Children’s Advocacy Centers and Research
A Review of What We Have Learned and a Look to the Future

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Wendy Walsh – University of New Hampshire, Crimes against Children Research Center
Today’s Presenters

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• Wendy Walsh – University of New Hampshire, Crimes against Children Research Center
Overview

• Brief description of Children’s Advocacy Centers (CACs)
• Challenge of CAC research
• Review of research on CAC efficacy
• Brief overviews
  – Research on CAC practice
  – Basic research in CACs
• Future research prospects, including children’s reaction to research
Children’s Advocacy Centers (CACs)

- Multidisciplinary centers that provide a comprehensive and coordinated response in child abuse investigations
- Serve victims of sexual abuse, serious physical abuse, exploitation etc.
- Child forensic interviews in child-friendly facility – single interviewer
- Multidisciplinary team involved throughout, including witnessing forensic interview
CAC standards

• Multidisciplinary team (MDT)/joint investigation
• Forensic interviews
  – Child-focused setting
  – Trained interviewer
  – Legally sound and neutral
  – Coordinated to avoid duplicative interviews
• Provides or facilitates:
  – Medical exams
  – Mental health services
  – Victim support and advocacy
  – Case review
• Cultural competence and diversity
## Disciplines represented on MDT (pt. 1)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law enforcement</td>
<td>98.2</td>
</tr>
<tr>
<td>Child protection</td>
<td>97.7</td>
</tr>
<tr>
<td>Prosecutor</td>
<td>96.4</td>
</tr>
<tr>
<td>CAC staff</td>
<td>95.0</td>
</tr>
<tr>
<td>Forensic interviewer</td>
<td>88.3</td>
</tr>
<tr>
<td>Victim/witness advocate/assistant</td>
<td>86.5</td>
</tr>
<tr>
<td>Health professional</td>
<td>83.8</td>
</tr>
<tr>
<td>Mental health professional</td>
<td>91.0</td>
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</tbody>
</table>

Disciplines represented on MDT (pt. 2)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Juvenile court</td>
<td>38.3</td>
</tr>
<tr>
<td>Rape crisis counselor/advocate</td>
<td>27.9</td>
</tr>
<tr>
<td>DV counselor/advocate</td>
<td>22.5</td>
</tr>
<tr>
<td>Schools</td>
<td>17.6</td>
</tr>
<tr>
<td>Probation/parole</td>
<td>16.2</td>
</tr>
<tr>
<td>GAL/CASA</td>
<td>15.8</td>
</tr>
<tr>
<td>Sex offender treatment provider</td>
<td>6.3</td>
</tr>
<tr>
<td>Child’s attorney</td>
<td>3.6</td>
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National Children’s Alliance

- Membership organization of CACs
- Accredits member CACs
- Includes associate CACs not yet accredited
- Conduit for limited Federal funding of CACs

Growth of CACs

- Number of accredited and associate CACs
- 1994
- 2015
Challenges of research on CACs

- Multi-faceted intervention with various processes and outcomes
- Key CAC variables like coordinated and child-focused are difficult to measure
- Many CAC effects are indirect
- Difficult to find comparison groups
- CACs vary so much it is difficult to generalize
- Federal and foundation funding for research in CACs is difficult to obtain
Multi-Site CAC Evaluation

- Four CACs participating:
  - DCAC (Dallas, TX)
  - NCAC (Huntsville, AL)
  - LCC (Charleston, SC)
  - PCAC (Pittsburgh, PA)

- Comparison communities without a CAC from each state also participating

- Cases enrolled in the study 2002-2003
Data Collection Includes:

• Site visits and interviews with key informants

• Case information:
  – Case characteristics
  – Investigation procedures
  – Case outcomes

• Child and caregiver interviews:
  – Child well-being measures
  – Services provided to the family
  – Experiences with the investigation
Benefits of CACs: Findings from the Multi-site CAC Evaluation (from Cross et al., 2007, 2008)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>CAC communities</th>
<th>Comparison communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>More child-focused interview location</td>
<td>CAC facility 83%</td>
<td>CPS agency 22%</td>
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<tr>
<td></td>
<td></td>
<td>Police agency 18%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home 16%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>School 10%</td>
</tr>
<tr>
<td>More coordinated investigations</td>
<td>81%</td>
<td>52%</td>
</tr>
<tr>
<td>More team interviews</td>
<td>28%</td>
<td>6%</td>
</tr>
<tr>
<td>More case reviews</td>
<td>56%</td>
<td>7%</td>
</tr>
<tr>
<td>More children received forensic medical examinations</td>
<td>48%</td>
<td>21%</td>
</tr>
<tr>
<td>More referrals for mental health services</td>
<td>60%</td>
<td>22%</td>
</tr>
<tr>
<td>Increased parent satisfaction</td>
<td>&gt;70%</td>
<td>53%</td>
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Multi-Site Study: Child Protection & Criminal Justice Outcomes

• Odds of child placement 2.1 times greater in CAC communities than non-CAC
• No differences from comparison in filing criminal charges in 3 CACs
• One CAC was more likely to file criminal than its comparison but also more likely to dismiss cases
Limited rigorous CAC research other than the Multi-Site Study

- National Children’s Advocacy Center bibliography (2013) lists 15 CAC articles
- Herbert & Bromfield (in press) reviewed 27 CAC articles, theses and dissertations
- Most studies conducted between 2005 to 2009 – research has slowed down!
- Only a handful of studies with comparison groups
Mixed results from rigorous studies on criminal justice outcomes

<table>
<thead>
<tr>
<th>Study</th>
<th>Finding</th>
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| Joa & Edelson, 2005    | • Criminal charges filed more often with more counts in CAC than comparison  
                         | • Convictions more likely in CAC cases                                     |
| Wolfteich & Loggins, 2007 | • CAC did not differ from joint CPS-police team                             
                         | • Time to disposition less in CAC                                          |
| Edinburgh, et al., 2008 | No difference between CAC and comparison                                 |
| Cross et al., 2008     | • 3 CACs did not differ from comparison on cj outcomes                     
                         | • 1 CACs was more likely to file criminal charges but also more likely to dismiss cases |
| Walsh, et al., 2008    | Time to disposition less in CAC than comparison                            |
| Miller & Rubin, 2009   | Rate of felony prosecutions was 69% greater in district with expanded use of CACs than in comparison |
Rigorous studies suggest impact of CACs on service delivery and police involvement

<table>
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<tr>
<th>Number of Studies</th>
<th>Finding</th>
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<tbody>
<tr>
<td>3 studies</td>
<td>Medical examinations more likely in CACs vs. comparison</td>
</tr>
<tr>
<td>2 study</td>
<td>Referral to mental health services more likely in CACs</td>
</tr>
<tr>
<td>2 studies</td>
<td>Police more likely to be involved in investigations in CACs</td>
</tr>
<tr>
<td>1 study</td>
<td>Children in hospital-based CAC more likely to receive medical care than in non-CAC comparison</td>
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Pronounced Gaps in CAC Research

• Herbert & Bromfield (in press)
  – Needs more developed logic model
  – No consistent outcome measures
  – Very few CAC studies of child well-being or trauma

• No studies of victim advocacy
• No studies of police investigation
Questions for Future Efficacy Research

• CACs are gateway providers – but research does not appear to be capturing this. How do CACs increase access to services?
• What are the best practices of the core standards – especially victim advocates, MDT and involvement of law enforcement?
• What are the key outcomes to measure?
Research on CAC Practices

- Protocol by nurses increased discussion of EBT for children (Gully et al 2008)
- Systematic screening and follow-up (Conners-Burrow et al 2012)
- Use of NICHD Interview protocol/ Role of training and supervision (Pipe et al 2012; Lamb et al, 2002)
- Medical Examination
- Forensic Interview
- Mental Health Services
- Victim Support and Advocacy

CACs as a venue for child maltreatment research

• CACs are an excellent venue for a wide range of research
• Over 30 studies on various topics have been conducted
• Some were offshoots of efficacy studies and some are purely basic research
• CACs should take pride in their contribution
Some of the topics studied in CACs

- Forensic interviewing
- Child disclosure
- Offender confession
- Medical examinations
- MDTs
- Prosecution
- Disposition times
- DV assessments
- Child psychotherapy
- Exploitation experiences
- Self blame
- Trauma symptoms
- Parent-child relationship
- Maternal support
- Multiple perpetrator cases
- Secondary trauma
- Prevention
Some examples of research conducted in CACs

<table>
<thead>
<tr>
<th>Topic</th>
<th>Findings</th>
<th>CACs involved</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic interviewing</td>
<td>Children as young as 4 can provided significant details</td>
<td>Salt Lake City, UT</td>
<td>Lamb et al, 2003</td>
</tr>
<tr>
<td>Child disclosure</td>
<td>Girls, older victims at onset or at interview, and victims with caregiver support were more likely to disclose</td>
<td>Charleston, SC, Pittsburgh, PA, Dallas, TX, Huntsville, AL</td>
<td>Lippert et al., 2009</td>
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<tr>
<td>Offender confession</td>
<td>30% confession rate, higher with younger offenders</td>
<td>Charleston, SC, Pittsburgh, PA, Dallas, TX, Huntsville, AL</td>
<td>Lippert et al., 2010</td>
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<td></td>
<td>Personal hx of trauma predicted secondary stress</td>
<td>Survey of therapists linked to CACs</td>
<td>Trippany et al., 2003</td>
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CAC research continued

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<th>Topic</th>
<th>Findings</th>
<th>CACs involved</th>
<th>Reference</th>
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<td>Medical exams</td>
<td>DNA documented in 27% of acute adolescent cases</td>
<td>St. Paul, MN</td>
<td>Edinburgh, et al.,</td>
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<td></td>
<td>Pediatrics varied in diagnosing exam results as normal, abnormal or indeterminate</td>
<td>Sample of CAC pediatricians</td>
<td>Starling et al., 2013</td>
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<tr>
<td>Therapy for victims</td>
<td>78% of CAC clinicians use trauma-focused CBT, though not every component</td>
<td>National survey of CAC clinicians</td>
<td>Allen &amp; Johnson, 2012</td>
</tr>
<tr>
<td>Prevention</td>
<td><em>Stewards of Children</em> impacted knowledge, attitudes, and preventive behaviors</td>
<td>Sample of child care professionals recruited through CACs</td>
<td>Rheingold et al., 2015</td>
</tr>
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Children’s Perception of Research

• A minority of children report being upset
  National Survey of Children Exposed to Violence Study (Finkelor et al., 2014)
• 5% of youth aged 10 to 17 reported being at all upset
  0.8% reported being pretty or a lot upset
• Only 0.3% say would not participate again had they known the questions
Children’s Perception of Research

• 8% of children reported being upset in a large survey in the UK (Radford et al., 2013)
• 6% of children reported being upset in the National Survey of Adolescents Replication study (Zajac et al., 2011)
Perception of Research after Experiencing a CSA Investigation

• 77% of parents of children with a child sexual abuse investigation (N=46) said questions were not at all upsetting (Walsh et al., 2015)

• And 13% said they were a little upset

• All parents said yes – knowing now what was in the survey, they would still agree to participate

• All teens (N=11) said not at all upsetting and would participate again
How to Undertake CAC Research

• Make program evaluation and research a regular part of your organization
  
  Build in research components into new and existing data systems

• Consider the benefits of student internships

• Be proactive – if you see a potential area for research, contact professionals/universities/organizations studying those topics
Summary and Discussion

• Need for more research on CAC/MDT response
• Need to clarify key outcomes and specific activities that lead to those outcomes
• Enormous opportunities for CACs
Contact us!

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References


