Jouriles, E. N., Johnson, E., Cook, K., & McDonald, R. (2019). Self-blame for interparental conflict among female adolescents who have been sexually abused. *Journal of Family Psychology*. Online ahead of print. DOI: 10.1037/fam0000539

This study evaluated whether self-blame appraisals for interparental conflict relate to conduct problems among female adolescents who have been sexually abused. Participants included female adolescents who had experienced sexual abuse and a current, primary nonabusing caregiver. Families presented for services at a children's advocacy center. Female adolescents (N = 263, Age 11–17 years, M = 13.68, SD = 1.74) reported on conduct problems, self-blame appraisals for interparental conflict, self-blame appraisals for their sexual abuse, perceptions of the frequency and severity of interparental conflict, and whether the sexual abuse involved coercion. Caregivers reported on adolescent conduct problems and their contact with a romantic partner. Adolescent relationship to the alleged abuser and the severity and duration of the sexual abuse were coded from forensic interviews and case records. Adolescent self-blame appraisals for interparental

conflict were positively associated with adolescent and caregiver reports of adolescent conduct problems. These relations emerged even after controlling for other theoretically important variables, such as self-blame appraisals for sexual abuse. Adolescent appraisals for interparental conflict may be an important target for assessment and intervention for female adolescents who have been sexually abused.

Sanchez, L., Grajeda, C., Baggili, I., & Hall, C. (2019). [A practitioner survey exploring the value of forensic tools, AI, filtering, & Safer Presentation for Investigating Child Sexual Abuse Material \(CSAM\)](#). *Digital Investigation*, 29, S124-S142.

For those investigating cases of Child Sexual Abuse Material (CSAM), there is the potential harm of experiencing trauma after illicit content exposure over a period of time. Research has shown that those working on such cases can experience psychological distress. As a result, there has been a greater effort to create and implement technologies that reduce exposure to CSAM. However, not much work has explored gathering insight regarding the functionality, effectiveness, accuracy, and importance of digital forensic tools and data science technologies from practitioners who use them. This study focused specifically on examining the value practitioners give to the tools and technologies they utilize to investigate CSAM cases. General findings indicated that implementing filtering technologies is more important than safe-viewing technologies; false positives are a greater concern than false negatives; resources such as time, personnel, and money continue to be a concern; and an improved workflow is highly desirable. Results also showed that practitioners are not well-versed in data science and Artificial Intelligence (AI), which is alarming given that tools already implement these techniques and that practitioners face large amounts of data during investigations. Finally, the data exemplified that practitioners are generally not taking advantage of tools that implement data science techniques, and that the biggest need for them is in automated child nudity detection, age estimation and skin tone detection.

Starcher, D. (2019). " This is not easy work": Examining burnout and secondary trauma among forensic interviewers (Doctoral dissertation, Arizona State University).

Child advocacy centers provide a safe, child-friendly environment for the forensic interview and subsequent investigation of child victimization cases. However, very little research has examined the effects of burnout, secondary trauma, and organizational stressors on forensic interviewers. The goal of the present project was addressing the following research questions. Do forensic interviewers experience burnout and secondary trauma associated with their profession? How do organizational stressors mitigate or increase these effects among forensic interviewers? Data was collected by conducting an online survey of forensic interviewers working at child advocacy centers across the United States. Specifically, burnout was measured with the Oldenburg Burnout Inventory, and secondary trauma was measured with the Secondary Traumatic Stress Scale (STSS). The current study utilized bivariate correlations, and OLS regression models to analyze the effects of burnout, secondary trauma, and organizational stressors on forensic interviewers. The results indicate burnout and secondary trauma among interviewers in the sample. Job support, funding constraints, and heavy caseloads all influence the outcome measures. Policy recommendations include continued education, training, and mental health services for forensic interviewers. Future researchers should conduct qualitative interviews and expand on variables within the current dataset such as note taking, peer evaluations, and forensic interviewing protocols in order to gain further insight into this population.

Tarshish, N., & Tener, D. (2019). Exemption committees as an alternative to legal procedure in cases of sibling sexual abuse: The approaches of Israeli CAC professionals. *Child Abuse & Neglect*, Online ahead of print. DOI: 10.1016/j.chiabu.2019.104088

Sibling sexual abuse (SSA) is a widespread form of intrafamilial child sexual abuse frequently regarded as play or normal sexual behavior, and therefore highly underreported. Israeli law allows Child Protection Officers (CPOs) to suspend police intervention after the disclosure of SSA, and refer the family to therapy, by applying to an “exemption committee.” This study will examine the characteristics of cases referred to the exemption committee or legal procedure and the justifications provided by CPOs to support the decisions. Participants and setting: The study was based on 40 family cases referred to the Child Advocacy Center in Jerusalem: twenty cases were

referred to an exemption committee and the rest to legal procedure. Qualitative document analysis conducted on the two groups of cases (N=40). Files were then analyzed using the thematic analysis approach. During the decision-making process, CPOs assess each of the cases in a broad and holistic manner, basing their decisions on various contextual factors, including the characteristics of the survivor, the perpetrator, the parents and other siblings, and the types of sexual acts involved. This comprehensive approach to understanding and handling the complex family story and nature of SSA underscores the need to address SSA and subsequent interventions – legal or therapeutic – not exclusively in terms of quantifiable criteria, but also in terms of a crisis involving the relationships in the entire family, past and future course of treatment, and the perceptions of family members involved.

Taylor, M. A., & Higginbotham, J. C. (2019). Child sexual abuse exam results in West Alabama. *Journal of Child Sexual Abuse*, 1-22. Online ahead of print. DOI: 10.1080/10538712.2019.1630881

Child sexual abuse (CSA) is a common problem, and allegations of CSA require a thorough multidisciplinary investigation which includes a comprehensive medical evaluation. Although most CSA victims will have normal exams, some will have physical injuries, sexually transmitted infections (STIs), and/or other problems. We are reporting the results of the examinations of 573 children evaluated in the West Alabama Child Medical Evaluation Program (WACMEP). This is the first report of CSA exams coming from Alabama and one of a few from a smaller medical center. Most were victimized by a single, older male perpetrator who was known to the family, often related, and had unsupervised access to the child. One-fourth (24.1%) of the children had significant exam findings, including 7.5% with a STI. Females were more likely to have significant findings including most of the STIs. Other historical factors statistically linked to an increased risk of having significant exam findings included being African-American, providing a clear history of abuse, and/or reporting vulvar pain or vaginal symptoms such as discharge, itching, or bleeding. The incidence of significant findings including STIs was similar to previously reported studies from larger urban centers across the United States, United Kingdom, and New Zealand.

Weintraub, A. E. (2019). Exploration of the differences and similarities between the subjective factors of attitude category, level of bias, and knowledge in forensic interviewers. (Doctoral dissertation, Alliant International University).

The objective of this quantitative research study was to investigate the differences and similarities between the subjective factors of attitude category, level of bias, and knowledge of child sexual abuse (CSA) in forensic interviewers. The use of a demographics screening questionnaire, the Child Forensic Attitude Scale (CFAS), Knowledge Test, and a Quiz on Bias were utilized in an online survey format to determine which, if any, subjective factors may influence each other. The sample consisted of 181 forensic interviewers located through the National Children's Alliance listserv, and attendees at the 32nd International Conference on Child and Family Maltreatment. Findings suggest that there is a statistically significant relationship between the subjective factor of months of experience and the three attitude categories of the CFAS as measured by a one-way between-subjects' analysis of variance (ANOVA). Additionally, a statistically significant difference was discovered between discipline and level of bias as measured by a Kruskal-Wallis one-way analysis of variance. Previous research in this area explored how certain subjective factors may influence how a forensic interviewer may conduct their interviews. However, none of these studies looked at multiple subjective factors like the current research study did. The outcome of the current research indicated the importance of the forensic interviewers' role when gathering testimony from alleged CSA victims, and can be used to assist them in making a conscious effort to minimize the effect of their known predispositions prior to beginning an interview.

Blank, C. A. (2018). [Child Advocacy Centers in the United States and music therapy](#). *In Voices: A World Forum for Music Therapy* 18(4).

In the United States, children who suffer trauma or abuse receive services through Children's Advocacy Centers (CACs). Over 800 CACs provided treatment and services to nearly 325,000 children in 2016 (National Children's Alliance, 2016b). CACs coordinate the work of multidisciplinary teams (MDT) including law enforcement, mental health, medical, and social service personnel to help children and families heal. CACs are autonomous groups made up of affiliations with many local agencies. This article provides a description of the National Children's Alliance (NCA) standards for implementing treatment, including the state of music therapy implementation in CACs. The literature has shown that music therapy can be helpful to address

needs of children and families who have experienced trauma, suggesting that this may offer a helpful treatment modality in CACs. However, music therapy is rarely available in CACs. This may be, in part, a result of the lack of randomized controlled trials, a key determining factor for inclusion in the annotated bibliography that accompanies the NCA Standards (National Children's Alliance, 2013). Music therapy practice has addressed the clinical needs of children and teens who have been abused. This work is often presented in clinical reflections, not randomized controlled trials. Music therapy is currently not included in the treatment modalities utilized by CACs because of a perceived lack of evidence base. This article attempts to synthesize the information available to provide CACs with the current state of research in music therapy with children who have been abused. This article also provides music therapists with a depth of information about the structure and function of CACs, including a synthesis of the NCA Standards of Practice. The article presents a description for the implementation of music therapy services in a CAC in New Jersey and includes recommendations for music therapists who wish to seek out opportunities for clinical practice at CACs.

Bonach, K., & Witham, D. H. (2018). Exploring perceived collaboration between children's advocacy centers and rape crisis centers in Pennsylvania. *Sociological Viewpoints*, 32(1), 37-57.

Because of the shared mission to assist child victims of sexual abuse and their families, collaboration between Children's Advocacy Centers (CACs) and Rape Crisis Centers (RCCs) is important to ensure that child-focused investigations occur, and that treatment is provided as part of a multi-system response to child maltreatment. The purpose of this mixed-methods study was to explore the perceived factors that contribute to and/or hinder successful collaboration between Pennsylvania CACs and RCCs. The quantitative portion used an adapted version of The Wilder Collaboration Factors Inventory (WCFI) to measure 20 factors associated with influencing collaborative success. The qualitative portion used semistructured phone interviews to identify the specific challenges to and proposed recommendations for successful collaboration between Pennsylvania CACs and RCCs. The results indicate significant differences in how the CACs and RCCs perceive collaboration in 3 of the 20 factors measured by the WCFI and the follow-up phone

interviews yielded 5 specific themes which supported the quantitative results. The results of this study can enhance the collaborative response between and improve the overall services provided by CACs and RCCs to child sexual abuse victims and their families.

Bracewell, T. E. (2018). Outcry consistency and prosecutorial decisions in child sexual abuse cases. *Journal of Child Sexual Abuse, 27*(4), 424-438.

This study examines the correlation between the consistency in a child's sexual abuse outcry and the prosecutorial decision to accept or reject cases of child sexual abuse. Case-specific information was obtained from one Texas Children's Advocacy Center on all cases from 2010 to 2013. After the needed deletion, the total number of cases included in the analysis was 309. An outcry was defined as a sexual abuse disclosure. Consistency was measured at both the forensic interview and the sexual assault exam. Logistic regression was used to evaluate whether a correlation existed between disclosure and prosecutorial decisions. Disclosure was statistically significant. Partial disclosure (disclosure at one point in time and denial at another) versus full disclosure (disclosure at two points in time) had a statistically significant odds ratio of 4.801. Implications are discussed, specifically, how the different disciplines involved in child protection should take advantage of the expertise of both forensic interviewers and forensic nurses to inform their decisions.

Ceccucci, J. (2018). Evaluating nurse practitioners perceived knowledge, competence, and comfort level in caring for the sexually abused child. *Journal of Forensic Nursing, 14*(1), 42-49.

The purpose of this project was to evaluate nurse practitioners' (NPs') current approach and self-reported competence in the care of the sexually abused child in the primary care setting. A 50-question survey was distributed to 5,734 NPs who were members of a state nursing organization and nursing alumni. Inclusion criteria included NPs caring for pediatric patients in a primary care setting in New York State. A total of N = 325 responses were obtained, and 110 participants met the inclusion criteria. Very few NPs felt competent to perform a medical forensic examination on a sexually abused child (25.5%), and even fewer felt competent to render a definitive opinion on sexual abuse (17.3%) or to testify in court (12.7%). Most NPs felt the need for more training on child sexual abuse (78.2%). Most would prefer to refer children who are suspected of sexual abuse

to an expert (77.3%), but very few (19.1%) are being referred to a local resource, like a Child Advocacy Center when a parent calls the office with a concern. More research is needed to evaluate clinical practices regarding child sexual abuse. NPs see value in pursuing specialist referrals for child sexual abuse but do not have access to the appropriate resources or are unaware of the availability within their community. NPs should be aware of their own limitations and seek out education to improve their knowledge and skills. Forensic nurses are ideally situated to provide education on the available resources and the recommended clinical guidelines for referral.

Cyr, M., Frappier, J. Y., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. E. (2018). Impact of child sexual abuse disclosure on the health of nonoffending parents: A longitudinal perspective. *Journal of Child Custody*, 15(2), 147-167.

The impact of child sexual abuse (CSA) disclosure on parents' psychological health has been documented among samples of nonoffending parents. Much less is known about the parents' physical health. This study assesses the longitudinal impact of CSA disclosure on both the mental and physical health of parents and explores potential gender differences. Interviews with 92 mothers and 32 fathers were completed approximately 12 months and 18 months following disclosure. Generalized as well as mixed model analyses revealed that mothers reported more psychological distress, Posttraumatic Stress Disorder (PTSD) symptoms and activity limitation than fathers. With the exception of PTSD symptoms which showed a significant reduction over time, all other psychological and physical symptoms persisted. The findings highlight the importance of ensuring services for an extended period for the small proportion of parents who display especially high vulnerability.

Duron, J. F. (2018). Searching for truth: The forensic interviewer's use of an assessment approach while conducting child sexual abuse interviews. *Journal of Child Sexual Abuse*, 1-22. Online ahead of print. DOI:10.1080/10538712.2018.1484833

This study examined the assessment approach interviewers use while conducting interviews to assess truth as narratives are gathered in children's disclosure statements by examining 100 forensic interviews completed at a Children's Advocacy Center. A descriptive review was used to examine the steps engaged by interviewers as they followed a protocol and content analysis was

used to identify interviewers' questioning strategies as they assessed children's disclosure narratives during interviews. Findings indicate that interviewers apply a protocol in order to support advancing to a phase of eliciting details in children's narratives. Questioning strategies included using a variety of question types to progress from general to specific, incorporating interview aids sparingly as necessary, and integrating multidisciplinary team feedback. Findings suggest that an assessment approach is inherent to the process of actively conducting a forensic interview. Rather than assessment beginning strictly upon completion of children's narratives, this paper describes how interviewers incorporate an assessment framework throughout interviewing.

Duron, J. F. (2018). Legal decision-making in child sexual abuse investigations: A mixed-methods study of factors that influence prosecution. *Child Abuse & Neglect*, 79, 302-314.

Prosecution of child sexual abuse cases is an important aspect of a community's response for holding perpetrators accountable and protecting children. Differences in charging rates across jurisdictions may reflect considerations made in prosecutors' decision-making process. This mixed-methods, multiphase study used data from a Children's Advocacy Center in a suburban county in the Southern United States to explore the factors associated with child sexual abuse cases that are accepted for prosecution and the process followed by prosecutors. Data were sequentially linked in three phases (qualitative-quantitative-qualitative), incorporating 1) prosecutor perceptions about what case characteristics affect charging potential, 2) 100 case records and forensic interviews, and 3) in-depth reviews of cases prosecuted. Content analysis was used to identify influential case elements, logistic regression modeling was used to determine factors associated with a decision to prosecute, and framework analysis was used to further confirm and expand upon case factors. Overall, findings indicate that prosecution is most strongly predicted by caregiver support and the availability of other evidence. The decision to prosecute was found to include a process of ongoing evaluation of the evidence and determination of a balanced approach to justice. The decision to prosecute a case can be influenced by strong and supportive investigative practices. An important implication is that interaction among multidisciplinary professionals promotes communication and efforts, further enhancing discretion about potential legal actions.

Duron, J. F., & Remko, F. S. (2018). Considerations for pursuing multiple session forensic interviews in child sexual abuse investigations. *Journal of Child Sexual Abuse*, 1-21. Online ahead of print. DOI: 10.1080/10538712.2018.1504263

Multiple session forensic interviews (MSFI) are a useful tool in the field of child sexual abuse forensic interviewing given the complexity of disclosures and the variety of child-centered needs observed in practice. This paper focuses on the Children's Advocacy Centers of Texas (CACTX) model for conducting MSFIs, illustrated by a description of the statewide training models offered to member centers and enumeration of the MSFI protocol guidelines implemented by one center. A brief history and review of the single session forensic interview (SSFI) is provided followed by considerations for MSFIs in order to establish the development of current and new practices. Clarification of terms are outlined with examples of cases to distinguish between multiple sessions and subsequent sessions. The MSFI guidelines presented demonstrate how an MSFI can fit with the SSFI model.

Elmi, M. H., Daignault, I. V., & Hébert, M. (2018). Child sexual abuse victims as witnesses: The influence of testifying on their recovery. *Child Abuse & Neglect*, 86, 22-32.

Victims of child sexual abuse (CSA) are likely to show a wide range of adaptation difficulties. In addition, some children and their families are involved in legal proceedings following the child's disclosure. However, little is known about the effects of legal involvement on CSA victim's mental health and recovery. In this longitudinal study, the effects of testifying were examined in a sample of 344 children at initial assessment (67% of girls) receiving services in a Child Advocacy Centre, of which 130 children testified. The participants' age ranged from 6 to 14 years old ($M = 9.42$ $SD=2.14$). Children and their parents completed a series of measures to evaluate the child's mental health (e.g. depression, anxiety, PTSD) at four points in time over a 2-year period. Multilevel analysis indicates that all the children showed significant improvement over time but the group who testified more than once shows higher levels of emotional distress 2 years after the initial assessment. This study highlights the importance of documenting the experience of CSA victims in the justice system in order to establish the adequate conditions to support child witnesses.

Greenbaum, V. J., Livings, M. S., Lai, B. S., Edinburgh, L., Baikie, P., Grant, S. R., ... & Kas-Osoka, O. (2018). Evaluation of a tool to identify child sex trafficking victims in multiple healthcare settings. *Journal of Adolescent Health, 63*(6), 745-752.

The purpose was to estimate the prevalence of child sex trafficking (CST) among patients seeking care in multiple healthcare settings; evaluate a short screening tool to identify victims in a healthcare setting. This cross-sectional observational study involved patients from 16 sites throughout the U.S.: five pediatric emergency departments, six child advocacy centers, and five teen clinics. Participants included English-speaking youth ages 11–17 years. For emergency department sites, inclusion criteria included a chief complaint of sexual violence. Data on several domains were gathered through self-report questionnaires and examiner interview. Main outcomes included prevalence of CST among eligible youth; sensitivity, specificity, positive/negative predictive values, and positive/negative likelihood ratios for a CST screening tool. Eight hundred and ten participants included 91 (11.52%) youth from emergency departments, 395 (48.8%) from child advocacy centers, and 324 (40.0%) from teen clinics. Overall prevalence of CST was 11.1%: 13.2% among emergency department patients, 6.3% among child advocacy center patients, and 16.4% among teen clinic patients, respectively. The screen had a sensitivity, specificity, and positive likelihood ratio of 84.44% (75.28, 91.23), 57.50% (53.80, 61.11), and 1.99% (1.76, 2.25), respectively. This study demonstrates a significant rate of CST among patients presenting to emergency departments (for sexual violence complaints), child advocacy centers, and teen clinics. A six-item screen showed relatively good sensitivity and moderate specificity. Negative predictive value was high. Intervention for a “positive” screen may identify victims and help prevent high-risk youth from becoming victimized. This is one of the first CST screening tools specifically developed and evaluated in the healthcare setting.

Herbert, J. L., Walsh, W., & Bromfield, L. (2018). A national survey of characteristics of child advocacy centers in the United States: Do the flagship models match those in broader practice? *Child Abuse & Neglect, 76*, 583-595.

Child Advocacy Centers (CAC) emphasize developing effective cross-agency collaborations between workers involved in serious abuse investigations to foster improvements in agency outcomes, and to minimize distress, confusion and uncertainty for children and families. This study examined the characteristics of CACs, whether models in practice match the predominant model

presented in the research literature. Directors of CACs in the United States that were members of the National Children's Alliance (NCA) mailing list ($n = 361$) completed an online survey in 2016. While some core characteristics were ubiquitous across CACs, the data suggests that different types of CACs exist defined by characteristics that are not prescribed under NCA principles, but which are arguably relevant to the quality of the response. From the results of a cluster analysis, the researchers propose a typology of CACs that reflects the development and integration of centers: (a) core CAC services (i.e. interviewing & cross-agency case review), (b) an aggregator of external services, and (c) a more centralized full-service CAC. Further research is needed to understand how these variations may impact practice and outcomes; this is particularly important considering many CACs do not match the full-service models most commonly examined in the research literature, which limits the degree to which these findings apply to CACs generally. This article proposes further research framed by the need to better understand how different parts of the response impact on outcomes for children and families affected by abuse.

Honor, G., & Sherfield, J. (2018). Commercial sexual exploitation of children: Health care use and case characteristics. *Journal of Pediatric Health Care*, 32(3), 250-262.

The purpose of this study was to describe pediatric health care utilization, familial psychosocial factors, child sexual abuse case characteristics, and patient demographic characteristics of adolescents prior to or at the time of their most recent identification as a victim of commercialized sexual exploitation of children (CSEC). A retrospective chart review was conducted for the above detailed information of all adolescents presenting to the Emergency Department (ED) or Child Advocacy Center (CAC) of a pediatric hospital with concerns of suspected CSEC. Sixty-three adolescents were referred to the ED or CAC for CSEC concerns in the eighteen-month period. Nearly all (52, 82.5%) adolescents identified as potential CSEC victims received care at the pediatric hospital within one year of the CSEC concern being identified. Pediatric health care providers, including pediatric nurse practitioners, need to be more skilled in the prevention and identification of CSEC.

Katz, C., Piller, S., Glucklich, T., & Matty, D. E. (2018). "Stop waking the dead": Internet child sexual abuse and perspectives on its disclosure. *Journal of Interpersonal Violence*, Online ahead of print. DOI: 10.1177/0886260518796526

The phenomenon of Internet child sexual abuse (ICSA) has been receiving growing attention over the last decade, and studies have promoted knowledge with respect to the phenomenon's epidemiology, as well as to characteristics of the victims, perpetrators, and dynamics in these cases. The current retrospective study sought to delve into the disclosure component in cases of ICSA. The sample comprised 52 cases of adolescents who arrived at a child advocacy center (CAC) following ICSA. Analysis of these cases was targeted to capture the multifaceted nature of disclosure using those perspectives that could be documented by the CAC staff—of the practitioners, the adolescents, and their parents. Beyond the descriptive results regarding the victims and the nature of the abuse, the case analyses illustrate the disclosure process as experienced by the various parties involved, highlighting the challenging nature of this aspect of the phenomenon. For the parents, the disclosure experience can perhaps be best epitomized by the expression that was heard repeatedly—"Stop waking the dead"—an expression that indicated their wish to bring the subject to a close. The difficulty in disclosing such incidents was also illustrated by the fact that 20 children in the current sample were reluctant to collaborate during the CAC process. In fact, according to these data, most of the incidents were revealed following a police investigation rather than by a disclosure initiated by the children themselves. Focusing on this specific aspect of ICSA—that is, disclosure—enables a new perspective on it and stresses the need to further study it in such cases. A better understanding of the disclosure experience as it pertains to the individuals involved in cases of ICSA may improve and help modify future prevention and intervention efforts in the field.

Krause-Parello, C. A., Thames, M., Ray, C. M., & Kolassa, J. (2018). Examining the effects of a service-trained facility dog on stress in children undergoing forensic interview for allegations of child sexual abuse. *Journal of Child Sexual Abuse*, 27(3), 305-320.

Disclosure of child sexual abuse can be a stressful experience for the child. Gaining a better understanding of how best to serve the child, while preserving the quality of their disclosure, is an ever-evolving process. The data to answer this question come from 51 children aged 4–16 ($M = 9.1$, $SD = 3.5$), who were referred to a child advocacy center in Virginia for a forensic interview

(FI) following allegations of sexual abuse. A repeated measures design was conducted to examine how the presence of a service-trained facility dog (e.g. animal-assisted intervention (AAI) may serve as a mode of lowering stress levels in children during their FIs. Children were randomized to one of the two FI conditions: experimental condition (service-trained facility dog present-AAI) or control condition (service-trained facility dog not present- standard forensic interview). Stress biomarkers salivary cortisol, alpha-amylase, immunoglobulin A (IgA), heart rate, and blood pressure, and Immunoglobulin A were collected before and after the FI. Self-report data were also collected. Results supported a significant decrease in heart rate for those in the experimental condition ($p = .0086$) vs the control condition ($p = .4986$). Regression models revealed a significant decrease in systolic and diastolic blood pressure in the experimental condition ($p = .03285$) and ($p = .04381$), respectively. Statistically significant changes in alpha-amylase and IgA were also found in relation to disclosure and type of offense. The results of this study support the stress reducing effects of a service-trained facility dog for children undergoing FI for allegations of child sexual abuse.

Lentz, A. (2018). [The primary purpose of Children's Advocacy Centers: How Ohio v. Clark revolutionized children's hearsay.](#) *Roger Williams University Law Review*, 23, 265.

Morris, D. L. (2018). [Mental health intervention: Does an expedited process increase access to mental health services for children?](#) (Master's thesis). California State University, San Bernardino, CA.

Stavas, N., Shea, J., Keddem, S., Wood, J., Orji, W., Cullen, C., & Scribano, P. (2018). Perceptions of caregivers and adolescents of the use of telemedicine for the child sexual abuse examination. *Child Abuse & Neglect*, 85, 47-57.

Childhood sexual abuse is a common cause of morbidity and mortality. All victims should receive a timely comprehensive medical exam. Currently there is a critical shortage of child abuse pediatricians who can complete the comprehensive child sexual abuse examination. Telemedicine has emerged as an innovative way to provide subspecialty care to this population. Despite the growing popularity of telemedicine, no literature exists describing patient and caregiver perceptions of telemedicine for this sensitive exam. The objective was to explore caregiver and

adolescent perspectives of the use of telemedicine for the child sexual abuse examination and discover factors that drive satisfaction with the technology. Caregivers and adolescents who presented for a child sexual abuse medical evaluation at our county's child advocacy center. We completed semi structured interviews of 17 caregivers and 10 adolescents. Guided by the Technology Acceptance Model interviews assessed perceptions about: general feelings with the exam, prior use of technology, feelings about telemedicine, and role of the medical team. Interviews were audio-recorded, transcribed, coded and analyzed using content analysis with constant comparative coding. Recruitment ended when thematic saturation was reached. There was an overwhelming positive response to telemedicine. Participants reported having a good experience with telemedicine regardless of severity of sexual abuse or prior experience with technology. Behaviors that helped patients and caregivers feel comfortable included a clear explanation from the medical team and professionalism demonstrated by those using the telemedicine system.

Tener, D., Lusky, E., Tarshish, N., & Turjeman, S. (2018). Parental attitudes following disclosure of sibling sexual abuse: A child advocacy center intervention study. *American Journal of Orthopsychiatry*, 88(6), 661-669.

Sibling sexual abuse (SSA) represents a range of childhood sexual behaviors that cannot be considered manifestations of age-appropriate curiosity. Despite being the commonest and longest lasting form of sexual abuse within the family, SSA is the least reported, treated, and researched. This qualitative study is based on a sample of 60 mostly religious Jewish families referred to a child advocacy center (CAC) in Jerusalem from 2010 to 2015. It examines parental attitudes to SSA and their reconstruction, during and after their experience at the CAC. Analysis of case summaries and documented conversations between child protection officers and parents reveals 2 main initial parental attitudes after the disclosure SSA. The first is the attitude that no sexual acts took place at all. The second is that they did occur, with 3 different variations: the sexual acts as "not serious," as a "rupture in the family's ideal narrative," and as "another tragic episode in the family's tragic life story." Findings also suggest that the CAC intervention is a turning point, leading most parents to reconstruct their initial attitudes from "never happened" or "not serious" to "rupture in the family image" or to "another negative event in the family." These findings underscore the need to study the experiences of parents whose children were involved in SSA to

inform policy, treatment and research. This is critical, as interventions that are not aligned with family attitudes and needs are known to exacerbate the family crisis. (PsycINFO Database Record © 2018 APA, all rights reserved)

Wherry, J. N., & Herrington, S. C. (2018). Reliability and validity of the Trauma Symptom Checklist for Children and Trauma Symptom Checklist for Young Children screeners in a clinical sample. *Journal of Child Sexual Abuse, 27*(8), 998-1010.

This study reports on the reliability and validity for two measures developed for screening of symptoms in child sexual abuse (CSA)—the Trauma Symptom Checklist for Children- Screening Form (TSCC-SF) and the Trauma Symptom Checklist for Young Children-Screening Form (TSCYC-SF). The sample of 200 children and caregivers received outpatient treatment. Internal consistencies ranged from an alpha of 0.79–0.85. Concurrent validity was demonstrated by correlations with the TSCC and TSCYC. The TSCC-SF General Trauma (GT) was only correlated Child Behavior Checklist ($r = .236$ for the Anxious Depressed Scale with the TSCC GT; however, all Child Behavior Checklist scales correlated with the TSCYC GT ranging from .422 to .692, and with the SC with $r = .713$), and the Children’s Attributional and Perceptual Scale. Findings support reliability and validity reported elsewhere. The TSCC-SF and TSCYC-SF show promise for screening and triage of CSA victims in many settings.

Young, T. L., & Nelson-Gardell, D. (2018). A grounded theory study of collaboration in multidisciplinary teams. *Journal of Public Child Welfare, 12*(5), 576-595.

The multidisciplinary team response to child abuse emerged during the 1980s as increasing numbers of reports brought recognition that one agency alone lacked the expertise and resources to effectively deal with this complex issue. Using constructivist grounded theory, we interviewed a diverse sample of frontline team members about how they perceived collaboration and working with representatives from different agencies responsible for child abuse investigations. The study revealed how team members rely upon relationships built over time through shared experiences to facilitate communication and information sharing. Findings suggest multidisciplinary team members face challenges and collaborative relationships may mitigate these circumstances.

Allen, B., & Hoskowitz, N. A. (2017). Structured trauma-focused CBT and unstructured play/experiential techniques in the treatment of sexually abused children: A field study with practicing clinicians. *Child Maltreatment, 22*(2), 112-120.

Structured, trauma-focused cognitive-behavioral therapy (CBT) techniques are widely considered an effective intervention for children who experienced sexual abuse. However, unstructured (i.e., nondirective) play/experiential techniques have a longer history of widespread promotion and are preferred by many practicing clinicians. No evidence is available, however, to determine how the integration of these techniques impacts treatment outcome. In this study, community-based clinicians who received training in a structured, trauma-focused cognitive-behavioral intervention administered pretreatment and posttreatment evaluations to 260 sexually abused children presenting with elevated posttraumatic stress. In addition, they completed a questionnaire describing the treatment techniques implemented with each child. Overall, significant improvement was observed for each of the six clinical outcomes. Regression analyses indicated that technique selection was a significant factor in posttreatment outcome for posttraumatic stress, dissociation, anxiety, and anger/aggression. In general, a greater utilization of the structured CBT techniques was related to lower posttreatment scores, whereas a higher frequency of play/experiential techniques was associated with higher posttreatment scores. However, no interaction effects were observed. The implication of these findings for clinical practice and future research are examined.

Baxter, M. A., Hemming, E. J., McIntosh, H. C., & Hellman, C. M. (2017). Exploring the relationship between adverse childhood experiences and hope. *Journal of Child Sexual Abuse, 26*(8), 948-956.

To explore the relationship between adverse childhood experiences and hope, a convenience sample of caregivers bringing in children for medical investigation of child abuse at a regional child advocacy center were surveyed for adverse childhood experiences and dispositional hope. Hope in this sample had a significant negative correlation to the adverse childhood experiences subscale “abuse” ($r = -.19$; $p < .05$). The relationship between hope and the other adverse childhood experiences subscales “neglect” ($r = -.14$) and “dysfunctional family” ($r = -.16$) was not statistically significant. An analysis of variance was performed to determine if caregivers who have experienced both sexual and physical abuse ($M = 29.67$; $SD = 15.96$) have lower hope scores

compared to those caregivers who have experienced neither physical nor sexual abuse ($M = 42.64$; $SD = 18.44$). This analysis ($F(1, 84) = 5.28$; $p < 0.05$) showed that caregivers who experienced both physical and sexual abuse scored significantly lower on hope compared to their counterparts who experienced no adverse events, with an estimated effect size of moderate strength ($d = 0.70$). Higher adverse childhood experiences scores are associated with lower hope. This result was especially true for those adult caregivers who reported experiencing both physical and sexual abuse when compared to adults who did not experience either form of child trauma. While the empirical literature continues to demonstrate the negative consequences of adverse childhood experiences across the life span, hope offers a compelling new line of inquiry in child maltreatment research especially for studies targeting prevention or intervention.

Children's Advocacy Centers of Georgia. (2017). *Words of hope and healing: Encouragement and empowerment for survivors of child abuse*. Marietta, GA: Author.

In this book, Georgia CAC directors have written about hope, encouragement, and empowerment. They have imagined through their writings what it would be like sitting with a child and non-offending caregiver on their final day at the CAC when a child asks: What now? What is my life going to be like? What happens to kids like me who've had things like this happen to them? How can I be successful? How can I trust? How can I love? Who cares about me? Or any number of the many questions that have been asked by children over the years.

Fong, H. F., Bennett, C. E., Mondestin, V., Scribano, P. V., Mollen, C., & Wood, J. N. (2017). The impact of child sexual abuse discovery on caregivers and families: A qualitative study. *Journal of Interpersonal Violence*. Online ahead of print. DOI: 10.1177/0886260517714437

In this qualitative study with nonoffending caregivers of suspected child sexual abuse victims, we aimed to explore the perceived impact of sexual abuse discovery on caregivers and their families, and caregivers' attitudes about mental health services for themselves. We conducted semistructured, in-person interviews with 22 nonoffending caregivers of suspected sexual abuse victims <13 years old seen at a child advocacy center in Philadelphia. Interviews were audio-recorded, transcribed, coded, and analyzed using modified grounded theory. Recruitment

continued until thematic saturation was reached. We found that caregivers experienced significant emotional and psychological distress, characterized by anger, depressed mood, and guilt, after learning that their child may have been sexually abused. We identified four specific sources of caregiver distress: concerns about their child, negative beliefs about their parenting abilities, family members' actions and behaviors, and memories of their own past maltreatment experiences. Some caregivers described worsening family relationships after discovery of their child's sexual abuse, while others reported increased family cohesion. Finally, we found that most caregivers in this study believed that mental health services for themselves were necessary or beneficial to help them cope with the impact of their child's sexual abuse. These results highlight the need for professionals working with families affected by sexual abuse to assess the emotional and psychological needs of nonoffending caregivers and offer mental health services. Helping caregivers link to mental health services, tailored to their unique needs after sexual abuse discovery, may be an acceptable strategy to improve caregiver and child outcomes after sexual abuse.

Foster, J. M. (2017). The fears and futures of boy victims of sexual abuse: An analysis of narratives. *Journal of Child Sexual Abuse, 26*(6), 710-730.

Qualitative analysis of boys' narratives about child sexual abuse revealed several themes, including memories of the abuse, the disclosure and subsequent events, the healing journey, and a meta-theme titled "fear and safety." In this article, boys' (N = 19) experiences related to fear and safety and the healing journey are explored. The narratives provided a unique look at boys' road to recovery, perceptions of counseling, and hopes for their futures. Recommendations for counseling boy victims are discussed.

Gonzalez, J. E., Wheeler, N. J., & Daire, A. P. (2017). Exploratory analyses of cognitive schemas for child and adolescent sexual abuse survivors: Implications for the research to practice gap. *Journal of Mental Health Counseling, 39*(1), 25-38.

Childhood abuse is pervasive and can contribute to long-term adverse consequences for the victim. Child advocacy centers (CAC) provide a community-based and coordinated response to intervention, including mental health counseling. Although evidence-based treatments include

techniques to address problematic thinking, these are reported as less preferred and underused by CAC counselors. The present study employs multivariate analysis to examine the influence of cognitive schemas on treatment outcomes for 58 children who received services from a CAC. We found significant improvements in pre to post scores on the Trauma Symptom Checklist for Children (TSCC) subscales for depression and anxiety. Additionally, treatment outcomes of participants with clinically significant pre-Trauma and Attachment Belief Scale (TABS) total scores significantly differed from participants with non-significant pre-TABS scores. Clinical and research implications are presented related to counseling services for survivors of child abuse.

Herbert, J., & Bromfield, L. (2017). [*Multiagency Investigation & Support Team \(MIST\) Pilot: Evaluation Report*](#). Adelaide, South Australia: Australian Centre for Child Protection Division of Education, Arts, and Social Sciences University of South Australia.

This report summarises the findings of the evaluation of the Multiagency Investigation and Support Team (MIST), a pilot response developed by WA Police (Child Abuse Squad); Department for Child Protection & Family Support (Child First, Armadale & Cannington Districts); WA Department of Health (Princess Margaret Hospital); Department of the Attorney General (Child Witness Service); and Parkerville Children and Youth Care Inc.

Herbert, J. L., & Bromfield, L. (2017). Better together? A review of evidence for multi-disciplinary teams responding to physical and sexual child abuse. *Trauma, Violence, & Abuse*, 20(2), 214-228.

Multi-Disciplinary teams (MDTs) have often been presented as the key to dealing with a number of intractable problems associated with responding to allegations of physical and sexual child abuse. While these approaches have proliferated internationally, researchers have complained of the lack of a specific evidence base identifying the processes and structures supporting multidisciplinary work and how these contribute to high-level outcomes. This systematic search of the literature aims to synthesize the existing state of knowledge on the effectiveness of MDTs. This review found that overall there is reasonable evidence to support the idea that MDTs are effective in improving criminal justice and mental health responses compared to standard agency practices. The next step toward developing a viable evidence base to inform these types of

approaches seems to be to more clearly identify the mechanisms associated with effective MDTs in order to better inform how they are planned and implemented.

Kenny, M. C., Vazquez, A., Long, H., & Thompson, D. (2017). Implementation and program evaluation of trauma-informed care training across state child advocacy centers: An exploratory study. *Children and Youth Services Review, 73*, 15-23.

Awareness of Trauma-Informed Care (TIC) is essential for all professionals employed at child advocacy centers (CAC). This study evaluated the effectiveness of a training program that utilized a modified version of a TIC curriculum accessible through the National Child Traumatic Stress Network (NCTSN) among CAC workers in Florida. The workers' TIC knowledge level (n=203) was examined prior to the training, immediately thereafter, and in a 12-month follow-up. Participants in general had similar levels of TIC knowledge before the training although the knowledge level was significantly affected by race/ethnicity, years of working experience, and educational degree. The results also indicated that participants' TIC knowledge significantly increased after training, with an effect size of 0.71. This increase appeared to be universal among participants. Further, the significant increase still maintained in the 12-month follow-up test. The analysis of participants' responses to two open-ended questions suggested that most participants were satisfied with the program. It is suggested that training efforts need to be conducted frequently to ensure that CAC employees get repeated exposure to the information in order to ultimately improve the services they provide to victims.

Lai, B. S., Tiwari, A., Self-Brown, S., Cronholm, P., & Kinnish, K. (2017). Patterns of caregiver factors predicting participation in trauma-focused cognitive behavioral therapy. *Journal of Child & Adolescent Trauma, 12*(1), 97-106.

This study examined patterns of caregiver factors associated with Trauma- Focused Cognitive Behavioral Therapy (TF-CBT) utilization among trauma-exposed youth. This study included 41 caregivers (caregiver age M = 36.1, SD = 9.88; 93% African American) of youth referred for TFCBT, following a substantiated forensic assessment of youth trauma exposure. Prior to enrolling in TF-CBT, caregivers reported on measures for parenting stress, attitudes towards treatment, functional impairment, caregiver mental health diagnosis, and caregiver trauma experiences.

Classification and regression tree methodology were used to address study aims. Predictors of enrollment and completion included: attitudes towards treatment, caregiver trauma experiences, and parenting stress. Several caregiver factors predicting youth service utilization were identified. Findings suggest screening for caregivers' attitudes towards therapy, parenting stress, and trauma history is warranted to guide providers in offering caregiver-youth dyads appropriate resources at intake that can lead to increased engagement in treatment services.

Newlin, C., Callins, D., & Markushewski, C. (2017). Children's advocacy centers and child abuse prevention: A natural fit. In R. Alexander (Ed.), *Research and practices in child maltreatment prevention* (Vol. 2, pp. 133-152). St. Louis, MO: STM Learning.

Pendergraft, J. M., & Magallanes, S. G. (2017). [Non-offending caregivers' experiences at a Southern California children's assessment center.](#) (Master's thesis). California State University, San Bernardino.

Victims of child maltreatment are often subjected to both repeat interviews and physical exams over the course of an investigation. There are specialized centers across the country that serve this highly at-risk population with the goal of minimizing further traumatization of victims by repeat interviews and exams. These centers must maintain a high standard of practice and undergo outside scrutiny and evaluation, in order to best serve their clients and recognize possible shortcomings. An evaluative, pilot study was conducted at a Southern California Children's Assessment Center (SCCAC). The purpose of this pilot study was to gain more knowledge about caregivers' overall experiences at the center and the population's willingness to participate in future studies. Twelve participants were identified through convenience sampling and completed a qualitative interview. Demographic information was input into SPSS and analyzed through descriptive statistics. In addition, interview response content was analyzed by the use of triangulation. Overall findings support existing literature which states that clients are generally satisfied with their experiences at the SCCAC. The significance of this study for social work will enhance the understanding of the need for additional policies to ensure proper training. This study will also benefit the field of child welfare by providing a small amount of insight into how different components of service factors may affect diverse individual's experiences during a difficult time. This study will allow child

welfare professionals to further customize their engagement approach and provide services that are considerate and effective for each individual.

Rivard, J. R., & Schreiber Compo, N. (2017). Self-reported current practices in child forensic interviewing: Training, tools, and pre-interview preparation. *Behavioral Sciences & the Law*, 35(3), 253-268.

In child sexual abuse investigations, forensic interviewers within the Child Advocacy Center (CAC) model serve as neutral fact-finders for a team of professionals tasked with investigating and intervening in cases of alleged child sexual abuse. Although empirical evidence has led to the development of best-practice techniques and protocols, there is currently no universally adopted protocol in the field. The present research gathered detailed information from a national sample of real-world child forensic interviewers about their training and current practices, with a specific focus on assessing the information interviewers typically review prior to conducting child forensic interviews. Most notably, the survey revealed a lack of uniformity in interviewing protocols adopted and pre-interview preparation practices. Although rare, some interviewers reported using an allegation-blind interviewing approach, highlighting the need for future research on this and other under-studied techniques. Copyright © 2017 John Wiley & Sons, Ltd.

Smith, D. W., Sawyer, G. K., Heck, N. C., Zajac, K., Solomon, D., Self-Brown, S., ... & Ralston, M. E. (2017). Psychometrics of a child report measure of maternal support following disclosure of sexual abuse. *Journal of Child Sexual Abuse*, 26(3), 270-287.

The study examined a new child report measure of maternal support following child sexual abuse. One hundred and forty-six mother-child dyads presenting for a forensic evaluation completed assessments including standardized measures of adjustment. Child participants also responded to 32 items considered for inclusion in a new measure, the Maternal Support Questionnaire-Child Report (MSQ-CR). Exploratory factor analysis of the Maternal Support Questionnaire-Child Report resulted in a three factor, 20-item solution: Emotional Support (9 items), Skeptical Preoccupation (5 items), and Protection/Retaliation (6 items). Each factor demonstrated adequate internal consistency. Construct and concurrent validity of the new measure were supported in comparison to other trauma-specific measures. The Maternal Support Questionnaire-Child Report

demonstrated sound psychometric properties. Future research is needed to determine whether the Maternal Support Questionnaire–Child Report provides a more sensitive approximation of maternal support following disclosure of sexual abuse, relative to measures of global parent–child relations and to contextualize discrepancies between mother and child ratings of maternal support.

Simon, V. A., Barnett, D., Smith, E., Mucka, L., & Willis, D. (2017). [Caregivers' abuse stigmatization and their views of mental health treatment following child sexual abuse](#). *Child Abuse & Neglect*, *70*, 331-341.

Many families do not utilize mental health services after the discovery of child sexual abuse (CSA), even when trauma-focused treatments are offered at low or no cost. Non-offending caregivers frequently serve as gatekeepers to youths' treatment, and their reactions to CSA may figure into decisions about treatment engagement. The current study examined caregivers' abuse stigmatization (i.e., self-blame and shame about their children's CSA) and associations with two factors predictive of treatment engagement (motivation, obstacles). Participants were recruited from a Child Advocacy Center where they received forensic interviews and were offered services following CSA discovery. Participating caregiver-child dyads included 52 non-offending caregivers (83% biological parents) and their children (69% girls; $M_{age}=10.94$, $SD_{age}=2.62$). Caregiver abuse stigmatization was associated with higher motivation for treatment but also more obstacles to treatment. Further, abuse stigmatization moderated associations between children's PTSD symptoms and perceived obstacles to treatment. Among caregivers experiencing high abuse stigmatization, greater child PTSD symptoms were associated with more obstacles to treatment. Among caregivers experiencing low stigmatization, child PTSD was either associated with fewer treatment obstacles or was unrelated to treatment obstacles. Results highlight the potential significance of reducing parents' abuse stigmatization for increasing mental health service utilization following CSA discovery, especially for more symptomatic youth.

Tener, D., Tarshish, N., & Turgeman, S. (2017). "Victim, perpetrator, or just my brother?" Sibling sexual abuse in large families: A child advocacy center study. *Journal of Interpersonal Violence*. Online ahead of print. DOI: 10.1177/0886260517718831

Sibling sexual abuse (SSA) is a continuum of childhood sexual behaviors that do not fit the category of age-appropriate curiosity. Although SSA may be the most prevalent and longest lasting form of intrafamilial sexual abuse—as well as the one with the worst repercussions—it is also the least reported, studied, and treated. Based on 100 mostly religious Jewish families referred to a child advocacy center (CAC) in Jerusalem from 2010 to 2015, this qualitative study examines SSA characteristics, dynamics, and perceptions of deviancy in multisibling subsystems. The findings are based on an analysis of case summaries, demographic charts, and documented conversations between social workers and siblings. Qualitative document analysis reveals two types of SSA dynamics: "identified perpetrator" and "routine relationship," the latter being a particularly understudied dynamic that challenges common stereotypes. We also found sibling perceptions of deviancy to vary along a continuum from deviant to completely normative. These perceptions are affected by the type of dynamics as well as by factors associated with disclosure. Our findings highlight the importance of studying the lived experiences of children involved in SSA as an input with critical policy, treatment, and research implications. Interventions must be adjusted to the family system and sibling subsystem's perceptions and needs to avoid treatment that exacerbates the crisis already experienced by the family. Common assumptions—there must be a "perpetrator"; abuse is necessarily traumatic; and treatment should focus on the trauma—are challenged by the routine type. We conclude that treatment should account for the complexity of SSA by shedding these assumptions and considering the sibling subsystem as an autonomous unit within the large family.

Tishelman, A. C., & Fontes, L. A. (2017). Religion in child sexual abuse forensic interviews. *Child Abuse & Neglect*, 63, 120-130.

Religion is an under-studied factor affecting children's sexual victimization and their willingness to discuss such experiences. In this qualitative study, 39 child forensic interviewers and child advocacy center (CAC) directors in the United States discussed religious influences on children's sexual abuse experiences, their relationships to CACs, and their disclosures in the forensic setting.

Participants reported both harmonious and dissonant interactions between religiously observant children and families on one hand and child advocacy centers on the other. Themes emerged related to abuse in religious contexts and religious justifications for abuse; clergy and religious supports for disclosures as well as suppression of disclosures; and the ways CACS accommodate religious diversity and forge collaborations with clergy. Participants discussed a wide range of religions. Recommendations for practice and research are included.

Voss, L., Rushforth, H., & Powell, C. (2017). Multi-agency response to childhood sexual abuse: A case study that explores the role of a specialist centre. *Child Abuse Review*, 27(3), 209-222.

Through the application of case study methods, this research explored the role of a specialist centre that responds to actual or suspected childhood sexual abuse (CSA). When CSA is suspected to have occurred, children and families and professionals from statutory agencies are required to navigate complex processes. This study was undertaken to explore those processes in a specialist children's referral centre. It comprised three datasets: (1) 60 children (0–17 years) were 'tracked' to ascertain and criminal justice actions; (2) semi-structured interviews with 16 professionals (paediatricians, specialist nurses, child abuse investigation police officers and children's social workers); and (3) analysis of 'patient' and parent/carer satisfaction questionnaires. Medical examination rarely confirmed abuse and only 13 per cent of cases were pursued within the criminal justice system. However, 66 per cent of children had an identified health need requiring follow-up. Professionals from all groups believed the centre provided a 'child friendly' facility that enhanced co-operation. However, challenges with focusing on the needs of children and with multiagency working were identified. Routine patient satisfaction data collected at the time of the study demonstrated positive views of the care received, although other data suggest that this may be an incomplete picture.

Wamser-Nanney, R. (2017). Maternal support following childhood sexual abuse: Links to parent-reported children's outcomes. *Child Abuse & Neglect*, 67, 44-53.

Maternal support is touted to play a critical role in predicting children's symptom trajectories following sexual abuse disclosure. Yet, a recent meta-analysis indicates that this widely held belief may actually have limited empirical support. The lack of correspondence between maternal support and children's symptoms may be the result of the limitations of the prior literature including the use of maternal support measures with inadequate psychometric properties. The aim of the present study was to utilize the only published measure with sufficient psychometrics properties, the Maternal Self-Report Support Questionnaire (MSSQ; Smith et al., 2010), to determine the relationships between maternal support and demographic and family characteristics, parent-reported children's symptoms, and aspects of the traumatic event in a treatment-seeking sample. The sample included 252 treatment-seeking children ($M = 8.86$, $SD = 3.85$; 67.5% female, 59.5% White) and their mothers, who completed the MSSQ and other measures at pre-treatment. Mothers of older children, White children, and mothers with greater educational attainment reported higher levels of Emotional Support. Single mothers were more likely to report higher levels of Blame/Doubt than married mothers. Characteristics of the traumatic event, such as sexual abuse duration and number of sexual abuse incidents were negatively correlated with Emotional Support. Maternal support was related to relatively few of children's symptoms and was not associated with levels of posttraumatic stress disorder (PTSD) symptoms. Although several demographic and family characteristics may be related to maternal support, it is a relatively weak predictor of children's outcomes.

Wherry, J. N., & Dunlop, C. E. (2017). TSCC and TSCYC screening forms in a clinical sample: Reliability, validity, and creating local clinical norms. *Child Maltreatment*, 23(1), 74-84.

Clinical norms were developed for two screening tools recently developed by Briere and published by Psychological Assessment Resources. The screening measures were derived from the most predictive items of the Trauma Symptom Checklist for Children (TSCC) and the Trauma Symptom Checklist for Young Children (TSCYC). Both screening measures (TSCC–Screening Form and TSCYC–Screening Form) have a total of 20 items measuring general trauma (12 items) and sexual

concerns (8 items). Briere and Wherry report on the reliability and validity of the instrument when used with a normative group of children who are not identified as abused. This clinical sample of abused children seeking services from a child advocacy center was comprised of 86.1% females and 55.4% Hispanic children. Data were collected for 177 TSCYCs and 261 TSCCs. Internal consistencies ranged from an α of .74 to .85, and correlation coefficients indicating validity with the longer scales ranging from an $r = .563$ to $.807$. T score norms were calculated for this clinical sample. The measure has promise as a tool for screening multiple domains with child and caregiver informants; and in addition to its psychometric properties, it assesses sexualized behavior, suicidal thoughts, and trauma.

Anderson, G. D. (2016). Service outcomes following disclosure of child sexual abuse during forensic interviews: An exploratory study. *Journal of Public Child Welfare, 10*(5), 477-494.

Few children disclose sexual abuse and participate in a formal investigation. Furthermore, not all children that disclose abuse during a forensic interview receive services to address trauma or safety. Despite the importance of such outcomes little is known about which factors may influence when children will receive services. Through content analysis of 139 case records findings indicate that a child's race/ethnicity abuse-related factors and level of family support are all significant in predicting service and placement outcomes in child protection cases. Implications for social work practice include the need for ongoing engagement in culturally sensitive strengths-based practice with families.

Cyr, M., Frappier, J. Y., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. È. (2016). Psychological and physical health of nonoffending parents after disclosure of sexual abuse of their child. *Journal of Child Sexual Abuse, 25*(7), 757-776.

Disclosure of child sexual abuse can be traumatic for nonoffending parents. Research has shown its impact on mothers' mental health, which includes heightened psychological distress, depression, and post-traumatic stress disorder. Very little is known, however, about its impact on their physical health or on fathers' health. The self-perceived mental and physical health of nonoffending parents after child sexual abuse disclosure was compared to determine gender-

related differences in this regard. Interviews were conducted with 109 mothers and 43 fathers of 6- to 13-year-old sexually abused children. Bivariate analyses revealed that a fair proportion of parents reported psychological and physical problems after disclosure. However, proportionally more mothers than fathers reported psychological distress, depression, and use of professional services. Fathers were more likely to resort to health services instead of social services and to use medication for depression. Study findings provide leads for health and social service providers for the development of intervention protocols and referral procedures sensitive to gender issues, and they shed new light on specific needs of nonoffending parents.

Fong, H. F., Bennett, C. E., Mondestin, V., Scribano, P. V., Mollen, C., & Wood, J. N. (2016). Caregiver perceptions about mental health services after child sexual abuse. *Child Abuse & Neglect, 51*, 284-294.

The objective of this study was to describe caregiver perceptions about mental health services (MHS) after child sexual abuse (CSA) and to explore factors that affected whether their children linked to services. We conducted semi-structured, in-person interviews with 22 non-offending caregivers of suspected CSA victims < 13 years old seen at a child advocacy center in Philadelphia. Purposive sampling was used to recruit caregivers who had ($n = 12$) and had not ($n = 10$) linked their children to MHS. Guided by the Health Belief Model framework, interviews assessed perceptions about: CSA severity, the child's susceptibility for adverse outcomes, the benefits of MHS, and the facilitators and barriers to MHS. Interviews were audio-recorded, transcribed, coded, and analyzed using modified grounded theory. Recruitment ended when thematic saturation was reached. Caregivers expressed strong reactions to CSA and multiple concerns about adverse child outcomes. Most caregivers reported that MHS were generally necessary for children after CSA. Caregivers who had not linked to MHS, however, believed MHS were not necessary for their children, most commonly because they were not exhibiting behavioral symptoms. Caregivers described multiple access barriers to MHS, but caregivers who had not linked reported that they could have overcome these barriers if they believed MHS were necessary for their children. Caregivers who had not linked to services also expressed concerns about MHS being re-traumatizing and stigmatizing. Interventions to increase MHS linkage should focus on improving

communication with caregivers about the specific benefits of MHS for their children and proactively addressing caregiver concerns about MHS.

Hahn, H., Oransky, M., Epstein, C., Stover, C. S., & Marans, S. (2016). Findings of an early intervention to address children's traumatic stress implemented in the child advocacy center setting following sexual abuse. *Journal of Child & Adolescent Trauma*, 9(1), 55-66.

It has been well established that childhood exposure to abuse and trauma constitutes a major threat to children's development, as well as to later psychiatric, physical, and behavioral health. Identification of, and early intervention with, children experiencing symptoms of traumatic stress is an important goal. The Child and Family Traumatic Stress Intervention (CFTSI) has demonstrated effectiveness in reducing children's traumatic stress symptoms and reducing the odds of full or partial PTSD diagnosis at 3 months following end of treatment in a previous randomized controlled trial. The current chart review of CFTSI cases completed with 114 caregiver-child dyads in a Child Advocacy Center setting found that the brief, early family-strengthening intervention is effective in reducing symptoms in a diverse sample of children and adolescents who recently experienced and/or disclosed sexual abuse.

Jobe-Shields, L., Swiecicki, C. C., Fritz, D. R., Stinnette, J. S., & Hanson, R. F. (2016). [Posttraumatic stress and depression in the nonoffending caregivers of sexually abused children: Associations with parenting practices.](#) *Journal of Child Sexual Abuse*, 25(1), 110-125.

Caregiver mental health is a known correlate of parenting practices, and recent research indicated that parental depression following childhood sexual abuse disclosure is associated with concurrent parenting difficulties. The present study extended this line of research by investigating posttraumatic stress symptoms and depression in a sample of caregivers (N=96) of children who experienced sexual abuse recruited from a Children's Advocacy Center, as well as parenting practices reported by both caregivers and their children (Mean age = 10.79 years, *SD* = 3.29; 79% female). Twenty four percent of caregivers met criteria for presumptive clinical depression, clinically significant posttraumatic stress, or both. Results indicated elevated caregiver-reported

inconsistent parenting in the context of clinically significant distress across symptom groups; children reported particularly elevated inconsistent parenting for caregivers with posttraumatic stress only. Caregiver depression was associated with low self-reported positive parenting and caregiver involvement, in addition to self-reported inconsistencies. Directions for future research are offered to further elucidate the relationships between caregiver mental health and parenting practices following childhood sexual abuse.

Self-Brown, S., Tiwari, A., Lai, B., Roby, S., & Kinnish, K. (2016). Impact of caregiver factors on youth service utilization of trauma-focused cognitive behavioral therapy in a community setting. *Journal of Child and Family Studies*, 25(6), 1871-1879.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an increasingly available evidence-based therapy that targets the mental health symptoms of youth who have experienced trauma. Limited research has examined how to engage and retain families in TF-CBT services in community settings. Using a mixed-methods approach, the goal of this exploratory study was to identify caregiver factors that impact youth enrollment and completion of community-delivered TF-CBT. The study included 41 caretakers of youth referred to therapy at a local child advocacy center following a forensic assessment substantiating youth trauma exposure. Caregiver factors examined include caregiver demographics, trauma exposure, and mental health symptomology. Results from multivariate logistic regressions indicate that caregivers reporting more children residing in the household were significantly more likely to enroll youth in therapy (OR 2.27; 95 % CI 1.02, 5.03). Qualitative analyses further explicate that parents with personal trauma or therapy experiences expressed positive opinions regarding therapy services for youth, and were more likely to enroll in or complete services. Findings suggest that caregivers with personal traumatic experience and related symptomatology view therapy as important and are more committed to their child receiving therapy. Future research on service utilization is warranted and should explore offering parental psychoeducation or engagement strategies discussing therapy benefits to parents who have not experienced trauma and related mental health symptomatology.

Søbberg, L. M., & Thams, A. F. (2016). [Adapting a model of response to child abuse to the conditions in the circumpolar north](#). *International Journal of Circumpolar Health*, 75, DOI: 10.3402/ijch.v75.32713.

Sexual and reproductive health is dependent on sexual well-being. Research shows that sexual abuse during childhood has long-term consequences on both mental and physical health of the victims during the rest of their lives. Furthermore, research shows that the children of mothers who themselves were victims of childhood abuse suffer from greater psychosocial maladjustment than other children. Numerous reports argue that social problems including sexual abuse of children are widespread in the arctic north. Preventing sexual abuse as well as dealing adequately with cases of abuse is of utmost importance to ensure sexual and reproductive health. The methods and models of dealing with cases of child abuse consequently play an important role in the promotion of sexual and reproductive health. In 2010, Naalakkersuisut, the Government of Greenland, decided to establish a centre to deal with cases of child abuse. Saaffik (Saaffik.gl) was inspired by the Children's Advocacy Center (CAC) developed in the United States in the 1980s. The CACs represent a child-friendly, multi-disciplinary response to child abuse with the dual intention of facilitating the legal process and ensuring that the child victims receive the necessary support (www.nationalcac.org). Saaffik was opened in 2011 in the capital of Greenland, Nuuk. Based on the principles of CAC and the Scandinavian-adopted models called "barnahus", Saaffik had a "one-door" approach which provided a coordinated response to the child victims and ensured that relevant institutions and authorities co-operated. The multidisciplinary approach ensured that children could meet all relevant professionals within Saaffik, including medical staff, police and social services. An example of the inclusion of multiple professions was the furnishing of a room to accommodate video recording of police interviews. The model and idea of the "one-door" principle is compelling and has had positive impact on the treatment of child abuse in the United States and countries in Scandinavia. However, in Greenland the implementation of a "one-door" model for the entire country is challenged. The geography and the enormous distances in Greenland make it impossible to secure the transportation of children from all of Greenland to Nuuk. Lack of educated and trained staff makes it difficult to meet the needs of children across the country. In fact, during the 5 years, Saaffik has existed, and it has almost exclusively dealt with children from Nuuk. Currently, the structure of Saaffik is undergoing changes. Saaffik is no longer an independent centre but part of the Central Advisory Unit under the Department of Children and

Families, established to assist municipalities and social workers in their work with vulnerable children. Saaffik remains a child-friendly place with knowledge and expertise on child abuse, but the “one-door” model is abandoned. The police no longer conduct video-interviews at Saaffik, and medical examinations take place at hospitals and medical centres. Instead of the “one-door” principle, Saaffik now concentrates on becoming a knowledge centre, with expertise to help social workers throughout Greenland in their dealing with child abuse. Furthermore, a travelling team of experts has been established. The travelling team includes therapists, psychologists and social workers. The responsibility of the travelling team is to assist and help authorities and victims of abuse. The working method is to reach the victims where they live and initiate therapy and social- and health-related efforts to help them rehabilitate. Another advantage of the travelling team is that in the small villages in Greenland everyone knows each other, which makes it difficult for the abused child to trust a local professional, who knows the abuser personally. It is easier for the abused children to trust the professionals in the travelling team because they have no personal relations with the abuser. The development away from the “one-door” model and towards an out-reaching travelling team seems to be a productive way of providing adequate assistance to child victims of sexual abuse in Greenland. The strengthening and centralisation of expertise combined with the ambition to meet the children where they live is an example of using inspiration from an existing model and transforming it into a model more suitable for the circumstances of life in the circumpolar north. The new developments at Saaffik provide positive aspirations of establishing an institution, which can effectively deal with the consequences of sexual abuse. With adequate resources and political support, the developments of Saaffik have the potential for improving the sexual and reproductive health of children in Greenland. Furthermore, an increased focus on the problems of sexual abuse may improve the public health and well-being of the entire population of Greenland as the long-term consequences of abuse are reduced. An important lesson of the case of implementing an American/Scandinavian model of handling child sexual abuse in Greenland is that simply adopting a foreign model does not necessarily meet the needs of the circumpolar territories. Finding inspiration in models from other countries certainly makes sense, but it is vital to adapt and adjust a model to the needs and circumstances of the populations in question.

Vanderzee, K. L., Pemberton, J. R., Conners-Burrow, N., & Kramer, T. L. (2016). Who is advocating for children under six? Uncovering unmet needs in child advocacy centers. *Children and Youth Services Review, 61*, 303-310.

Evidence suggests that children under the age of 6 years are affected by trauma, yet there are few studies available to determine how well their needs are addressed in the mental health system. Child Advocacy Centers (CACs) offer a promising avenue for expanding the system of care for very young children exposed to sexual and/or physical abuse. This study used a mixed-methods approach to examine the type and extent of CAC services for very young children in one state. Quantitative results revealed that the youngest children were less likely to be referred for counseling and less likely to already be engaged in counseling when an investigation is initiated. Qualitative results from interviews with CAC advocates suggest that advocates have variable perceptions regarding the effects of trauma on young children, and they do not consistently receive training in the mental health needs of traumatized children under 6. Our results confirm the need for an expanded system of service delivery for the youngest and most vulnerable child maltreatment victims.

Wherry, J. N., Huffhines, L. P., & Walisky, D. N. (2016). [A short form of the Trauma Symptom Checklist for Children](#). *Child Maltreatment, 21*(1), 37-46.

The purpose of the current study was to develop a short form (SF) of the Trauma Symptom Checklist for Children (TSCC). The TSCC-SF maintained 29 items, from the original 54 items, in a sample (N = 215) of sexually abused children who were seeking treatment at a child advocacy center. Exploratory factor analysis refined the original measure, and confirmatory factor analysis provided evidence for best fit for a six-factor, 29-item model. The TSCC-SF evidenced good internal reliability and showed convergent validity with child ratings of post-traumatic stress disorder (PTSD) symptoms obtained from the University of California at Los Angeles PTSD Reaction Index. The TSCC-SF has promise as a shorter assessment measure with sexually abused children in numerous settings, including child advocacy centers and pediatric clinics, where efficient screening and assessment are essential for providing the best standard of care

Bolen, R. M., Dessel, A. B., & Sutter, J. (2015). Parents will be parents: Conceptualizing and measuring nonoffending parent and other caregiver support following disclosure of sexual abuse. *Journal of Aggression, Maltreatment & Trauma, 24*(1), 41-67.

A gap exists in the literature with regard to the theoretical conceptualization of nonoffending parental and other caregiver (NOC) support of sexually abused children. Measures need to be developed that appropriately capture this construct. The purpose of this article is to present a qualitative study that asked 17 NOCs in different ways how they supported their sexually abused children after the disclosure of the sexual abuse. The multiple different types of support were coded and, using grounded theory, the structure of NOC support emerged from the data. The final structure of NOC support had 8 dimensions, including basic needs, safety and protection, decision making, active parenting, instrumental support, availability, sensitivity to child, and affirmation.

Bracewell, T. (2015). [*Children's Advocacy Centers' Effects on the Prosecutorial Decision to Accept or Reject Cases of Child Sexual Abuse.*](#) (Doctoral dissertation). Texas State University.

This study investigates the role of Children's Advocacy Centers (CACs) in the decision to accept or reject cases of child sexual abuse for prosecution made by prosecuting attorneys. CACs were developed, in part, to aid child protection workers and law enforcement officials in investigating child abuse claims while reducing the traumatic effects of investigations on children. The first CACs were developed during a time when infamous cases of false child abuse allegations were in the headlines and shed light on the need for trained professionals to interview suspected child abuse victims. While CACs are now found in every state and routinely used by professionals charged with investigating child abuse allegations, a dearth of research exists regarding the utility of CACs in reference to prosecutorial decisions. Literature on CACs has primarily focused on effectively interviewing children while lessening any potential traumatic effects from an investigation. While CACs across the county vary in mission statements and foci, two consistent components remain: forensic interviewing and the use of multidisciplinary teams (MDTs). This research examined cases processed through a Texas CAC in an effort to bridge the gap of knowledge in reference to the utility of CACs. Logistic regression analysis was used to examine whether the different components of the CAC were correlated with the prosecutorial decision to accept or reject cases of child sexual abuse. Specifically, forensic interviews, MDT components,

sexual assault exams, and case coordination were examined. The findings of the research indicate that the age of the child, sex of the alleged perpetrator, child protection dispositions, outcry of the child, the presence of a child witness, the county in which the alleged offense occurred, and whether the child had a sexual assault exam were all significantly correlated with the prosecutorial decision to accept or reject a case. However, physical findings on sexual assault examinations and case coordination between law enforcement and CPS were not significantly correlated with prosecutorial decisions. Implications for CACs are discussed including suggestions to streamline the prosecutorial screening process for child sexual abuse cases. Limitations for this study are also discussed including the small portion of cases that were used for analysis. Suggestions for future research include replication studies with more cases and additional qualitative case specific information.

Brink, F. W., Thackeray, J. D., Bridge, J. A., Letson, M. M., & Scribano, P. V. (2015). Child advocacy center multidisciplinary team decision and its association to child protective services outcomes. *Child Abuse & Neglect*, 46, 174-181.

Limited studies exist evaluating the multidisciplinary team (MDT) decision-making process and its outcomes. This study evaluates the MDT determination of the likelihood of child sexual abuse (CSA) and its association to the outcome of the child protective services(CPS) disposition. A retrospective cohort study of CSA patients was conducted. The MDT utilized an a priori Likert rating scale to determine the likelihood of abuse. Subjects were dichotomized into high versus low/intermediate likelihood of CSA as determined by the MDT. Clinical and demographic characteristics were compared based upon MDT and CPS decisions. Fourteen hundred twenty-two patients were identified. A high likelihood for abuse was determined in 997 cases (70%). CPS substantiated or indicated the allegation of CSA in 789 cases (79%, Kappa 0.54). Any CSA disclosure, particularly moderate risk disclosure (AOR 59.3, 95% CI 26.50–132.80) or increasing total number of CSA disclosures (AOR 1.3,95% CI 1.11–1.57), was independently associated with a high likelihood for abuse determination. Specific clinical features associated with discordant cases in which MDT determined high likelihood for abuse and CPS did not substantiate or indicate CSA included being white or providing a low risk CSA disclosure or other non-CSA disclosure. MDT determination regarding likelihood of abuse demonstrated moderate agreement to CPS disposition outcome. CSA disclosure is predictive of the MDT determination for high likelihood

of CSA. Agreement between MDT determination and CPS protection decisions appear to be driven by the type of disclosures, highlighting the importance of the forensic interview in ensuring appropriate child protection plans. Published by Elsevier Ltd.

Carlson, F. M., Grassley, J., Reis, J., & Davis, K. (2015). [Characteristics of child sexual assault within a child advocacy center client population](#). *Journal of Forensic Nursing, 11*(1), 15-21.

This descriptive study summarized data from a Child Advocacy Center (CAC) to illustrate how such information might be used to profile the scope and character of child sexual abuse (CSA) at the community level. This detailed information is not available from national or state data but is needed to understand the circumstances of the children receiving services and the type of care they may need. Variables included victim demographics, type of sexual abuse and relationship to the perpetrator, and the person to whom the victim was most likely to disclose their sexual assault. A total sample of 841 cases reports was reviewed. Chi square tests were used to determine if there were statistically significant associations between the age groupings, type of abuse and the perpetrator according to age grouping. Those children most often seen at this CAC were female (73%), white (67%), and living with their mothers, with both parents, or with parent and stepparent (80%). The incidence of CSA increased for girls across age groups. However, boys aged 6 to 10 years comprised the greatest percentage of the males (56%) who experienced CSA. For all three age groups, over half of the perpetrators were identified as relatives. Most children (85%) experienced high impact sexual abuse behaviors of fondling, penetration, or some combination thereof. Children most often disclosed CSA to their mothers. Understanding patterns of CSA at the local level provides guidance beyond national and state data to forensic nurses regarding child and family needs within their communities.

Edinburgh, L., Pape-Blabolil, J., Harpin, S. B., & Saewyc, E. (2015). Assessing exploitation experiences of girls and boys seen at a child advocacy center. *Child Abuse & Neglect, 46*, 47-59.

The primary aim of this study was to describe the abuse experiences of sexually exploited runaway adolescents seen at a Child Advocacy Center (N = 62). We also sought to identify risk behaviors,

attributes of resiliency, laboratory results for sexually transmitted infection (STI) screens, and genital injuries from colposcopic exams. We used retrospective mixed-methods with in-depth forensic interviews, together with self-report survey responses, physical exams and chart data. Forensic interviews were analyzed using interpretive description analytical methods along domains of experience and meaning of sexual exploitation events. Univariate descriptive statistics characterized trauma responses and health risks. The first sexual exploitation events for many victims occurred as part of seemingly random encounters with procurers. Older adolescent or adult women recruited some youth working for a pimp. However, half the youth did not report a trafficker involved in setting up their exchange of sex for money, substances, or other types of consideration. 78% scored positive on the UCLA PTSD tool; 57% reported DSM IV criteria for problem substance use; 71% reported cutting behaviors, 75% suicidal ideation, and 50% had attempted suicide. Contrary to common depictions, youth may be solicited relatively quickly as runaways, yet exploitation is not always linked to having a pimp. Avoidant coping does not appear effective, as most patients exhibited significant symptoms of trauma. Awareness of variations in youth's sexual exploitation experiences may help researchers and clinicians understand potential differences in sequelae, design effective treatment plans, and develop community prevention programs.

Elmquist, J., Shorey, R. C., Febres, J., Zapor, H., Klostermann, K., Schratte, A., & Stuart, G. L. (2015). A review of Children's Advocacy Centers'(CACs) response to cases of child maltreatment in the United States. *Aggression and Violent Behavior, 25*, 26-34.

Child maltreatment is a serious and prevalent problem in the United States. Children's Advocacy Centers (CACs) were established in 1985 to better respond to cases of child maltreatment and address problems associated with an uncoordinated community-wide response to child maltreatment. CACs are community-based, multidisciplinary organizations that seek to improve the response and prosecution of child maltreatment in the United States. The primary purpose of this manuscript is to present a review of the literature on CACs, including the CAC model (e.g., practices, services, and programs) and CACs' response to cases of child maltreatment. This review suggests that there is preliminary evidence supporting the efficacy of CACs in reducing the stress and trauma imposed on child victims during the criminal justice investigation process into the maltreatment. However, this review also identified important CAC policies, practices, and

components that need further evaluation and improvement. In addition, due to the methodological limitations and gaps in the existing literature, research is needed on CACs that employ longitudinal designs and larger samples sizes and that evaluate a larger array of center-specific outcomes. Finally, this review suggests that CACs might benefit from incorporating ongoing research into the CAC model and accreditation standards and by recognizing the importance of integrating services for child and adult victims of interpersonal violence.

Herbert, J. L., & Bromfield, L. (2015). [Evidence for the efficacy of the Child Advocacy Center model: A systematic review](#). *Trauma, Violence, & Abuse, 17*(3), 341-357.

The Child Advocacy Center (CAC) model has been presented as the solution to many of the problems inherent in responses by authorities to child sexual abuse. The lack of referral to therapeutic services and support, procedurally flawed and potentially traumatic investigation practices, and conflict between the different statutory agencies involved are all thought to contribute to low conviction rates for abuse and poor outcomes for children. The CAC model aims to address these problems through a combination of multidisciplinary teams, joint investigations, and services, all provided in a single child friendly environment. Using a systematic search strategy, this research aimed to identify and review all studies that have evaluated the effectiveness of the approach as a whole, recognizing that a separate evidence base exists for parts of the approach (e.g., victim advocacy and therapeutic responses). The review found that while the criminal justice outcomes of the model have been well studied, there was a lack of research on the effect of the model on child and family outcomes. Although some modest outcomes were clear, the lack of empirical research, and overreliance on measuring program outputs, rather than outcomes, suggests that some clarification of the goals of the CAC model is needed.

Holzhalb, S. (2015). *Maternal support as a mediator of the association between maternal depression and internalizing problems in child sexual abuse victims*. (Doctoral dissertation). Southeastern Louisiana University.

The purpose of the study was to examine maternal support as a possible mediator between maternal depression and internalizing symptoms in child sexual abuse victims. Assessments of child internalizing symptoms were completed by guardian (BASC-IIPRS), teacher (BASC-II-PRS), and

child (BASC-II-SRP, TSCC) participants, with self-report measures of maternal depression (BDI-II) and maternal support (MSSQ). A series of multiple regressions were conducted to investigate maternal support as a mediator of the maternal depression-internalizing problems association. The mediation hypothesis of maternal support between maternal depression and child internalizing problems was not supported. Significant associations were found between maternal support and parent report of child internalizing problems, and between maternal depression and child report of depression.

Keeshin, B. R., Strawn, J. R., Out, D., Granger, D. A., & Putnam, F. W. (2015). [Elevated salivary alpha amylase in adolescent sexual abuse survivors with posttraumatic stress disorder symptoms](#). *Journal of Child and Adolescent Psychopharmacology*, 25(4), 344-350.

Little is known regarding neuroendocrine responses in adolescent girls with posttraumatic stress disorder (PTSD) who have experienced sexual abuse. Therefore, we collected saliva samples three times daily for 3 days to assess concentrations of salivary alpha amylase (sAA) – a surrogate marker for autonomic nervous system (ANS) activity and, in particular, sympathetic activity – in sexually abused adolescent girls. Methods: Twenty-four girls (mean age: 15±1.4 years) who had experienced recent sexual abuse (i.e., sexual abuse occurred 1–6 months prior to study enrollment) and 12 healthy comparison subjects (mean age: 14.8±1.3 years) completed a structured interview and assessments to ascertain symptoms of posttraumatic stress, then collected saliva at home upon awakening, 30 minutes after waking, and at 5 p.m. on three consecutive school days. For sexually abused girls, total PTSD symptoms were associated with higher overall morning levels of sAA ($r[20]=0.51$, $p=0.02$), a finding driven by intrusive symptoms ($r[20]=0.43$, $p<0.05$) and hyperarousal symptoms ($r[20]=0.58$, $p=0.01$). There were no significant differences in diurnal sAA secretion between the sexually abused girls and healthy comparison adolescents. Overall morning concentrations of sAA in sexually abused girls are associated with overall PTSD severity as well as symptoms of hyperarousal and intrusive symptoms, possibly reflecting symptom-linked increases in ANS tone. These data raise the possibility that alterations in ANS activity are related to the pathophysiology of sexual abuse-related PTSD in adolescent girls, and may inform therapeutic interventions (e.g., antiadrenergic medications).

KPMG. (2015). [The Sheldon Kennedy Child Advocacy Centre: Social return on investment study](#). Vancouver, CA: Author.

The SKCAC is a unique, integrated model of practice between multiple public agencies that are responsible for responding to child abuse, with the aim to strengthen the partners' collective ability to provide effective care. It is the result of a conscious co-locate resources at the centre, in order to operationalize an integrated practice model. KPMG was engaged by the Sheldon Kennedy Child Advocacy Centre (SKCAC) to assess the social and economic value created by the organization via its unique integrated model of practice. The objective of this study was to identify, and where possible, quantify the impact SKCAC creates across its stakeholders. The study scope included a number of operational activities currently undertaken by SKCAC, such as joint triage/consultation, joint assessment and investigation, coordination of therapy, intervention, ongoing support and follow-up, and coordination of prosecution activities. The study also includes ongoing prevention efforts, both in day to day operations, and policy and practice leadership initiatives. The assessment was conducted across multiple stakeholders, including the Calgary Region Child and Family Services (CFS), Calgary Police Services (CPS), Alberta Health Services (AHS), Alberta Justice – Calgary Crown Prosecutor's Office (Crown), RCMP, and Alberta Education. The study is based on internal data provided by SKCAC, expert input provided by each stakeholder, and secondary research conducted by KPMG. (Footnote omitted)

Nwogu, N. N., Agrawal, L., Chambers, S., Buagas, A. B., Daniele, R. M., & Singleton, J. K. (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 of Systematic Reviews and Implementation Reports*, 13(12), 93-129.

Child sexual abuse is a multifaceted issue that negatively affects the lives of millions of children worldwide. These children suffer numerous medical and psychological long-term adverse effects both in childhood and adulthood. It is imperative to implement evidence-based interventions for the investigation of this crime. The use of Child Advocacy Centers and the multidisciplinary team approach may improve the investigation of child sexual abuse. The objective was to evaluate the effectiveness of Child Advocacy Centers and the multidisciplinary team approach on prosecution rates of alleged sex offenders and satisfaction of non-offending caregivers of children less than 18

years of age, with allegations of child sexual abuse. Children under 18 years, of any race, ethnicity or gender with allegations of child sexual abuse. Other participants included in this review are non-offending caregivers of children with allegations of child sexual abuse, and alleged sex offenders.

Type of intervention: The use of Child Advocacy Centers and the multidisciplinary team approach on child sexual abuse investigations. Types of outcomes: Prosecution rates of alleged sex offenders and the satisfaction of non-offending caregivers of children with allegations of child sexual abuse.

Types of studies: This review includes quasi-experimental and descriptive studies. The search strategy aimed to find published and unpublished articles in the English language published from 1985 through April 2015 for inclusion. The databases searched include: PubMed, CINAHL, EMBASE, PsycINFO, Cochrane Central Register of Controlled Trials (CENTRAL), Health Source: Nursing/Academic Edition, Criminal Justice Periodicals, ProQuest Dissertations & Theses and Criminal Justice Collections. An additional grey literature search was conducted. Two reviewers evaluated the included studies for methodological quality using standardized critical appraisal instruments from the Joanna Briggs Institute. Data were extracted using standardized data extraction instruments from the Joanna Briggs Institute. Due to heterogeneity between the included studies, statistical meta-analysis was not possible. Results are presented in a narrative form. The use of Child Advocacy Centers and the multidisciplinary team approach in child sexual abuse investigation may have positive benefits in increasing non-offending caregivers' satisfaction and prosecution rates of alleged sex offenders. Utilization of Child Advocacy Centers and the multidisciplinary team approach for child sexual abuse investigations may be beneficial in improving prosecution rates and the experiences of families involved. The use of satisfaction surveys for non-offending caregivers may be an effective tool to evaluate the satisfaction with services rendered by Child Advocacy Centers. Findings from this review may help to guide reforms. It is hoped that client satisfaction may lead to or improve utilization of services important for the healing process of victims of abuse. Child Advocacy Center multidisciplinary team interventions may improve prosecution rates and satisfaction of non-offending caregiver' in children less than 18 years of age with allegations of child sexual abuse (Grade B). When available, children with allegations of child sexual abuse should be referred to Child Advocacy Centers for evaluation (Grade B). The use of non-offending caregiver satisfaction survey is recommended to evaluate the ongoing effectiveness of the Child Advocacy Centers multidisciplinary team approach. The quality improvement process will help measure the quality of care rendered by a

Child Advocacy Centers and identify areas in need of improvement so a Child Advocacy Centers can continue to provide optimal care in the investigation of child sexual abuse while improving the utilization of services important for the healing process for victims of abuse (Grade B). Future studies may consider interventions that include greater sample size and more diverse ethnic groups to promote generalizability of findings.

Sullivan, M. (2015). *Restructuring New Hampshire's Child Advocacy Centers: Forging Effective Alliances*. (Doctoral dissertation). Franklin Pierce University.

Child abuse is a multisystem problem in that different agencies are charged with responsibilities in its investigation, evaluation, intervention and treatment. Community based collaborative groups are a recognized model for utilizing local knowledge and input within the context of the Child Advocacy Center (CAC). CACs have been noted as one of the leading developments in combating child sexual abuse. New Hampshire's first CAC opened its doors in early 2000 and since then development in the state has been admirable. By the year 2010, all ten counties had an operational Center. The majority of states across the country have adopted aggressive legislation and funding initiatives to aid in protecting this vulnerable population. This has not been the case in New Hampshire. A change in economic conditions pushed two CACs into precarious financial positions. Rather than let them shutdown, the board of directors for the largest nonprofit based CAC took over fiscal and operational governance prompting a movement from local control to centralized decision making and structure in 2011. The amalgamation of three nonprofit centers and the state chapter organization was renamed the Granite State Children's Alliance (GSCA). The focus of this study was on the effects of the restructuring and the various CACs ability to deliver services. The study examined not only the number of children served throughout the state, but also the perceptions of the various stakeholders concerning the new consolidated structure. The research used multiple data sources, which provided an invaluable advantage for a case study. The results showed that the consolidated centers (GSCA) served fewer children after the merger, even though case demand in the state had grown. From the multidisciplinary team surveys and interviews, it was clear that stakeholders were not aware of the change in the model or structure. Lack of stakeholder involvement in the change process may have contributed to the decrease in the number of child abuse victims served by GSCA centers. The study suggested that consolidation

was an economic decision by senior leadership and not based on the collaborative decision making model, from which the CAC's were originally conceived. The author recommended that leadership engage the individual county stakeholders in a more inclusive effort in order to achieve commitment for such a major change for New Hampshire's CACs.

Wherry, J. N., Huey, C. C., & Medford, E. A. (2015). A national survey of child advocacy center directors regarding knowledge of assessment, treatment referral, and training needs in physical and sexual abuse. *Journal of Child Sexual Abuse, 24*(3), 280-299.

Mental health services are a core component of child advocacy centers in the United States. Child advocacy center directors were surveyed about (a) trauma and posttraumatic stress disorder; (b) referral criteria for treatment of abuse victims; (c) evidence-based treatments for abused children; (d) reliable, valid, and normed measures helpful in assessment; and (e) training needs. Directors accurately identified posttraumatic stress disorder symptoms, but additional symptoms were misidentified. Directors identified best practices for assessment and treatment, but they misidentified non-evidence-based practices. Primary reasons for referral for services included severity of abuse and emotional response of the child. However, referrals based on assessment findings were not a high priority. Directors expressed some training needs for staff consistent with issues identified in the study.

Bick, J., Zajac, K., Ralston, M. E., & Smith, D. (2014). [Convergence and divergence in reports of maternal support following childhood sexual abuse: Prevalence and associations with youth psychosocial adjustment](#). *Child Abuse & Neglect, 38*(3), 479-487.

This study examined the convergence and divergence in mothers' and children's reports of maternal support following disclosures of childhood sexual abuse (CSA). One hundred and twenty mothers and their children (ages 7 to 17 years) reported on two aspects of support following CSA disclosures: mothers' belief in the child's disclosure and parent-child discussion of the abuse incident. Whereas 62% of mothers' and children's reports on mothers' belief of the disclosure positively converged (i.e., both reported that mothers "completely believed" the child's disclosure), 37% of mothers' and children's reports diverged, and the remaining 1% negatively converged (i.e., both reported that the mother only believed the child "somewhat"). Positively

convergent responses were associated with youths' lower risk for tobacco and illicit drug use. Forty four percent of mothers' and children's reports on whether details of the CSA were discussed positively converged (i.e., both reported that details were discussed), 33% diverged, and 23% negatively converged (i.e., both reported that details were not discussed). Relative to other patterns of reporting, negatively convergent responses were associated with higher levels of trauma symptoms. Findings have implications for identifying high-risk mother-child dyads based on patterns of informant reporting following CSA.

Chiarelli-Helminiak, C. M. (2014). [*Job satisfaction and burnout among forensic interviewers.*](#) (Doctoral dissertation). University of Connecticut - Storrs.

Job satisfaction and burnout among social workers is well-documented in the literature, yet there is a paucity of research in this area pertaining to forensic interviewers. Forensic interviewers, specially trained professionals who conduct structured interviews with children who have made allegations regarding abuse, may be particularly vulnerable to burnout as a result of their work. A cross-sectional electronic survey design was used to gather information from 148 forensic interviewers associated with Children's Advocacy Centers (CAC) located in the Northeast region of the United States. While the quantitative and qualitative findings of this research indicate forensic interviewers are satisfied with their work, a substantial number are experiencing burnout. Control was found to have a positive relationship with job satisfaction. Having a flexible schedule, developing skills in supervision, and training junior forensic interviewers are ways interviewers are provided with control. Job satisfaction and support were both found to have inverse relationships with burnout. Flexibility, in addition to relationships with supervisors and coworkers, are ways organizations provided a supportive work environment. This study supports the effects of control and support in relation to job satisfaction and burnout, as suggested by the job-demands control (support) model. Given that social work was the most common field of study among participants, social workers affiliated with CACs are well-positioned to incorporate the findings of this study into practice to benefit forensic interviewers and the clients they serve. The suggested policy and practice implications will enhance organizational support, increase job satisfaction, and reduce burnout which will lead to a stronger workforce. Such implications impact children – and in the largest sense, society as a whole – as forensic interviewers will be more effective.

Considering the growth of this specialized field of practice, the research will influence organizations to develop policies that mitigate the conditions associated with burnout among forensic interviewers.

Edinburgh, L., Pape-Blabolil, J., Harpin, S. B., & Saewyc, E. (2014). [Multiple perpetrator rape among girls evaluated at a hospital-based Child Advocacy Center: Seven years of reviewed cases.](#) *Child Abuse & Neglect*, 38(9), 1540-1551.

The aim of this study was to describe contextual events, abuse experiences, and disclosure processes of adolescents who presented to a hospital-based Child Advocacy Center for medical evaluation and evidentiary collection as indicated after experiencing multiple perpetrator rape during a single event ($n = 32$) and to compare these findings to a group of single perpetrator sexual assaults ($n = 534$). This study used a retrospective mixed-methods design with in-depth, forensic interviews and complete physical examinations of gang-raped adolescents. Patients ranged from 12 to 17 years ($M = 14$ years). Girls who experienced multiple perpetrator rape during a single event were more likely to have run away, to have drunk alcohol in the past month, and to have participated in binge drinking in the past 2 weeks. Acute presentation of these victims were rare but 30% had hymenal transections and 38% had sexually transmitted infections (STIs). Forensic interviews revealed alcohol was a common weapon used by offenders, and its use resulted in victims experiencing difficulty in remembering and reporting details for police investigation or physical and mental health care. Most victims were raped at parties they attended with people they thought they could trust, and they felt let down by witnesses who could have helped but did not intervene. Although relatively rare, multiple perpetrator rape during a single event is a type of severe sexual assault experience and has significant risks for deleterious health outcomes. These victims require health care by trained providers to diagnose physical findings, treat STIs, screen for trauma, and support victims.

Hubel, G. S., Campbell, C., West, T., Friedenber, S., Schreier, A., Flood, M. F., & Hansen, D. J. (2014). Child advocacy center based group treatment for child sexual abuse. *Journal of Child Sexual Abuse, 23*(3), 304-325.

The present study examines initial symptom presentation among participants, outcomes, and social validity for a group treatment for child sexual abuse delivered at a child advocacy center. Participants were 97 children and their nonoffending caregivers who were referred to Project SAFE (Sexual Abuse Family Education), a standardized, 12-week cognitive-behavioral group treatment for families who have experienced child sexual abuse. Sixty-four percent of children presented with clinically significant symptoms on at least one measure with established clinical cutoffs. Caregivers of children who presented with clinically significant symptoms reported more distress about their competence as caregivers. Children who presented as subclinical were more likely to have experienced intrafamilial sexual abuse. Posttreatment results indicated significant improvements in functioning for all children who participated in treatment, with greater improvements reported for children who initially presented with clinically significant symptoms. Overall, the program was rated favorably on the posttreatment evaluation of social validity.

Melville, J. D., Kellogg, N. D., Perez, N., & Lukefahr, J. L. (2014). [Assessment for self-blame and trauma symptoms during the medical evaluation of suspected sexual abuse.](#) *Child Abuse & Neglect, 38*(5), 851-857.

The purpose of this study was to describe behavioural and emotional symptoms and to examine the effect of abuse-related factors, family responses to disclosure, and child self-blame on these symptoms in children presenting for medical evaluations after disclosure of sexual abuse. A retrospective review was conducted of 501 children ages 8–17. Trauma symptoms were determined by two sets of qualitative measures. Abstracted data included gender, ethnicity, and age; severity of abuse and abuser relationship to child; child responses regarding difficulty with sleep, school, appetite/weight, sadness, or self-harm, parent belief in abuse disclosure, and abuse-specific self-blame; responses to the Trauma Symptom Checklist in Children-Alternate; and the parent's degree of belief in the child's sexual abuse disclosure. Overall, 83% of the children had at least one trauma symptom; 60% had difficulty sleeping and one-third had thoughts of self-harm. Child age and abuse severity were associated with 3 of 12 trauma symptoms, and abuse-specific self-blame was associated with 10 trauma symptoms, after controlling for other variables. The

children of parents who did not completely believe the initial disclosure of abuse were twice as likely to endorse self-blame as children of parents who completely believed the initial disclosure. Screening for behavioural and emotional problems during the medical assessment of suspected sexual abuse should include assessment of self-blame and family responses to the child's disclosures. In addition, parents should be informed of the importance of believing their child during the initial disclosure of abuse and of the impact this has on the child's emotional response to the abuse.

Newlin, C., & Doggett, C. (2014). Multidisciplinary response to child maltreatment: International implementation of the Children's Advocacy Center Model. In J. R. Conte (Ed.), *Child Abuse and Neglect Worldwide* (Vol. 3, pp. 1-17). Santa Barbara, CA: Praeger.

Walsh, W. A., Jones, L. M., & Swiecicki, C. C. (2014). Using child advocacy center tracking data to examine criminal disposition times. *Journal of Child Sexual Abuse*, 23(2), 198-216.

Given the difficulty of obtaining criminal justice data on child abuse cases, information from child advocacy centers could be an important resource for answering questions about criminal justice outcomes for child abuse cases. In this exploratory study, we use data from one child advocacy center (N = 632) to examine the feasibility of using NCAtrak, a national computerized, Web-based case tracking system, to examine criminal disposition timeframes in child abuse cases. The system data indicated that the time frame for the cases to be criminally resolved varied widely. About one in four child physical and sexual abuse cases with adult offenders took more than one year to reach a final disposition. About 11% of child sexual abuse cases with juvenile offenders took more than one year to reach a criminal disposition. We encourage child advocacy centers using computer-based data systems to think of additional ways they might use this potentially rich source of data.

Young, T. H., Williams, J., & Nelson-Gardell, D. (2014). [Family victim advocates: The importance of critical job duties](#). *Psicologia: Teoria e Pesquisa*, 30(4), 393-400.

Child advocacy centers across the United States intervened in more than 250,000 child abuse cases in 2011(National Children's Alliance, 2012). Understanding the work of family victim advocates is imperative to helping children and families in child abuse cases. In this exploratory study, we surveyed advocates and program directors from child advocacy centers (CACs) across the United States to compare their perceptions of the critical job duties of family victim advocates. Data analysis revealed that CAC directors rated the importance of these duties significantly higher than family victim advocates. Results suggest the need for additional training to ensure that family victim advocates understand the importance of critical job duties to meet the needs of children and families in child abuse cases.

Block, S. D., Foster, E. M., Pierce, M. W., Berkoff, M. C., & Runyan, D. K. (2013). [Multiple forensic interviews during investigations of child sexual abuse: A cost-effectiveness analysis](#). *Applied Developmental Science*, 17(4), 174-183.

In cases of suspected child sexual abuse (CSA) some professionals routinely recommend multiple interviews by the same interviewer because any additional details provided might improve decision-making and increase perpetrator convictions. We analyzed alternative policies about child interviewing to estimate the probability that a policy of all children receiving multiple interviews will increase criminal convictions and better protect children. Using decision analysis, we prepared a decision tree reflecting the structure through which a case of possible CSA passes through the health care, welfare, and legal systems with an estimated probability of conviction of the offender. We reviewed the CSA disclosure, criminal justice, and child welfare literature to obtain estimates for the median and range of rates for the steps of disclosure, substantiation, criminal charges, and conviction. Using the R statistical package, our decision analysis model was populated using literature-based estimates. Once the model was populated, we simulated the experiences of 1,000 cases at 250 sets of plausible parameter values representing different hypothetical communities. Multiple interviews increase the likelihood that an offender will be convicted by 6.1% in the average community. Simulations indicate that a policy in which all children seen for a CSA medical evaluation receive multiple interviews would cost an additional \$100,000 for each

additional conviction. We estimate that approximately 17 additional children would need to be interviewed on more than one occasion to yield one additional conviction. A policy of multiple interviews has implications for the children, for the costs of care, for protecting other children, and for the risk of false prosecution.

Edinburgh, L. D., Harpin, S. B., Garcia, C. M., & Saewyc, E. M. (2013). [Differences in abuse and related risk and protective factors by runaway status for adolescents seen at a US Child Advocacy Centre](#). *International Journal of Child and Adolescent Resilience*, 1(1), 4-16.

This study examined the abuse prevalence and characteristics, and risk and protective factors, among both runaway and non-runaway adolescents evaluated at a Child Advocacy Center (CAC) in Minnesota, which had implemented a referral program to assess runaways for potential sexual assault or sexual exploitation. Methods: A cross-sectional analysis of self-report and chart data for the 489 adolescent girls who were evaluated between 2008 and 2010. Chi-square and t-tests by runaway status compared abuse experiences, trauma responses, health issues, and potential protective assets associated with resilience between runaways and non-runaways. Bivariate logistic regressions explored the relationship of these risk and protective factors to self-harm, suicide attempts, and problem substance use, separately for runaways and non-runaways who had experienced sexual abuse. Results: Runaways were significantly more likely than non-runaways to have experienced severe sexual abuse, to have used alcohol and drugs, and reported problem substance use behavior, higher levels of emotional distress, more sexual partners, and they were more likely to have a sexually transmitted infection (STI). Runaways had lower levels on average of social supports associated with resilience, such as connectedness to school, family or other adults. Yet higher levels of these assets were linked to lower odds of self-harm, suicide attempt and problem substance use for both groups. Conclusions and Implications: CACs should encourage referrals of runaway adolescents for routine assessment of sexual assault, and incorporate screening for protective factors in addition to trauma responses in their assessments of all adolescents evaluated for possible sexual abuse, to guide interventions.

Hartley, D. J., Mullings, J. L., & Marquart, J. W. (2013). Factors impacting prosecution of child sexual abuse, physical abuse, and neglect cases processed through a children's advocacy center. *Journal of Child & Adolescent Trauma*, 6(4), 260-273.

This study examined the impact of victim, offender, and case characteristics on the decision to accept cases of child maltreatment for prosecution. Data were collected over a 2-year period from a large southern Children's Advocacy Center, and the final sample consisted of 467 substantiated cases of child sexual abuse, physical abuse, and neglect. Logistic regression results indicated that sexual abuse cases were significantly more likely to be accepted for prosecution compared to physical abuse and neglect. Additionally, cases involving female victims and male offenders were more likely to be moved forward. When each type of maltreatment was examined separately, logistic regression results indicated that victim and offender age significantly impacted the decision to prosecute sexual abuse cases. Offender gender and age, as well as availability of medical evidence predicted physical abuse case acceptance, and offender gender and frequency of maltreatment significantly impacted prosecutorial decision making for cases of neglect.

Johnson, L. B. (2013). A qualitative study of communication among child advocacy multidisciplinary team members using a web-based case tracking system. *Journal of Technology in Human Services*, 31(4), 355-367.

A qualitative study was conducted to gain information about communication among child advocacy multidisciplinary team (MDT) members when using a Web-based case tracking system. Analysis of the focus groups revealed a number of strengths and barriers. Users positively appraised aptness of the system for expediting communication and saving time. Lack of training and duplication of effort with other systems were recognized as impediments. In addition to the typical reactions to such systems, other factors, such as motivation and subjectivity, are discussed which may affect the success of such systems.

Lam, M., Klein, S., Freisthler, B., & Weiss, R. E. (2013). [Child center closures: Does nonprofit status provide a comparative advantage?](#) *Children and Youth Services Review*, 35(3), 525-534.

Reliable access to dependable, high quality childcare services is a vital concern for large numbers of American families. The childcare industry consists of private nonprofit, private for-profit, and

governmental providers that differ along many dimensions, including quality, clientele served, and organizational stability. Nonprofit providers are theorized to provide higher quality services given comparative tax advantages, higher levels of consumer trust, and management by mission driven entrepreneurs. This study examines the influence of ownership structure, defined as nonprofit, for-profit sole proprietors, for-profit companies, and governmental centers, on organizational instability, defined as childcare center closures. Using a cross sectional data set of 15724 childcare licenses in California for 2007, we model the predicted closures of childcare centers as a function of ownership structure as well as center age and capacity. Findings indicate that for small centers (capacity of 30 or less) nonprofits are more likely to close, but for larger centers (capacity 30+) nonprofits are less likely to close. This suggests that the comparative advantages available for nonprofit organizations may be better utilized by larger centers than by small centers. We consider the implications of our findings for parents, practitioners, and social policy.

Leder, M. R., Leber, A. L., Marcon, M. J., & Scribano, P. V. (2013). Use of APTIMA combo 2: The experience of a child advocacy center. *Journal of Child Sexual Abuse*, 22(3), 297-311.

The Centers for Disease Control and Prevention recommends nucleic acid amplification testing for chlamydia and gonorrhea in sexually abused girls. No studies describe performance of APTIMA Combo 2 Assay with second target confirmation on the same testing platform. This nucleic acid amplification testing is evaluated within a large child advocacy center. Girls 3 to 18 years, 35% of whom reported consensual sexual activity, were prospectively tested by APTIMA Combo 2 on urine/vaginal swabs and by vaginal culture. A case of infection was defined as positive culture or positive urine or vaginal swab nucleic acid amplification testing with second target confirmation. Sensitivity of APTIMA Combo 2 on urine was found to be superior to vaginal culture and comparable to APTIMA Combo 2 on vaginal swabs for both infections. APTIMA Combo 2 on urine is less invasive, and its use may be preferred in this traumatized population.

Mitchell, M. (2013). [*A Client Assessment at the Nampa Family Justice Center's Children's Advocacy Center.*](#) (Master's thesis). Boise State University.

Children's Advocacy Centers were first introduced to increase collaboration when responding to victims of child abuse. Different agencies work together in a co-located center to provide services and resources to victims who have experienced abuse and neglect. The current research is a demographic evaluation of a Child Advocacy Center located at a family justice center in a northwestern state. Victim demographics, case characteristics, and services utilized were collected using both secondary data analysis. Multiple regression models were used to determine what variables might lead victims to utilize certain services at the center. Findings from this research will help provide the center with a better understanding of the clients they serve and why they utilize certain services.

Tobey, T., McAuliff, K., & Rocha, C. (2013). Parental employment status and symptoms of children abused during a recession. *Journal of Child Sexual Abuse*, 22(4), 416-428.

Incidences and severity of child abuse have increased since the start of the recession. This study examined the relationship between employment status and severity of symptoms in children abused during a recession year. Participants included 154 females and 65 males between 2 and 17 years old referred to Dallas Children's Advocacy Center after surviving child sexual abuse, physical abuse, and/or neglect. We found that child abuse survivors whose mothers were unemployed showed higher symptom severity. Larger differences were found when participants were broken down by age, ethnicity, and living situation. Father's employment status did not affect symptom severity probably because many children lived with single mothers. We concluded that child abuse survivors whose mothers are unemployed have increased risk for psychological symptoms.

Allen, B., Gharagozloo, L., & Johnson, J. C. (2012). Clinician knowledge and utilization of empirically-supported treatments for maltreated children. *Child Maltreatment, 17*(1), 11-21.

Efforts to disseminate empirically-supported treatments (ESTs) for maltreated children are confronted with numerous challenges, and the success of these efforts is unclear. The current study reports on the results of a nationwide survey of 262 clinicians serving maltreated children in the United States. From a provided list, clinicians were asked to identify interventions they believed possessed adequate empirical support, as well as the interventions they commonly used, were trained to use, or would like to receive training to use. Results showed that clinicians generally are unable to identify ESTs, and many of the interventions clinicians reported most commonly using and being trained to use are not typically considered to be empirically-supported (with the exception of Trauma-Focused Cognitive–Behavioral Therapy). Greater ability to accurately identify ESTs was predicted by favorable attitudes toward evidence-based practice; however, beliefs that non-ESTs were empirically-supported were best predicted by training background (e.g., professional discipline, education level, and theoretical orientation). Finally, regression analyses found that the interventions clinicians identified as empirically-supported predicted the interventions in which clinicians received training, which in turn predicted the interventions commonly used. Implications of these findings for dissemination and policy are discussed.

Allen, B., & Johnson, J. C. (2012). Utilization and implementation of trauma-focused Cognitive–Behavioral therapy for the treatment of maltreated children. *Child Maltreatment, 17*(1), 80-85.

Trauma-Focused Cognitive–Behavioral Therapy (TF-CBT) is one of the most researched and widely disseminated interventions for maltreated children. This study describes the findings of a survey of 132 mental health clinicians in children’s advocacy centers (CACs) across the United States to determine the percentage of clinicians who are trained in and utilize TFCBT and the frequency with which TF-CBT components are implemented. A total of 103 (78%) of the clinicians reported being trained in and utilizing TF-CBT on a regular basis; however, only 66% of these clinicians (58% of the full sample) reported being likely to use each component. The most preferred components were teaching relaxation skills and providing psychoeducation, whereas teaching caregiver child behavior management skills, developing a trauma narrative, and cognitive

restructuring were less preferred. Results are discussed in the context of continued dissemination efforts and implications for improving clinical practice.

Bonach, K., & Heckert, A. (2012). Predictors of secondary traumatic stress among Children's Advocacy Center forensic interviewers. *Journal of Child Sexual Abuse, 21*(3), 295-314.

This study examined various predictor variables that were hypothesized to impact secondary traumatic stress in forensic interviewers (n = 257) from children's advocacy centers across the United States. Data were examined to investigate the relationship between organizational satisfaction, organizational buffers, and job support with secondary traumatic stress using the Secondary Traumatic Stress Scale. The most salient significant result was an inverse relationship between three indicators of job support and secondary traumatic stress. Also significant to secondary traumatic stress were the age of interviewer and whether the forensic interviewer had experienced at least one significant loss in the previous 12 months. Implications for future research, training, program practice, and policy are discussed.

Campbell, R., Greeson, M. R., Bybee, D., & Fehler-Cabral, G. (2012). [Adolescent sexual assault victims and the legal system: Building community relationships to improve prosecution rates.](#) *American Journal of Community Psychology, 50*(1-2), 141-154.

Adolescents are at high risk for sexual assault, but few of these crimes are reported to the police and prosecuted by the criminal justice system. To address this problem, communities throughout the United States have implemented multidisciplinary interventions to improve post-assault care for victims and increase prosecution rates. The two most commonly implemented interventions are Sexual Assault Nurse Examiner (SANE) Programs and Sexual Assault Response Teams (SARTs). The purpose of this study was to determine whether community-level context (i.e., stakeholder engagement and collaboration) was predictive of adolescent legal case outcomes, after accounting for "standard" factors that affect prosecution success (i.e., victim, assault, and evidence characteristics). Overall, 40% of the adolescent cases from these two SANE-SART programs (over a 10-year period) were successfully prosecuted. Cases were more likely to be prosecuted for younger victims, those with disabilities, those who knew their offenders, and instances in which the rape evidence collection kit was submitted by police for analysis. After accounting for these influences, multi-level modeling results revealed that in one site decreased allocation of

community resources to adolescent sexual assault cases had a significant negative effect on prosecution case outcomes. Results are explained in terms of Wolff's (Am J Community Psychol 29:173–191, 2001) concept of “overcoalitioned” communities and Kelly's (1968) ecological principles.

Cohen, J. A., Mannarino, A. P., Kliethermes, M., & Murray, L. A. (2012). [Trauma-focused CBT for youth with complex trauma](#). *Child Abuse & Neglect*, 36(6), 528–541.

Many youth develop complex trauma, which includes regulation problems in the domains of affect, attachment, behavior, biology, cognition, and perception. Therapists often request strategies for using evidence-based treatments (EBTs) for this population. This article describes practical strategies for applying Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for youth with complex trauma. TF-CBT treatment phases are described and modifications of timing, proportionality and application are described for youth with complex trauma. Practical applications include a) dedicating proportionally more of the model to the TF-CBT coping skills phase; b) implementing the TF-CBT Safety component early and often as needed throughout treatment; c) titrating gradual exposure more slowly as needed by individual youth; d) incorporating unifying trauma themes throughout treatment; and e) when indicated, extending the TF-CBT treatment consolidation and closure phase to include traumatic grief components and to generalize ongoing safety and trust. Recent data from youth with complex trauma support the use of the above TF-CBT strategies to successfully treat these youth. The above practical strategies can be incorporated into TF-CBT to effectively treat youth with complex trauma. Practical strategies include providing a longer coping skills phase which incorporates safety and appropriate gradual exposure; including relevant unifying themes; and allowing for an adequate treatment closure phase to enhance ongoing trust and safety. Through these strategies therapists can successfully apply TF-CBT for youth with complex trauma.

Connors-Burrow, N. A., Tempel, A. B., Sigel, B. A., Church, J. K., Kramer, T. L., & Worley, K. B. (2012). The development of a systematic approach to mental health screening in Child Advocacy Centers. *Children and Youth Services Review, 34*(9), 1675-1682.

We report on efforts to implement a new protocol of mental health screening for children seen in Child Advocacy Centers (CACs), including the results from the first year of implementation with 1685 families. The parent-reported child screening results (obtained on 46.3% of children) indicate that while many children were not experiencing significant symptoms of internalizing or externalizing problems, a subset of children had very elevated scores. At the one-week and one-month screening, consistent predictors of more severe internalizing problems included age, a parent or step-parent as the offender, and having been removed from the home. For externalizing problems, consistent predictors included Caucasian ethnicity and having been removed from the home. By the one-week follow-up, about half of those interviewed (50.8%) had entered counseling or had an appointment pending. The likelihood of initiating mental health services was increased when the alleged abuse type was sexual, when the child had been removed from the home, and when the child's internalizing and externalizing symptoms were more severe. Surveys of the CAC staff implementing the new process suggest that it helped them understand the needs of the children, though their ability to reach some families was a barrier to implementation.

Cross, T. P., Fine, J. E., Jones, L. M., & Walsh, W. A. (2012). Mental health professionals in children's advocacy centers: Is there role conflict? *Journal of Child Sexual Abuse, 21*(1), 91-108.

Two recent chapters in professional books have criticized children's advocacy centers for creating role conflict for mental health professionals because of their work with criminal justice and child protection professionals in children's advocacy centers as part of a coordinated response to child abuse. This article argues that these critiques misunderstand children's advocacy center practice and overestimate the risk of role conflict. Children's advocacy center standards set a boundary between forensic interviewing and therapy, which in most children's advocacy centers are done by separate professionals and never by the same professional for a given child. Many mental health professionals serve children's advocacy centers as consultants with no treatment role. Children's advocacy center therapists are rarely involved in investigation, and their participation in multidisciplinary teams focuses on children's interests and well-being.

Dietz, T. J., Davis, D., & Pennings, J. (2012). Evaluating animal-assisted therapy in group treatment for child sexual abuse. *Journal of Child Sexual Abuse, 21*(6), 665-683.

This study evaluates and compares the effectiveness of three group interventions on trauma symptoms for children who have been sexually abused. All of the groups followed the same treatment protocol, with two of them incorporating variations of animal-assisted therapy. A total of 153 children ages 7 to 17 who were in group therapy at a Child Advocacy Center participated in the study. Results indicate that children in the groups that included therapy dogs showed significant decreases in trauma symptoms including anxiety, depression, anger, post-traumatic stress disorder, dissociation, and sexual concerns. In addition, results show that children who participated in the group with therapeutic stories showed significantly more change than the other groups. Implications and suggestions for further research are discussed.

Gonzalez, J. E. (2012). [Influence of family and victim demographic factors on treatment completion for children exposed to abuse and family violence.](#) *University of Central Florida Undergraduate Research Journal, 6*(2), 94-101.

The Children's Bureau of Administration on Children, Youth, and Families (2010) estimates that over 75 million children disclose being victims of sexual abuse, physical abuse, neglect, psychological maltreatment, and medical neglect each year. However, for agencies that provide services to victims of child sexual abuse and neglect, successfully completing treatment for clients is challenging but imperative in decreasing the likelihood of the child or adolescent developing long-term emotional, psychological, and behavioral consequences (DePanfilis, 2006). According to McPherson, Scribano, & Stevens (2012), child survivors of sexual abuse are more likely to complete treatment if their mother attends sessions and supports the child throughout the counseling process. The present study examines the influence of demographic factors on treatment completion of 292 children who received services from a child advocacy center. The findings identify differences between caregivers' type of relationships to the victims and appointment cancellations.

Jackson, S. L. (2012). Results from the Virginia multidisciplinary team knowledge and functioning survey: The importance of differentiating by groups affiliated with a child advocacy center. *Children and Youth Services Review, 34*(7), 1243-1250.

Child Advocacy Centers (CACs) are a child-centered, multidisciplinary response to child abuse. Two important components of a CAC model include the multidisciplinary team (MDT) and case review. The purpose of this study was to assess MDT members' perceptions of the MDT and case review and to test whether there were differences by profession, status, or CAC designation. MDT members (N = 217) affiliated with a CAC in Virginia completed an online survey containing 35 items. CAC staff was more likely to identify problems associated with case review than other professional groups. Investigators perceived case review meetings as lasting too long, whereas service providers did not. Supervisors and frontline workers disagreed on the core function of a CAC, as did CAC staff and investigators/service providers. Accredited and associate CACs identified problems associated with case review, while developing CACs identified staffing issues as problematic. Research identifying the elements of “effective” MDTs and case review is needed to provide guidance to CAC directors who are most frequently in the role of managing, nurturing, and arranging training for the MDT and coordinating case review meetings. In addition, greater training for MDT members in the importance of case review and collective team identification is warranted.

McPherson, P., Scribano, P., & Stevens, J. (2012). Barriers to successful treatment completion in child sexual abuse survivors. *Journal of Interpersonal Violence, 27*(1), 23-39.

Child sexual abuse (CSA) often requires psychological treatment to address the symptoms of victim trauma. Barriers to entry and completion of counseling services can compromise long-term well-being. An integrated medical and mental health evaluation and treatment model of a child advocacy center (CAC) has the potential to reduce barriers to mental health treatment. Objective: (a) to describe characteristics between CSA patients who engage versus those who do not engage in mental health treatment and (b) to identify factors associated with successful completion of mental health treatment goals. For design/setting, a retrospective cohort study was conducted of CSA patients (ages 3-16 years) referred to mental health services following a CAC assessment. Outcome variables included linkage with treatment and completion of treatment. Independent

variables included demographics, abuse characteristics, and therapist characteristics. Data were abstracted from the CAC and billing databases. Results: Four hundred ninety subjects were evaluated. Subjects were as follows: predominately female (74%), White (60%), and more than half received Medicaid (56%). Mean age was 8.4 years. About 52% linked with mental health services and 39% of patients that successfully linked with mental health services completed therapy. Successful linkage was independently associated with referrals to other counseling services (AOR 8.4 [2.5, 27.7]). Successful completion of therapy was independently associated with caregiver participation in therapy (AOR 3.2 [1.8, 6.0]) and if the patient was referred to other counseling services (AOR 4.1 [1.9, 8.5]). There were no differences between subjects that linked and/or completed therapy and those that did not with regard to demographic characteristics or abuse severity. Conclusion: In contrast to previous reports, efforts at our CAC seem to overcome linkage barriers in this population. However, there remain challenges in achieving successful completion of treatment goals in this population. Engaging caregivers' involvement in therapy services had a positive effect with successfully achieving treatment goals.

Agatston, A. H., Kutulakis, J. P., Leclair, T. J., Smith, S., & Vieth, V. I. (2011). [When a parent sues the CAC: Tips for forensic interviewers and children's advocacy centers facing litigation.](#) *Centerpiece*, 2(9), 1-5.

Glassner, S. (2011). [Responding to child sexual abuse: Exploring the case files of children under the age of 6 admitted to a children's advocacy center for evaluation.](#) (Master's thesis). University of North Texas, Denton, TX.

Research suggests that roughly 25% of women and 10% of men within the United States were sexually abused at some point during childhood. With such high rates of victimization affecting society, the current study explores a population of children under the age of 6 who were suspected of being sexually victimized and thus admitted to a children's advocacy center (CAC) for evaluation. This investigation contributes to the literature concerning child sexual abuse (CSA) by exploring the characteristics of these alleged victims, the characteristics of their suspected offenders, the alleged victim's familial demographics characteristics, and by looking at the data pertaining to the incarceration rates of the suspected offenders identified within the sample.

National Children's Alliance. (2011). [Annotated Bibliography of the Empirical and Scholarly Literature Supporting the Ten Standards for Accreditation by the National Children's Alliance](#). Washington, DC: Author.

In 2010, the National Children's Alliance engaged the National Children's Advocacy Center (NCAC) to help explicate the foundations for the standards devised for accreditation of children's advocacy centers throughout the United States. The goal was to identify and explicate the existing research, scholarship, empirical data, formal theory, management practice, complementary professional standards, or other evidence that provides foundation for each of the standards. Two important criteria guided the formulation of the NCAC's project plan: 1. All potentially relevant literature would be consulted in the search for research, theory, synthetic writings, scholarly discourse, and management practices pertinent to the standards; and 2. Only the best and/or most relevant publications would be selected to document the evidence for each standard. Faculty, researchers and knowledgeable practitioners were engaged to recommend seminal publications and to review candidate publications for quality. In 2013, the National Children's Alliance engaged the NCAC to identify and explicate additional research, 2010-2013, providing foundation for the standards for accreditation.

Rasmusson, B. (2011). Children's advocacy centers (Barnahus) in Sweden. *Child Indicators Research*, 4(2), 301-321.

This article is based on an evaluation of Children's Advocacy Centers (CAC) in six municipalities in Sweden 2006–2007. The study concerned cooperation between different authorities (police, social services, public prosecutor, forensic medicine, pediatrics and child psychiatry) responsible for children who were suspected of being exposed to sexual or physical abuse. It is anticipated that use of CACs will improve the quality of investigations and that the legal process should thus be facilitated and rendered more effective. Qualitative interviews were carried out with 12 children and 22 parents at the different centers. Interviews included their experiences regarding the place and the premises, the treatment, earlier contacts with professionals, information and access to treatment and support. The results show that both children and parents appreciated the child—friendly and safe environment and the kind treatment by the staff. Information from the professionals was of crucial importance. The different processes taking place in connection with interrogation and assessments were potentially (at times) difficult to understand. It was at times

difficult for the professional actors to take both the children's, the parents' and the families' perspectives into consideration especially in relation to the suspected offenders. Voices from children and parents have contributed to deepened understanding about the complexity in applying a child—centered approach and a child perspective within the domain of child protection. The evaluation generated important knowledge with implications for practice and further development of Children's advocacy centers.

Ruggieri, C. L. (2011). [*Child advocacy centers and child sexual abuse in Nevada*](#). (Master's thesis). University of Nevada, Las Vegas.

Child sexual abuse has gained significant attention from the medical, legal and social research communities over the last couple decades. Developed in the 1980s, Child Advocacy Centers (CACs) have been noted as one of the leading developments in combating child sexual abuse. Child Advocacy Centers bring together multi-disciplinary teams in a child friendly environment to improve resources for abused children and their families as well as aid in prosecution. The majority of states across the country have adopted aggressive legislation and funding initiatives to aid in protecting this vulnerable population. This study analyses Nevada's position on childhood sexual abuse and compares it to states similar in demographics. While many studies evaluating the effectiveness of CAC have focused largely on prosecutorial outcomes, this study evaluates CAC effectiveness on the basis of report disposition and prior victimization. This study finds that the number of CACs located within a state has a significant impact on report disposition and prior victimization for children that have been sexually abused.

Smith, T. M. (2011). [*Case studies of multidisciplinary child abuse case review teams and their leaders in children's advocacy centers in Pennsylvania*](#). (Doctoral dissertation). Indiana University of Pennsylvania.

Child abuse is a multi-system problem in that different agencies are charged with different responsibilities in its investigation, evaluation, intervention and treatment. This study explored the roles and relationships of team leaders and team members on child abuse case review teams in Children's Advocacy Centers (CACs) in Pennsylvania. The CAC model has been shown to be a

successful collaborative community response to child abuse. This study reviewed the historical background of child abuse and the progression of society's response in developing a collaborative approach. The multidisciplinary team, as it became known, is critical to identifying and managing cases of child abuse. Multidisciplinary team members coordinate services to address issues that cannot effectively be solved by only one system's interaction. Understanding the leadership of multidisciplinary teams and the roles and responsibilities of the team members has been the focus of this research. An important aspect of the integrated CAC model is the case review process. My findings from the qualitative methods used in this study have highlighted the qualities of trust, respect and commitment as important in establishing and sustaining effective multidisciplinary child abuse teams. In addition, key components for consideration included: alignment of foundational documents, leadership quality, meeting location, meeting attendance and participation, and leadership boundaries. Team leaders and members value the collaborative process and voiced expectations of discipline representation, attendance and participation in case review meetings. These results will inform existing CACs and developing programs, as well as other private sector and non-profit agencies of the benefits of team member and leader acceptance of divergent perspectives and open communication in how to best manage collaborative teams.

Staudt, M., & Williams-Hayes, M. (2011). A state survey of child advocacy center therapists' attitudes toward treatment manuals and evidence-based practice. *Journal of Child Sexual Abuse, 20*(1), 1-13.

The objective of this descriptive study was to examine Child Advocacy Center therapists' attitudes toward treatment manuals and evidence-based practices and to gather information about the treatments they use most frequently. An online survey was sent to 30 therapists employed by 15 Child Advocacy Centers in a southeastern state. The response rate was 70%. The respondents generally had positive attitudes toward the use of treatment manuals and the implementation of evidence-based practices. The treatment utilized most frequently was trauma focused cognitive-behavioral therapy. More outcome research of Child Advocacy Center services is needed, and information about how children and parents perceive the acceptability and outcomes of Child Advocacy Center services can be used to enhance services.

Tavkar, P., & Hansen, D. J. (2011). Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy center-based services. *Aggression & Violent Behavior, 16*(3), 188-199.

Child sexual abuse poses serious mental health risks, not only to child victims but also to non-offending family members. As the impact of child sexual abuse is heterogeneous, varied mental health interventions should be available in order to ensure that effective and individualized treatments are implemented. Treatment modalities for child victims and non-offending family members are identified and described. The benefits of providing on-site mental health services at Child Advocacy Centers to better triage and provide care are discussed through a description of an existing Child Advocacy Center-based treatment program. Recommendations for research and clinical practice are provided.

Bonach, K., Mabry, J. B., & Potts-Henry, C. (2010). Exploring nonoffending caregiver satisfaction with a children's advocacy center. *Journal of Child Sexual Abuse, 19*(6), 687-708.

This study is a case evaluation research report on one Children's Advocacy Center that provides a coordinated response to allegations of child maltreatment, particularly sexual abuse. The data come from a mailed survey of nonoffending caregivers measuring their satisfaction with services provided through the Children's Advocacy Center. The results indicate overall satisfaction with the Children's Advocacy Center; however, they also suggest that the forensic interview may be perceived or experienced as distinct from the ongoing investigative and legal processes. Recommendations are made to better assess nonoffending caregiver satisfaction with Children's Advocacy Center services and to encourage consumer driven service improvement.

Cossel, T. K. (2010). [Child sexual abuse victims and their families receiving services at a Child Advocacy Center: Mental health and support needs.](#) *The McNair Scholars Research Journal, 15* p.

The present study aimed to document the effects of child sexual abuse among children, non-offending parents, and siblings to further address the needs of child victims and their families. Following abuse, children are often referred to Child Advocacy Centers (CACs) for mental health

and other support needs. Today most sexually abused children receive homogenized treatment from CACs; however, there is variability in the needs these children and their family members present with (Finkelhor & Berliner, 1995). Research has begun to investigate the variability in symptom patterns of sexual abuse victims, finding aspects of the abuse including severity, duration, frequency, and amount of force seem to affect the types of symptoms displayed by sexual abuse victims (Kendall-Tackett et al., 1993). This exploratory study examined the nature of presenting needs of sexually abused youth and their families. Participants were child victims, their siblings, and their caregivers seeking treatment at a Midwestern CAC. Participants were given a battery of measures that assessed mental health, efficacy, expectations, knowledge and behaviors. As we hypothesized, there was heterogeneity in the mental health and support needs of child victims and family members. Varying expectations, levels of efficacy, and mental health states of child victims, siblings and parents seem to contribute to the need for different types of treatment and support for sexually abused children and their families. Based on these findings, it would be beneficial for CACs to incorporate programs to address the varied mental health and support needs of child sexual abuse victims and their families.

Faller, K. C., & Nelson-Gardell, D. (2010). Extended evaluations in cases of child sexual abuse: How many sessions are sufficient? *Journal of Child Sexual Abuse, 19*(6), 648-668.

This article provides new findings from a national study involving 18 forensic interview sites of 137 children who were randomly assigned to a four or eight session extended evaluation. Cases assigned to the eight session protocol were significantly more likely to be classified “credible disclosure” of sexual abuse (56.6%) than cases assigned to the four session protocol (29.5%) and significantly less likely to be classified “credible nondisclosure” of sexual abuse (9.2%) than cases in the four session protocol (24.6%). When four versus eight sessions, demographic variables, and case characteristics were entered into a regression, variables that predicted likelihood of sexual abuse were eight session protocol, older victim age, and caretaker belief the child had been sexually abused. When new disclosures were examined by session in the eight session protocol, 95% of new disclosures occurred by the sixth session.

Hlavka, H. R., Olinger, S. D., & Lashley, J. L. (2010). The use of anatomical dolls as a demonstration aid in child sexual abuse interviews: A study of forensic interviewers' perceptions. *Journal of Child Sexual Abuse, 19*(5), 519-553.

Given that most cases of child sexual abuse lack external corroborating evidence, children's verbal accounts of their experiences are of paramount importance to investigators. Forensic interviewers are charged with interviewing child victims, and oftentimes use anatomical dolls. Yet, research on dolls has not caught up to practice in the field. Using a multi-method approach, this study presents new evidence on the function and value of using anatomical dolls as a demonstration aid. With a standardized protocol, forensic interviewers from an urban Midwestern Children's Advocacy Center evaluated the purpose and value of anatomical dolls in a forensic setting. Relationships between child characteristics and interviewer-perceived value were examined using descriptive, bivariate findings and case examples. Using a large and diverse sample of children, the study found that forensic interviewers perceived children as able and willing to use dolls for purposes of clarification, consistency, distancing, and communication. Results are discussed in the context of real-world applications and best practices, and provide an evidence-based foundation for future research.

Jones, L. M., Atoro, K. E., Walsh, W. A., Cross, T. P., Shadoin, A. L., & Magnuson, S. (2010). [Nonoffending caregiver and youth experiences with child sexual abuse investigations.](#) *Journal of Interpersonal Violence, 25*(2), 291-314.

Qualitative responses by caregivers ($n = 203$) and youth (aged 8 and older; $n = 65$) about their experiences with sexual abuse investigations were analyzed in conjunction with quantitative ratings of satisfaction. Respondents described mostly high levels of satisfaction, although dissatisfaction was reported with some key aspects of investigations. The features cited as worse than expected by caregivers were the investigators' commitment to prosecuting the alleged offender and the absence of clear and regular communication about the status of the case. The features mentioned most often by caregivers as better than expected were the emotional support and interviewing skills of investigators. Youth focused both praise and criticism on investigators' interviewing skills. There were relatively few complaints by either caregivers or youth about the duration of the investigation, medical exams, lack of services, or failures of interagency

communication, areas of considerable reform in the past several decades. Implications for investigator training and reform initiatives are discussed.

Lippert, T., Cross, T. P., Jones, L. & Walsh, W. (2010). [Suspect confession of child sexual abuse to investigators](#). *Child Maltreatment*, 15(2), 161-170.

Increasing the number of suspects who give true confessions of sexual abuse serves justice and reduces the burden of the criminal justice process on child victims. With data from four communities, this study examined confession rates and predictors of confession of child sexual abuse over the course of criminal investigations (final N = 282). Overall, 30% of suspects confessed partially or fully to the crime. This rate was consistent across the communities and is very similar to the rates of suspect confession of child sexual abuse found by previous research, although lower than that from a study focused on a community with a vigorous practice of polygraph testing. In a multivariate analysis, confession was more likely when suspects were younger and when more evidence of abuse was available, particularly child disclosure and corroborative evidence. These results suggest the difficulty of obtaining confession but also the value of methods that facilitate child disclosure and seek corroborative evidence, for increasing the odds of confession.

Shadoin, A. L., Callins, D., & Magnuson, S. N. (2010). The role of children's advocacy centers in the prevention of child abuse. In K. L. Kaufman (Ed.), *The Prevention of Sexual Violence: A Practitioner's Sourcebook* (pp. 221-231). Holyoke, MA: Neari Press.

Smith, D. W., Sawyer, G. K., Jones, L. M., Cross, T., McCart, M. R., & Ralston, M. E. (2010). [Mother reports of maternal support following child sexual abuse: Preliminary psychometric Data on the Maternal Self-report Support Questionnaire \(MSSQ\)](#). *Child Abuse & Neglect*, 34(10), 784-792.

Maternal support is an important factor in predicting outcomes following disclosure of child sexual abuse; however, definition of the construct has been unclear and existing measures of maternal support are utilized inconsistently and have limited psychometric data. The purpose of this study

was to develop a reliable and valid mother-report measure for assessing maternal support following the disclosure of child sexual abuse. Methods: Data from 2 very similar samples of mother-child pairs seeking forensic evaluation following the discovery of child sexual abuse were combined, resulting in a final sample of 246. Results: Exploratory factor analysis resulted in two reliable 7-item factors labeled “Emotional Support” and “Blame/Doubt,” each of which had acceptable internal consistency. Analyses with a child-report measure of general maternal support the construct validity of the MSSQ. Concurrent validity analyses revealed unique relations with maternal ratings of child behavior problems and case characteristic data. Conclusions: The study resulted in the development of a brief, easily scored self-report measure of maternal support with reasonable preliminary psychometric properties that could easily be utilized in other studies of sexually abused children. Practice Implications: Adoption of this promising measure in future research will reduce the lack of cross-study measurement comparability that has characterized the maternal support literature to date, increase the feasibility of expanding upon current literature on maternal support, and may produce important information leading to clinical and theoretical innovation.

Thackeray, J. D., Scribano, P. V., & Rhoda, D. (2010). Domestic violence assessments in the child advocacy center. *Child Abuse & Neglect*, *34*(3), 172-182.

This study was designed to identify the frequency, methods, and practices of universal assessments for domestic violence (DV) within child advocacy centers (CACs) and determine which factors are associated with CACs that conduct universal DV assessments. The study design was a cross-sectional, web-based survey distributed to executive directors of National Children’s Alliance accredited or accreditation-eligible CACs. Responses were received from 323 of 376 eligible CACs (86%). Twenty-nine percent of CAC directors report familiarity with current DV recommendations and 29% require annual education for staff regarding DV. Twenty-nine percent of CACs conduct “universal assessments” (defined as a CAC that assesses female caregivers for DV more than 75% of the time). The majority of CACs use face-to-face interviews to conduct assessments, often with children, family or friends present. The presence of on-site DV resources (OR = 2.85, CI 1.25–6.50) and an annual DV educational requirement (OR = 2.88, CI 1.31–6.32) are associated with assessment of female caregivers. The presence of on-site DV resources (OR =

3.97, CI 2.21–7.14) is associated with universal assessments. Many CAC directors are not aware of current DV recommendations and do not require annual DV training for staff. Less than one-third of CACs practice universal assessments and those that do often conduct DV assessments with methods and environments shown to be less comforting for the patient and less effective in victim identification. CACs are more likely to assess female caregivers if they have co-located DV resources and they require DV training of their staff. CACs are more likely to universally screen for DV if they have co-located DV resources. The presence of DV in the home has significant potential to negatively impact a child's physical and mental health as well as the ability of the caregiver to adequately protect the child. Current practice in CACs suggests a knowledge gap in this area and this study identifies an opportunity to improve the services offered to these high-risk families.

Walsh, W. A., Jones, L. M., Cross, T. P., & Lippert, T. (2010). Prosecuting child sexual abuse: The importance of evidence type. *Crime & Delinquency*, 56(3), 436-454.

Corroborating evidence has been associated with a decrease in children's distress during the court process, yet few studies have empirically examined the impact of evidence type on prosecution rates. This study examined the types of evidence and whether charges were filed in a sample of child sexual abuse cases (n = 329). Cases with a child disclosure, a corroborating witness, an offender confession, or an additional report against the offender were more likely to have charges filed, controlling for case characteristics. When cases were lacking strong evidence (confession, physical evidence, eyewitness), cases with a corroborating witness were nearly twice as likely to be charged. Charged cases tended to have at least two types of evidence, regardless of whether there was a child disclosure or not.

Anderst, J., Kellogg, N., & Jung, I. (2009). Reports of repetitive penile-genital penetration often have no definitive evidence of penetration. *Pediatrics*, 124(3), e403-e409.

The goals were to evaluate the association of definitive hymenal findings with the number of reported episodes of penile-genital penetration, pain, bleeding, dysuria, and time since assault for girls presenting for nonacute, sexual assault examinations. Charts of all girls 5 to 17 of age who

provided a history of nonacute, penile-genital, penetrative abuse were reviewed. Interviews and examinations occurred over a 4-year period at a children's advocacy center. Characteristics of the histories provided by the subjects were examined for associations with definitive findings of penetrative trauma. Five hundred six patients were included in the study. Of the 56 children with definitive examination results, 52 had no history of consensual penile-vaginal intercourse and all were ≥ 10 years of age. Analysis was unable to detect an association between the number of reported penile-genital penetrative events and definitive genital findings. Eighty-seven percent of victims who provided a history of >10 penetrative events had no definitive evidence of penetration. A history of bleeding with abuse was more than twice as likely for subjects with definitive findings. Children <10 years of age were twice as likely to report >10 penetrative events, although none had definitive findings on examination. Most victims who reported repetitive penile-genital contact that involved some degree of perceived penetration had no definitive evidence of penetration on examination of the hymen. Similar results were seen for victims of repetitive assaults involving perceived penetration over long periods of time, as well as victims with a history of consensual sex.

Campbell, A. K. (2009). [*An evaluative study of the Kozmetsky Center for child protection in Austin, Texas.*](#) (Master's thesis). Texas State University.

Research Purpose: As more organizations establish child advocacy centers, there needs to be an effective tool to measure their administrative adherence to national goals and objectives. The purpose of this research is threefold. The first purpose is to describe the ideal characteristics of a child advocacy center by examining existing literature and the nine objectives of the National Child Advocacy Center (CAC) Model. The second purpose is to use these components as a guide to evaluate the administrative operations of the Kozmetsky Center for Child Protection. Finally, this project utilizes the research results to provide recommendations for improving administrative operations at the Center for Child Protection. Methodology: An examination of the National CAC Model objectives and relevant literature reveals five primary categories of the CAC assessment model. The categories include multidisciplinary teams, case management, forensic interviews, health services, and child-friendly facilities. The components are used to assess the administrative practices and adherence to the National CAC standards. The case study research utilized document

analysis, structured interviews, and direct observation. Results: The results of the case study show that the Kozmetsky Center for Child Protection meets all the rated criteria in the forensic interview category. It exceeds the criteria in the child-friendly facility and health services categories. However, the multidisciplinary team and case management categories demonstrated room for improvement.

Connell, M. (2009). The child advocacy center model. In K. Kuehnle & M. Connell (Eds.), *The Evaluation of Child Sexual Abuse Allegations: A Comprehensive Guide to Assessment and Testimony* (pp.423-449). Hoboken, NJ: John Wiley and Sons.

Favre, T., Hughes, C., Emslie, G., Stavinoha, P., Kennard, B., & Carmody, T. (2009). [Executive function in children and adolescents with major depressive disorder](#). *Child Neuropsychology: A Journal on Normal and Abnormal Development in Childhood and Adolescence*, 15(1), 85-99.

The present investigation examined neurocognitive functioning, focusing on executive functioning (EF), in 39 children and adolescents with Major Depressive Disorder (MDD) and 24 healthy control subjects all ages 8 to 17 years. The Wechsler Intelligence Scale for Children-Third Edition along with several measures of executive functioning including the Wisconsin Card Sorting Task, Trail Making Test, Controlled Oral Word Association Test, and the Stroop Color Word Test were administered. The neurocognitive profiles for the group of depressed children and adolescents were grossly intact as most scores on intellectual and EF measures fell within the average range and did not differ from the comparison group. Mental processing speed was decreased in the MDD versus normal control group and 27% of the depressed group performed below average on the Trail Making Test. This investigation provided a good base from which to compare future literature on EF in outpatients with early-onset MDD.

Hernandez, A., Ruble, C., Rockmore, L., McKay, M., Messam, T., Harris, M., & Hope, S. (2009). [An integrated approach to treating non-offending parents affected by sexual abuse](#). *Social Work in Mental Health*, 7(6), 533-555.

Childhood sexual abuse has been associated with a number of serious physical and psychological consequences throughout childhood and into adulthood for both child victims and their families. This article describes the preliminary outcomes of a pilot group program to treat nonoffending parents of sexually abused children. This group program is integrative in its approach, combining elements of trauma-focused cognitive-behavioral and psychoeducational/supportive interventions to treat non-offending parents of sexually abused children. This study also focuses on outcomes in terms of parental posttraumatic distress and general family functioning. A small group of non-offending parents was recruited from a local child advocacy agency. Parents attended the 12-week group program and outcomes such as parent post-traumatic stress and family dysfunction were examined. Measures of overall satisfaction and intervention feasibility were also examined at the end of the group intervention. Favorable outcomes included a decrease in parent self-report of posttraumatic stress and select aspects of family dysfunction. Seventy-five percent of parents completed the group program. Satisfaction questionnaire responses demonstrated highly favorable perceptions of the group's content, leaders, and helpfulness. This study served as an initial step in the development of larger family-focused interventions involving parallel parent and child groups and focused family sessions. Outcomes may begin to shed some light on the need for more parent- and family-focused interventions in families that have been affected by sexual abuse.

Lippert, T., Cross, T. P., Jones, L., & Walsh, W. (2009). [Telling interviewers about sexual abuse: Predictors of child disclosure at forensic interviews](#). *Child Maltreatment*, 14(1), 100-113.

This study aims to identify characteristics that predict full disclosure by victims of sexual abuse during a forensic interview. Data came from agency files for 987 cases of sexual abuse between December 2001 and December 2003 from Children's Advocacy Centers (CACs) and comparison communities within four U.S. states. Cases of children fully disclosing abuse when interviewed were compared to cases of children believed to be victims who gave no or partial disclosures. The likelihood of disclosure increased when victims were girls, a primary caregiver was supportive, and a child's disclosure instigated the investigation. The likelihood of disclosure was higher for children who were older at abuse onset and at forensic interview (each age variable having an

independent effect). Communities differed on disclosure rate, with no difference associated with having a CAC. Findings suggest factors deserving consideration prior to a forensic interview, including organizational and community factors affecting disclosure rates.

Miller, A., & Rubin, D. (2009). The contribution of children's advocacy centers to felony prosecutions of child sexual abuse. *Child Abuse & Neglect*, 33(1), 12-18.

To describe trends of felony sexual abuse prosecutions between 1992 and 2002 for two districts of a large urban city that differed primarily in their use of children's advocacy centers (CACs) for sexual abuse evaluations in children. Aggregate data for two districts of a large urban city were provided from 1992 to 2002 from the district attorney's office, child protective services (CPS) agency, and all CACs serving both districts. Summary statistics were calculated over time and compared between both districts for ecologic trends using negative binomial regression. Over the time period of the study, substantiated reports of child sexual abuse declined: District 1 experienced a 59% decrease in the incidence of reports, while District 2 experienced a 49% decrease in the incidence of reports. Despite this decrease, felony prosecutions of child sexual abuse increased in District 1 (from 56.6 to 93.0 prosecutions/100,000 children, rate ratio 1.64, 95% CI 1.38–1.95), but did not significantly increase in District 2 (from 58.0 to 54.9 prosecutions/100,000 children, rate ratio 0.94, 95% CI 0.73–1.23); by 2002, the rate of felony prosecutions in District 1 was 69% greater (95% CI 37–109%) than the rate in District 2. In 1992, CACs in District 1 evaluated approximately 400 children, increasing to 1,187 children by 2002. The number of children evaluated by CACs in District 2 increased modestly from nearly 800 in 1992 to 1,000 in 2002. Felony prosecutions of child sexual abuse doubled in a district where the use of CACs nearly tripled, while no increase in felony prosecutions of child sexual abuse was found in a neighboring district, where the use of CACs remained fairly constant over time.

Adams, A. (2008). [Seen but not heard: Child sexual abuse, incest, and the law in the United States](#). *Journal of Law & Family Studies*, 11(2), 543-598.

This Note will discuss child sexual abuse and related law in the United States. It will then consider some definitional controversies that arise within child sexual abuse statutes. Next, it will examine the problem of prosecuting child sexual abuse cases and explore Children's Advocacy Centers as

one solution to the prosecution problem. Finally, it will address incest loopholes that prevent convicted intrafamilial offenders from receiving the maximum punishment allowed by law.

Baker, C. (2008). Program evaluation of Child Advocacy Centers in West Virginia. (*Unpublished honors thesis*). Liberty University.

In West Virginia, the law mandates a multidisciplinary team (MDIT) approach, (involving the collaboration of legal, social work, and other professionals), in dealing with child abuse. West Virginia code also mandates a periodical case review, requiring the MDIT members to review all open investigations of child abuse. In some counties, the MDIT includes a Child Advocacy Center (CAC). The CAC has three broad goals, which are (a) to make the process of reporting child abuse as easy and free of trauma as possible for the child, (b) to help coordinate the investigation, and (c) to be a strong support and resource center for the child and his family throughout and subsequent to the investigation. Professionals involved in child abuse cases in counties with a CAC find the CAC model beneficial and preferable compared to child abuse cases before there were CAC programs.

Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D. J., Szczepanski, J., Lippert, T., Davison, K., Cryns, A., Sosnowski, P., Shadoin, A., & Magnuson, S. (2008). [Evaluating Children's Advocacy Centers' response to child sexual abuse](#). *Juvenile Justice Bulletin*. No. 218530. Washington, DC: U.S. Department of Justice. Office of Juvenile Justice and Delinquency Prevention.

This Bulletin describes the findings of a study by researchers at the University of New Hampshire's Crimes Against Children Research Center that evaluated the effectiveness of the CAC model in four prominent Children's Advocacy Centers and nearby comparison communities. Findings demonstrate the important role these centers can play in advancing child abuse investigations and suggest ways in which the model could be improved in the future.

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), 1119-1126.

This study compared health care assessments, referrals, treatment, and outcomes for young adolescent sexual assault/sexual abuse victims seen at a hospital-based Child Advocacy Center (CAC), to that provided to similar victims evaluated by other community providers. A second purpose was to document how common DNA evidence is found among such cases. A retrospective matched case-comparison design matched index CAC cases diagnosed with extra-familial sexual assault to non-CAC cases referred for prosecution in the same county, matched by age and sex of victim, age and sex of perpetrator, and type of assault ($N = 128$ pairs). Since the case-comparison design produces paired data, analyses used paired t -tests, McNemars test, and Wilcoxon signed-rank tests. Health care outcomes included whether victims received a health exam, indicated tests, findings of trauma on genital exams and counseling referrals; legal outcomes included whether cases were prosecuted, verdicts, and length of sentences. CAC cases were significantly more likely to receive a physical exam, a genital exam when indicated, and referral for counseling (all $p < .001$). In the CAC group 26.7% vs. 4.8% had positive genital trauma findings, and only 6.3% of CAC cases failed to get indicated sexually transmitted infection (STI) tests or prophylactic treatment for STIs vs. 80% of the comparisons ($p < .001$). There were no differences in decisions to prosecute, convictions, or sentence lengths between the groups. DNA was documented in only 27.3% of acute cases, although evidence kits were completed. Young adolescent sexual abuse victims received markedly different health care in a hospital-based CAC compared to elsewhere. DNA is not commonly found in acute cases. Community health care providers and law enforcement should be encouraged to refer victims to hospital-based CACs for specialized examinations and treatment.

Honor, G. (2008). Child advocacy centers: Providing support to primary care providers. *Journal of Pediatric Health Care*, 22(1), 35-39.

Child abuse affects the lives of many American children. Child abuse is nothing new; it has existed since the beginning of time. Child abuse is a complex problem with no easy solution. Child advocacy centers (CACs) have developed because of an increased awareness of the problem of

child abuse within our society and the recognition of a true need to better respond to the problem. CACs provide communities with a multidisciplinary approach to investigate, manage, treat, and prosecute cases of child abuse. CACs can be an invaluable resource to primary care providers, including pediatric nurse practitioners; services provided and ways to access services will be discussed.

Lippert, T., Favre, T., Alexander, C., & Cross, T. P. (2008). Families who begin versus decline therapy for children who are sexually abused. *Child Abuse & Neglect*, 32(9), 859-868.

The objective was to identify child characteristics, factors related to the therapy referral, and caregivers' psychological and social variables that predict sexually abused children's beginning therapy following a therapy referral. Investigators abstracted data from case records of 101 families whose children were referred to a Children's Advocacy Center for therapy because of sexual abuse. Face-to-face interviews were conducted with a subsample of 45 caregivers 2–3 months after the referral to therapy. Case record and interview variables were entered into bivariate and multiple variable logistic regression analyses to identify predictors of entry into therapy. Only 54% of children had started therapy by 2 months post referral. The odds of entry into therapy were 2.10 times greater for non-Black versus Black children and, contrary to what would be expected, 13.90 times greater for children whose mother figures were accused of neglectful supervision. Among those interviewed ($n = 45$), caregivers who initiated child therapy more often saw therapy as giving emotional help and reported that they themselves felt comfortable making disclosures to a therapist. They also differed with respect to the activities they liked to do with their children. Many children who experience sexual abuse and are referred to therapy never begin it. Black children are overrepresented among these. In-depth interviews may reveal more subtle differences between families initiating and declining therapy than case records. High rates of non-initiation of psychotherapy for sexually abused children indicate the need to identify how these rates could be reduced. To this end, the present study suggests the usefulness of focusing attention on engagement of Black families and on proactive involvement with caregivers identified as potentially unsupportive of their children.

Walsh, W. A. (2008). Legal system, criminal investigation of victimization of children. In C. Renzetti, & J. Edleson (Eds.), *The Encyclopedia of Interpersonal Violence* (pp. 404-407). Los Angeles: Sage Publications.

Walsh, W. A., Lippert, T., 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.

This article explores the length of time between key events in the criminal prosecution of child sexual abuse cases (charging decision, case resolution process, and total case-processing time), which previous research suggests is related to victims' recovery. The sample included 160 cases in three communities served by the Dallas County District Attorney. Most cases (69%) took at least 60 days for the charging decision, with cases investigated at the Children's Advocacy Center having a quicker time than either comparison community. Only 20% of cases had a case resolution time within the 180-day target suggested by the American Bar Association standard for felonies. Controlling for case characteristics, one of the three communities and cases with an initial arrest had a significantly quicker case resolution time. Total case processing generally took more than 2 years. Implications include the need to better monitor and shorten case resolution time.

Brown, S. D. (2007). [*An investigation of trauma symptom reduction in a clinical sample of sexually abused children using the trauma symptom checklist for children.*](#) (Doctoral dissertation). Georgia State University.

School counselors have a duty to formulate strategies that aid in the detection and prevention of child sexual abuse (ASCA, 2003). This may be accomplished in a number of ways, such as designing programs, providing training to teachers regarding recognizing and reporting abuse indicators, and collaborating with child protection and other mental health professionals to provide additional aftercare for sexually abused children in the school setting. Much can be learned about trauma symptomology from a clinical sample of sexually abused children. The Trauma Symptom Checklist for Children (TSCC; Briere, 1996) is a 54-item self-report instrument for children and adolescents 8-16 years of age which assesses the frequency of thoughts, feelings, and behaviors related to traumatic events they have experienced. To understand better the trauma symptomology

of children and adolescents, the author analyzed an existing data set of TSCC protocols from children who received treatment for sexual abuse from a children's advocacy center in a metropolitan area near a large city in the southeastern United States. Although a large number of potential participants were lost to follow up (N = 54), T2 analyses revealed significant differences between the groups only on the length of time in therapy. A repeated measures analysis of variance was performed on data from children and adolescents who completed therapy (N = 31) to test whether differences on Depression and Posttraumatic Stress scale scores would exist across the course of therapy. Although no statistically significant findings emerged, implications for clinical practice and research became apparent. Specifically, differences in cutoff T-scores on TSCC scales may be more useful to clinicians for treatment and termination planning purposes than statistically significant differences. In addition, assessing clients at intervals measured by session number, rather than by length of time, may provide more generalizable results for within- and between-participants clinical and research comparisons. These implications may aid clinical and school counselors and researchers to recognize and serve the specific needs of sexually abused children in their respective settings.

Cross T. P., Jones L. M., Walsh W. A., Simone, M., & Kolko, D. (2007). [Child forensic interviewing in Children's Advocacy Centers: Empirical data on a practice model.](#) *Child Abuse & Neglect*, 31(10), 1031-1052.

Children's Advocacy Centers (CACs) aim to improve child forensic interviewing following allegations of child abuse by coordinating multiple investigations, providing child-friendly interviewing locations, and limiting redundant interviewing. This analysis presents one of the first rigorous evaluations of CACs' implementation of these methods. This analysis is part of a quasi-experimental study, the Multi-Site Evaluation of Children's Advocacy Centers, which evaluated four CACs relative to within-state non-CAC comparison communities. Case abstractors collected data on investigation methods in 1,069 child sexual abuse cases with forensic interviews by reviewing case records from multiple agencies. CAC cases were more likely than comparison cases to feature police involvement in CPS cases (41% vs. 15%), multidisciplinary team (MDT) interviews (28% vs. 6%), case reviews (56% vs. 7%), joint police/child protective services (CPS) investigations (81% vs. 52%) and video/audiotaping of interviews (52% vs. 17%), all these

comparisons $p < .001$). CACs varied in which coordination methods they used, and some comparison communities also used certain coordination methods more than the CAC with which they were paired. Eighty-five percent of CAC interviews took place in child-friendly CAC facilities, while notable proportions of comparison interviews took place at CPS offices (22%), police facilities (18%), home (16%), or school (19%). Ninety-five percent of children had no more than two forensic interviews, and CAC and comparison differences on number of interviews were mostly non-significant. Relative to the comparison communities, these CACs appear to have increased coordination on investigations and child forensic interviewing. The CAC setting was the location for the vast majority of CAC child interviews, while comparison communities often used settings that many consider undesirable. CACs showed no advantage on reducing the number of forensic interviews, which was consistently small across the sample.

Faller, K. C., & Palusci, V. J. (2007). Children's advocacy centers: Do they lead to positive case outcomes? Invited Commentary. *Child Abuse & Neglect*, 31(10), 1021-1029.

Our commentary begins with a summary of the etiology of CACs and is followed by a brief description of each of the four centers included in the national evaluation. We summarize findings reported in the articles, offer commentary on each, and conclude with general comments.

Jones, L. M., Cross, T. P., Walsh, W. A., & Simone, M. (2007). Do Children's Advocacy Centers improve families' experiences of child sexual abuse investigations? *Child Abuse & Neglect*, 31(10), 1069-1085.

The Children's Advocacy Center (CAC) model of child abuse investigation is designed to be more child and family-friendly than traditional methods, but there have been no rigorous studies of their effect on children's and caregivers' experience. Data collected as part of the Multi-Site Evaluation of Children's Advocacy with investigations. Nonoffending caregiver and child satisfaction were assessed during research interviews, including the administration of a 14-item Investigation Satisfaction Scale (ISS) for caregivers. Two hundred and twenty-nine sexual abuse cases investigated through a CAC were compared to 55 cases investigated in communities with no CAC. Hierarchical linear regression results indicated that caregivers in CAC cases were more satisfied

with the investigation than those from comparison sites, even after controlling for a number of relevant variables. There were few differences between CAC and comparison samples on children's satisfaction. Children described moderate to high satisfaction with the investigation, while a minority expressed concerns about their experience.

Justice, R. M. (2007). The use of animal assistance at Child Advocacy Centers. *Update*, 20(2), 1-2.

There has always been a strong bond between humans and animals. As far back as civilization, animals have been workers, protectors, and faithful companions. Over the last few decades, human-animal bonds have been scientifically studied and the effects that many have believed intuitively have been supported. Today, even the child protection and criminal justice systems are forming a deeper understanding of the effects and benefits of animals, particularly in the area of child abuse. This two-part article will first explore starting an animal assistance program at a local child advocacy center. The second part will look at the use of animals in the courtroom, as "comfort items" or "support persons."

Shadoin, A. L. (2007). [Demographic and attitudinal characteristics predicting taxpayer willingness to pay for child maltreatment prevention.](#) Washington, DC: National Children's Alliance.

Relatively little research exists on economic issues in child abuse. Most of the available studies tally the costs of child abuse to society by assigning an estimated economic burden to each of the major societal systems that are mandated to provide services. Existing literature places the costs in the billions of dollars annually. Because many of the agencies providing child abuse prevention or intervention are supported at least in part by tax dollars, everyone pays for these services just as for other quasi-public goods. Very few studies have addressed the economics of child abuse prevention to date. None have addressed taxpayer willingness to pay private dollars for child abuse prevention programs funded through a mix of government support and private charitable contributions. This study sought to explore demographic, attitude and belief correlates of willingness to pay for child abuse prevention. Adult registered voters were surveyed anonymously about their willingness to pay for programs to prevent child death, child sexual abuse and child physical abuse. Respondents also completed a willingness to pay allocation task in which they indicated how much money out of a fictional \$100 discretionary fund

account that they were willing to donate toward child abuse prevention programs. Gender, empathy, child abuse knowledge and prioritization of social issues as charitable causes were statistically significantly related to whether respondents indicated a willingness to pay for child abuse prevention and how much discretionary money they were willing to allocate in support of child abuse prevention programs.

Walsh, W. A., Cross, T. P., Jones, L. M., Simone, M., & Kolko, D. J. (2007). Which sexual abuse victims receive a forensic medical examination? The impact of Children's Advocacy Centers. *Child Abuse & Neglect*, 31(10), 1053-1068.

This study examines the impact of Children's Advocacy Centers (CAC) and other factors, such as the child's age, alleged penetration, and injury on the use of forensic medical examinations as part of the response to reported child sexual abuse. This analysis is part of a quasi-experimental study, the Multi-Site Evaluation of Children's Advocacy Centers, which evaluated four CACs relative to within-state non-CAC comparison communities. Case abstractors collected data on forensic medical exams in 1,220 child sexual abuse cases through review of case records. Suspected sexual abuse victims at CACs were two times more likely to have forensic medical examinations than those seen at comparison communities, controlling for other variables. Girls, children with reported penetration, victims who were physically injured while being abused, White victims, and younger children were more likely to have exams, controlling for other variables. Non-penetration cases at CACs were four times more likely to receive exams as compared to those in comparison communities. About half of exams were conducted the same day as the reported abuse in both CAC and comparison communities. The majority of caregivers were very satisfied with the medical professional. Receipt of a medical exam was not associated with offenders being charged. Results of this study suggest that CACs are an effective tool for furthering access to forensic medical examinations for child sexual abuse victims.

Willingham, E. U. (2007). *Maternal perceptions and responses to child sexual abuse*. (Doctoral dissertation). Georgia State University.

Child sexual abuse (CSA) is a complex phenomenon that requires various levels of intervention to address the safety, recovery, and prevention needs of children and families who have experienced

victimization. Although there is a large body of literature that has identified and examined many aspects of CSA (Putnam, 2003), less is known about nonoffending caregivers of sexually abused children. The one consistent finding across studies that have investigated CSA, nonoffending caregivers, and traumatic stress in children is the importance of the child-caregiver relationship in facilitating recovery (Elliot & Carnes, 2001; Scheeringa & Zeanah, 2001). CSA is stressful for both the child and the caregiver, and it affects the child-caregiver relationship. Studies are needed to determine the underlying factors and processes that contribute to nonoffending caregivers' stress and coping responses, supportive and protective reactions, and intervention needs as they relate to supporting their children's recovery and healing the family unit. This exploratory study examined the phenomenological experiences of mothers whose children had been sexually abused. In-depth exploration and systematic analysis of mothers' perceptions about their children's victimization, their reaction, and their distress using constructivist grounded theory methods (Charmaz & Corbin, 2005) provided a better understanding of the mothers' collective experience and response. This study used theoretical sampling (Miles & Huberman, 1994) for participant selection. The researcher interviewed 14 mothers of children who had been sexually abused and had received services at a child advocacy center. Two key informants were also interviewed to obtain a detailed conceptualization of the theoretical and practical aspects of the programs and services at the child advocacy center. The findings from this naturalistic, phenomenological inquiry revealed that the mothers experienced crisis and traumatic distress following their children's disclosure. The findings also showed that even in the midst of traumatic distress and grief, the mothers did believe and protect their children. In addition, the results of this study highlight how maternal supportive responses are interdependent on numerous factors, especially their capacity to cope with past abuse, current distress, and their level of emotional and financial dependency on their child's perpetrator.

Wolfteich, P., & Loggins, B. (2007). Evaluation of the children's advocacy center model: Efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal*, 24(4), 333-352.

This study compares the Children's Advocacy Center (CAC) model with more traditional child protection services on several important outcomes such as substantiation of abuse, arrest and prosecution of the perpetrator, the efficiency of the multidisciplinary process and child

revictimization rates. One hundred and eighty-four child abuse and neglect cases from a large metropolitan area in Florida comprised the sample. Cases were selected over a five year-period from three different modes of child protection services including a CAC. Similar outcomes were found between the CAC model and the Child Protection Team (CPT), a multidisciplinary model, which was first developed in Florida in 1978. In comparison with traditional child protective investigation, these models were associated with improved substantiation rates and investigation efficiency. Results are discussed in terms of the utility of CACs above and beyond the aspect of multidisciplinary coordination and whether the goals of the CAC model need to be redefined. Recommendations for further research in the areas of multidisciplinary team decision-making, the long-term impact of the CACs and the role of supportive professionals on the multidisciplinary team were made.

Chandler, N. (2006). Children's advocacy centers: Making a difference one child at a time. *Hamline Journal of Public Law and Policy*, 28, 315-338.

Cronch, L. E., Viljoen, J. L., & Hansen, D. J. (2006). [Forensic interviewing in child sexual abuse cases: Current techniques and future directions](#). *Aggression and Violent Behavior*, 11(3), 195-207.

In child sexual abuse cases, skillful forensic interviews are important to ensure the protection of innocent individuals and the conviction of perpetrators. Studies have examined several factors that influence disclosure during interviews, including both interviewer and child characteristics. Numerous interviewing techniques have received attention in the literature, including allegation blind interviews, open-ended questioning, cognitive interviewing, the Touch Survey, truth-lie discussions, and anatomical dolls. Recent studies have examined new directions in forensic interviewing, such as structured interview protocols and the extended forensic evaluation model. In addition, the child advocacy center model has been established as a strategy to prevent repeated interviewing. Child Advocacy Centers provide a safe, child-friendly atmosphere for children and families to receive services. Limitations of the research are discussed and empirically based recommendations for interviewers are provided.

Edinburgh, L., Saewyc, E., Thao, T., & Levitt, C. (2006). Sexual exploitation of very young Hmong girls. *Journal of Adolescent Health, 39*(1), 111-118.

Recent increases in Hmong girls referred to a Midwest hospital-based child advocacy center prompted this comparison of abuse experiences for Hmong extra-familial sexual abuse cases versus peers. Retrospective chart review of all girls, aged 10 to 14 years, with extra-familial sexual abuse 1998–2003 (n = 226). Fourteen percent of cases were Hmong (n = 32). Demographics, risk behaviors, abuse experiences, physical findings and legal outcomes were compared for Hmong (H) and Other (O) girls using chi-square. Multivariate logistic regressions explored differences in gynecologic findings and sexually transmitted disease (STD) results. Hmong girls were more likely to be runaways (90% H vs. 8% O), truant (97% H vs. 13% O), self-mutilating (38% H vs. 10% O), and suicidal (41% H vs. 21% O). Seventy-seven percent of Hmong reported gang rape, prostitution, or multiple assaults versus 16% Others; most had 5 perpetrators (69% H vs. 2% O) and 5 assaults (75% H vs. 24% O, both p < .001). Gynecologic findings were more prevalent among Hmong girls (63% H vs. 21% O). Controlling for penetration, number of partners/assaults, and acuity at examination, Hmong ethnicity predicted gynecologic findings (adjusted odds ratio [AOR] 6.57). Hmong girls were more likely to have a positive chlamydia screen (36% H vs. 4% O, p < .001), but only number of perpetrators was an independent predictor (AOR 15.09). Most cases were prosecuted, but Hmong had higher prosecution rates (83% H vs. 57% O, p < .001). : Hmong girl assault experiences were markedly more severe than peers. Health care providers need appropriate knowledge of Hmong culture to conduct forensic examinations. Abused Hmong girls need culturally sensitive, developmentally appropriate after-care that helps connect them back with families and school.

Palusci, V. J., Cox, E. O., Shatz, E. M., & Schultze, J. M. (2006). Urgent medical assessment after child sexual abuse. *Child Abuse & Neglect, 30*(4), 367-380.

Immediate medical assessment has been recommended for children after sexual abuse to identify physical injuries, secure forensic evidence, and provide for the safety of the child. However, it is unclear whether young children seen urgently within 72 hours of reported sexual contact would have higher frequencies of interview or examination findings as compared to those seen non-urgently or whether forensic findings would be affected by child characteristics, type of reported

contact, or later events. We evaluated 190 consecutive cases of children under 13 years of age urgently referred during a 5- year period in 1998–2003 to a community child advocacy center and compared them to those non-urgently referred with regard to their physical examination findings, any sexually transmitted infections or forensic evidence, gender, pubertal development, type of contact, reported ejaculation, later bathing or changing clothes, time to examination, and gender, age and relationship of alleged perpetrator. Children seen urgently were younger and had less frequent CPS involvement, more disclosures, and more positive physical examinations, and had more contact with older perpetrators than those seen non-urgently. Overall, most children were female and had normal or non-specific physical examinations. Certain case characteristics were predictive of evidence isolation in the 9% who had positive forensic evidence identified. Semen or sperm was identified from body swabs only from non-bathed, female children older than 10 years of age or on clothing or objects. Female children over 10 years old who report ejaculation or genital contact without bathing have the highest likelihood of positive examinations or forensic evidence. While there are other potential benefits of early examination, physicians seeking to identify forensic evidence should consider the needs of the child and other factors when determining the timing of medical assessment after sexual abuse.

Perron, B. E., & Hiltz, B. S. (2006). Burnout and secondary trauma among forensic interviewers of abused children. *Child and Adolescent Social Work Journal*, 23(2), 216-234.

This study examined factors associated with burnout and secondary trauma among forensic interviewers of abused children. Sixty-six forensic interviewers who are affiliated with advocacy centers across the United States completed an online survey. The Oldenburg Burnout Inventory and Secondary Traumatic Stress Scale were used to measure burnout and secondary trauma, respectively. Results indicate that organizational satisfaction has a moderate inverse relationship with burnout and a slight inverse relationship with secondary trauma. The number of forensic interviews conducted or length of employment in forensic interviewing did not have a strong relationship with either burnout or secondary trauma.

Shadoin, A. L., Magnuson, S. N., Overman, L. B., Formby, J. P., & Shao, L. (2006). [Cost-Benefit Analysis of community responses to child maltreatment](#). Huntsville, AL: National Children's Advocacy Center.

In the three decades since passage of the Child Abuse Prevention and Treatment Act (1974) a large body of literature has demonstrated that child maltreatment and abuse have long term negative impacts on victims' physical and mental health and may be associated with juvenile delinquency and adult criminality. As a result, the estimated costs of child maltreatment to society are enormous. This paper provides review of studies that have applied economic analysis to costs *or* benefits, or costs *and* benefits to programs that seek to prevent or intervene in child maltreatment. The paper also reports on a cost-benefit analysis undertaken in two counties that use different models of child abuse investigation: a Child Advocacy Center (CAC) model using a multidisciplinary team approach and a traditional child protection and law enforcement services model that typically uses a joint investigations approach. The cost-benefit study indicates that while CAC style investigations have somewhat higher operational costs, they also result in higher perceived public benefits. The CAC community studied here achieves a \$3.33 to \$1 benefit-cost ratio.

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), 354-360.

Child Advocacy Centers (CACs) were developed to improve on child abuse investigative services provided by child protective service (CPS) agencies. However, until very recently, there has been little research comparing CAC-based procedures and outcomes to those in CPS investigations not based in CACs. The current study tracked 76 child abuse cases that were reported to authorities and investigated through either a private, not-for-profit CAC or typical CPS services in a mid-south rural county. Comparisons between CAC and CPS cases were made in terms of involvement of local law enforcement in the investigation, provision of medical exams, abuse substantiation rates, mental health referrals, prosecution referrals, and conviction rates. Analyses revealed higher rates of law enforcement involvement, medical examinations, and case substantiation in the CAC-based cases compared to the CPS cases. Despite limitations due to sample size and nonrandomization, this underlying the establishment of CACs.

Jones, L. M., Cross, T. P., Walsh, W. A., & Simone, M. (2005). [Criminal investigations of child abuse: The research behind “best practices”](#). *Trauma, Violence, & Abuse*, 6(3), 254-268.

This article reviews the research relevant to seven practices considered by many to be among the most progressive approaches to criminal child abuse investigations: multidisciplinary team investigations, trained child forensic interviewers, videotaped interviews, specialized forensic medical examiners, victim advocacy programs, improved access to mental health treatment for victims, and Children’s Advocacy Centers (CACs). The review finds that despite the popularity of these practices, little outcome research is currently available documenting their success. However, preliminary research supports many of these practices or has influenced their development. Knowledge of this research can assist investigators and policy makers who want to improve the response to victims, understand the effectiveness of particular programs, or identify where assumptions about effectiveness are not empirically supported.

Newman, B. S., Dannenfelser, P. L., & Pendleton, D. (2005). Child abuse investigations: Reasons for using child advocacy centers and suggestions for improvement. *Child and Adolescent Social Work Journal*, 22(2), 165-181.

Child protective service (CPS) and child abuse law enforcement (LE) investigators have been required by the majority of states to work together when investigating criminal cases of child abuse. Child Advocacy Centers (CACs) and other multidisciplinary models of collaboration have developed across the United States to meet these requirements. This study surveyed 290 CPS and LE investigators who use a CAC in their investigations of criminal cases of child abuse. Reasons given for using centers, include legal or administrative mandate and protocol, child appropriate environment, support, referrals, capacity for medical exams, expertise of center interviewers and access to video and audio technology. Respondents also identified ways that centers could be more helpful.

Simone, M., Cross, T. P., Jones, L. M., & Walsh, W. A. (2005). Children’s advocacy centers: Understanding the impact of a phenomenon. In K. Kendall-Tackett & S. Giacomoni (Eds.), *Child Victimization: Maltreatment; Bullying and Dating Violence; Prevention and Intervention* (pp. 1-24). Kingston, NJ: Civic Research Institute, Inc.

Jackson, S. L. (2004). [A resource for evaluating child advocacy centers](#). Washington, DC: US Department of Justice, Office of Justice Programs, National Institute of Justice.

The evaluations presented use criteria for effectiveness based on the National Children's Alliance membership standards, excluding organizational structure. These standards encompass seven core components: child-friendly facility, multidisciplinary team, child investigative interview, medical examination, mental health services, victim advocacy, and case review. The first chapter introduces evaluation concepts, followed by a chapter that discusses the importance of evaluation and its benefits, along with barriers to evaluation and ways to overcome them. Chapter 3 discusses the need for and how to assemble an evaluation team, and the next three chapters present detailed information on the three most common types of program evaluations, namely, program monitoring evaluations, outcome evaluations, and impact evaluations. Two other chapters discuss issues related to recruiting and retaining participants in an evaluation and outline essential issues that must be addressed before executing an evaluation. The remaining three chapters provide information on data collection and analysis and discuss the primary components of an evaluation report. Eight appendices complement the chapters by providing various sample measures, findings from a telephone interview with CAC administrators, references, and a glossary.

Jackson, S. L. (2004). A USA national survey of program services provided by child advocacy centers. *Child Abuse & Neglect*, 28(4), 411-421.

Child Advocacy Centers (CACs) are designed to improve the community collaborative response to child sexual abuse and the criminal justice processing of child sexual abuse cases. CACs, in existence for 16 years, now have standards for membership developed by the National Children's Alliance (NCA) that include nine core components. And yet no systematic examination of the CAC model exists. The purpose of this paper was to assess the variations within these core components as they exist in the field. Using a stratified random sampling design, 117 CAC directors were interviewed using a semi-structured interview that was based on the NCA's standards for membership. The eight core components of the CAC model examined in this study include: a child-friendly facility, a multidisciplinary team, an investigative child interview, a medical examination of the child, provision of mental health services, victim advocacy, case review, and case tracking. Results reveal the CAC model has been widely adopted by both member

and nonmember centers, although variations in implementation exist. Future developments in the CAC model must include evaluation of the model.

Snell, L. (2003). *Child advocacy centers: One stop on the road to performance-based child protection*. Los Angeles, CA: Reason Foundation.

This study reviews the background and characteristics of the child advocacy center model, discusses the role of child advocacy centers in the conflict between the therapeutic and judicial models of child protection, presents new survey data from CAC executive directors about performance measurement practices, reviews the current literature on child advocacy center performance, and presents recommendations for improving the quality of outcome measurements for child advocacy centers.

Walsh, W., Jones, L., & Cross, T. P. (2003). Children's advocacy centers: One philosophy, many models. *APSAC Advisor*, 15(3), 3-7.

Heger, A., Ticson, L., Velasquez, O., & Bernier, R. (2002). Children referred for possible sexual abuse: Medical findings in 2384 children. *Child Abuse & Neglect*, 26(6), 645-659.

The goal of this study was to compare rates of positive medical findings in a 5-year prospective study of 2384 children, referred for evaluation of possible sexual abuse, with two decades of research. The prospective study summarizes demographic information, clinical history, relationship of perpetrators, nature of abuse, and clinical findings. The study reports on the results by patterns of referral and the medical examination. There were 2384 children evaluated in a tertiary referral center between 1985 and 1990 for possible sexual abuse. Children were referred after they disclosed sexual abuse, because of behavioral changes or exposure to an abusive environment, and because of possible medical conditions. A total of 96.3% of all children referred for evaluation had a normal medical examination; 95.6% of children reporting abuse were normal, 99.8% who were referred for behavioral changes or exposure to abuse were also normal. Of the 182 children referred for evaluation of medical conditions, 92% were found to be normal at the time of examination by the Child Advocacy Center. The remaining 15/182 (8%) that were found

to be abnormal were diagnosed with sexually transmitted diseases, acute or healed genital injuries, and were 17% (15/88) of the total cases found to have medical findings diagnostic of abuse. Interviews of the children indicated that 68% of the girls and 70% of the boys reported severe abuse, defined as penetration of vagina or anus. Penetration was associated with a higher percentage of abnormal findings in girls (6%) compared to 1% of the boys. The relationship of the abuser impacted on the severity of the abuse. Research indicates that medical, social, and legal professionals have relied too heavily on the medical examination in diagnosing child sexual abuse. History from the child remains the single most important diagnostic feature in coming to the conclusion that a child has been sexually abused. Only 4% of all children referred for medical evaluation of sexual abuse have abnormal examinations at the time of evaluation. Even with a history of severe abuse such as vaginal or anal penetration, the rate of abnormal medical findings is only 5.5%. Biological parents are less likely to engage in severe abuse than parental substitutes, extended family members, or strangers.

Pulido, M. L., & Gupta, D. (2002). Protecting the child and the family: Integrating domestic violence screening into a child advocacy center. *Violence Against Women*, 8(8), 917-933.

This article presents preliminary data gathered from the pilot study of a domestic violence–screening tool conducted at a child advocacy center. Female caretakers of children who were being evaluated for sexual or physical abuse were screened. Of the caretakers, 67% reported a history of emotional abuse, 64% physical abuse, and 47% sexual abuse. Also, 20% of the women reported physical abuse during pregnancy, 8% reported sexual abuse, and 40% reported emotional abuse. Given the high incidence of the coexistence of child abuse and domestic violence in these families, child abuse evaluations need to assess for family safety.

Bell, L. (2001). Patterns of interaction in multidisciplinary child protection teams in New Jersey. *Child Abuse & Neglect*, 25(1), 65-80.

The objective of this study was to gain an understanding of how multidisciplinary team members in child protection worked together within the team, meeting to provide assessments of, and services to, children and families. Fifteen multidisciplinary child-protection teams in New Jersey

were observed during one meeting of each team. The interaction among team members was recorded and analyzed using a structured observation method, Bales' Interaction Process Analysis. There was a wide variation in participation among team members, with some contributing nothing to the meeting and others contributing a great deal. In some teams, participation by members was more equal than others. Some professional groups and agencies contributed very little to any meeting while others contributed a great deal to many meetings. Professionals are members of multidisciplinary teams because they are expected to contribute to the investigation of child maltreatment cases and to the planning for further work with cases. However, the findings from this study suggest that there is a considerable degree of inequality in levels of participation in multidisciplinary meetings. It is particularly noticeable that staff from the prosecutor's offices participate in every meeting and either the agency as a whole or individual members of it dominate many of the meetings.

Berliner, L., & Lieb, R. (2001). [Child sexual abuse investigations: Testing documentation methods](#). Olympia, WA: Washington State Institute for Public Policy.

Carnes, C. N., Nelson-Gardell, D., Wilson, C., & Orgassa, U. C. (2001). Extended forensic evaluation when sexual abuse is suspected: A multisite field study. *Child Maltreatment*, 6(3), 230-242.

A subset of children referred due to suspected sexual abuse requires more than one interview for professionals to reach an opinion about the veracity of allegations. The National Children's Advocacy Center's forensic evaluation model was designed for that specific group of children. The multisite study of the model reported here followed a two-year pilot study. Professionals in 12 states adopted the model and collected data for two years on a total of 147 participants (aged two-seventeen years). In 44.5% of the cases, a credible disclosure was obtained, with 73% of these cases supported in the legal system. The forensic evaluation procedure yielded clear information to be used in child protection and prosecutorial decisions in 64% of the cases (combining cases with credible disclosures and abuse unlikely findings). Finally, the study examined the effects of the length of the evaluation and of the case and child characteristics on evaluation outcomes.

Socolar, R. R., Fredrickson, D. D., Block, R., Moore, J. K., Tropez-Sims, S., & Whitworth, J. M. (2001). State programs for medical diagnosis of child abuse and neglect: Case studies of five established or fledgling programs. *Child Abuse & Neglect*, 25(4), 441-455.

The objective was to describe the programs for medical diagnosis of child abuse and neglect in three states and efforts to establish state-wide programs in two states. To describe common themes and issues that emerged related to the establishment and maintenance of these programs. Five states were selected as case studies to represent a range of experience and type of function embodied in programs that address medical diagnosis of child abuse and neglect. Individuals knowledgeable about the programs or efforts to establish state-wide programs in their home states described these in detail. Inductive analysis was used to identify themes and issues that emerged across the states studied. Themes emerged in three general areas: funding, services, and training. Findings related to *funding* were: 1) State funding was vital for initiation of statewide programs; 2) Alliances with other groups with parallel interests were successfully used to garner support for child abuse programs; 3) Services needed to be adequately reimbursed to be sustained; 4) Political climate often affected funding. With regard to *services* we found: 1) There was no optimal way to organize services, but rather many ways that worked well; 2) It was critical to address local service needs; 3) Provision of standardized quality services was essential. With regard to *training*: 1) Professional training was an integral part of all statewide programs; 2) New technologies, including televideo, have been explored and implemented to assist in training in statewide programs. Each state has taken a unique approach to programs for the medical diagnosis of child abuse and neglect. However, there are commonalities, particularly among the states that have been successful in establishing and maintaining comprehensive services and/or training.

[Special Issue: Children's Advocacy Centers](#) (2001). *Children's Law Report*, 6(4), 1-8.

Serious child abuse cases are often complicated by the simultaneous involvement of both the child protection and criminal justice systems, with separate investigations and court proceedings. A children's advocacy center provides an interface between these systems. A primary goal of the coordinated response is to reduce there-victimization of children by the system. Team members can exchange information and coordinate their functions while maintaining the mandates of their particular agencies or profession. For example, one professional may interview the child after collaborating with other team members, who observe the interview via a video monitor. Benefits

of collaboration include reduction in the number of interviewers; achieving more comprehensive and accurate information for prosecution and child protection; and more effective treatment and follow-up. Essential components are a child-friendly facility for interviewing, professional interviewers, multidisciplinary investigation and case review, access to timely, specialized medical and mental health services, and follow-up services.

Faller, K. C., & Henry, J. (2000). [Child sexual abuse: A case study in community collaboration.](#) *Child Abuse & Neglect, 24*(9), 1215-1225.

This is an exploratory study that describes the process and outcomes of a Midwestern US community's approach to case management of child sexual abuse. Data were abstracted from 323 criminal court files. Specific information gathered included child and suspect demographic data, law enforcement and CPS involvement, child disclosure patterns and caretaker responses, offender confession, offender plea, trial and child testimony information, and sentences received by offenders. Both case process and outcome variables were examined. In this community, criminal court records reflect a sex offense confession rate of 64% and a sex offense plea rate of 70%. Only 15 cases went to trial and in six the offender was convicted. Communities can achieve successful outcomes when criminal prosecution of sexual abuse is sought, but the child's testimony is not necessarily the centerpiece of a successful case. In this study, desired outcomes were a consequence of the collaborative efforts of law enforcement, CPS, and the prosecutor's office, which resulted in a high confession and plea rate.

Stroud, D. D., Martens, S. L., & Barker, J. (2000). Criminal investigation of child sexual abuse: A comparison of cases referred to the prosecutor to those not referred. *Child Abuse & Neglect, 24*(5), 689-700.

The present study sought to identify characteristics of child sexual abuse cases which differentiate cases referred for criminal prosecution ("criminal-action") from those not referred ("dropped") by investigators. The study sample consisted of 1043 children who completed a forensic interview for sexual abuse that allegedly occurred at the hands of an adult between January 1, 1993 and December 31, 1996 in Bernalillo County of New Mexico. Data was systematically obtained from forensic interview files and offender records at the local prosecutor's office. Differences between criminal-

action and dropped cases were found in relation to the children (age, sex and ethnicity), the alleged offenders (age, sex and relationship to child), and the case characteristics (disclosure and injury to the child). The present study provided insight into the characteristics of a previously ignored population (reported child sexual abuse cases that are not referred for prosecution). Recommendations are made to address the needs of these children and their families.

Carnes, C. N., Nelson-Gardell, D., & Wilson, C. (1999). Addressing challenges and controversies in child sexual abuse interviewing: The forensic evaluation protocol and research project. *Journal of Aggression, Maltreatment & Trauma, 2*(2), 83-103.

This article describes a forensic evaluation protocol, designed at the National Children's Advocacy Center (NCAC). The means by which the NCAC forensic evaluation protocol addresses the challenges and controversies inherent in the field of sexual abuse allegation assessment are discussed. Results of a two-year study are reported, in which efficacy of the protocol is demonstrated in three areas: (1) in gathering facts to validate true abuse, thus assisting the child protective and legal systems in case decision making; (2) in determining when initial concerning statements of children are actually not due to sexual abuse, but to other events or circumstances; and (3) in uncovering false allegations and vindicating the falsely accused.

Jenson, J. M., Jacobson, M., Unrau, Y., & Robinson, R. L. (1996). Intervention for victims of child sexual abuse: An evaluation of the Children's Advocacy Model. *Child and Adolescent Social Work Journal, 13*(2), 139-156.

Interagency coordination is a strategy for reducing trauma experienced by children during investigations of alleged sexual abuse. This report examines characteristics and outcomes of clients participating in three programs using the Children's Advocacy Model of interagency coordination. Implications for intervention with victims of child sexual abuse are discussed.

Cramer Jr, R. E. (1986). [A community approach to child sexual abuse: The role of the office of the district attorney.](#) *Response*, 9(4), 10-13.

Prosecutors, as the chief law enforcement officers in their communities, are in an excellent position to take the lead in mobilizing agencies and professionals to make the changes needed to implement a multidisciplinary approach to the problem, an approach that has proven more humane and effective in our community and can be in others as well. Although each community has a unique chemistry, there are basic elements on which a program can be built that are useful to any community.

Cramer Jr, R. E. (1985). [The district attorney as a mobilizer in a community approach to child sexual abuse.](#) *University of Miami Law Review*, 40(1), 209-216.

This publication is the earliest lengthy explication of the conceptual model and organizational relationships that became the Children's Advocacy Center model.

Carnes, C. N., & Shadoin, A. L. (n.d.). *The family advocate: Providing support to non-offending caregivers.* Huntsville, AL: National Children's Advocacy Center.