Research on CACs: What Do We Know & Where Do We Go From Here?

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Today’s Presenters

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Overview

• Challenge of CAC research
• Research updates
  – CAC efficacy
  – CAC practice
  – Basic research in CACs
• NCA research updates
• Children’s reaction to participating in research
• Future research prospects
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
What do we know from CAC research?
Research on the impact of CACs is accumulating!

• Elmquist (2015) reviewed 24 publications (most but not all were research studies)
• Herbert & Bromfield (2015) reviewed 27 research studies
• Studies varied in rigor
  – Some had comparison groups and some did not
  – Variation in size of samples
  – Some used validated measures; others more impressionistic
• Research studied a wide range of outcomes
Key findings across both reviews

• Methodological limitations to many studies
  – Need longitudinal designs
  – Larger samples
• Larger array of outcomes needed
• Assess variability across centers/center-specific outcomes
Research on CAC impact on Different Processes and Outcomes
Child-focused interview location
(from Cross et al., 2007, 2008)
## Multidisciplinary Response

<table>
<thead>
<tr>
<th>Comparison</th>
<th>CAC communities</th>
<th>Comparison communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>More coordinated police-CPS 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>
</tbody>
</table>

### Smith et al., 2006

<table>
<thead>
<tr>
<th>Comparison</th>
<th>CAC cases</th>
<th>Non-CAC cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>More law enforcement investigations</td>
<td>71%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Note. a Comparison group from same community; no matching procedure used
### Child & Parent Satisfaction – Academic Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Result</th>
</tr>
</thead>
</table>
| Jones et al., 2007        | • Increased parent satisfaction with CACs vs. comparison  
                           | • No differences for children                                          |
| Bonach, et al., 2010      | Clients satisfied with CAC services and rated CAC performance highly   |
| Carman, 2004; Rasmusson 2011 | Qualitative interviews: positive evaluation of child—friendly and safe environment, and interactions with staff |
## Mental Health Services

<table>
<thead>
<tr>
<th>Study</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones et al., 2007</td>
<td>60% of clients in CACs referred to mental health services compared to 22% in non-CAC communities</td>
</tr>
<tr>
<td>Conners-Burrow, et al., 2010</td>
<td>CAC screening protocol resulted in 51% of clients entering counseling or having an appointment pending</td>
</tr>
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</table>
# Medical Services

<table>
<thead>
<tr>
<th>Study</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walsh, et al., 2007</td>
<td>48% of children in CACs received forensic medical examination vs. 21% in non-CAC communities</td>
</tr>
</tbody>
</table>
| Edinburgh, et al, 2008   | • 94% of children in hospital-based CAC received forensic medical exam vs. 48% of matched comparison  
• 95% received STI testing vs. 20%  
• 95% received evidence kit vs. 60% |
## Child Protection Outcomes

<table>
<thead>
<tr>
<th>Study</th>
<th>CAC communities</th>
<th>Non-CAC communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith et al., 2006 $^a$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantiation</td>
<td>47%</td>
<td>12%</td>
</tr>
<tr>
<td>Cross et al., 2007</td>
<td>CAC communities</td>
<td>Comparison communities</td>
</tr>
<tr>
<td>More child placements</td>
<td>17%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Note. $^a$ Comparison group from same community; no matching procedure used
### Mixed results on criminal justice outcomes

<table>
<thead>
<tr>
<th>Study</th>
<th>Finding</th>
</tr>
</thead>
</table>
| 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 differences between CAC and comparison                               |
| Lippert, et al., 2010    | No difference on offender confession                                    |
| Cross et al., 2008       | • 3 CACs did not differ from comparison on cj outcomes                  
                          | • 1 CAC 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 when district expanded use of CACs |
Other child outcomes

• Lippert et al., 2009 found no difference between CAC and comparison communities on child disclosure

• Shepler, 2010 and Wolfeiteich & Loggins, 2007 found no difference between CAC and comparison on revictimization
Child trauma and mental health

• Only a few, and not rigorous, studies have examined change in children’s mental health and trauma symptoms in CACs
• Herbert & Bromfield, 2015 identify this as a gap
• Is this a meaningful outcome to study?
  – CACs’ role is to connect children to evidence-based practice—no direct mental health impact
  – Very strong research support evidence-based mental health treatments
Summary of CAC Impact Studies

• CACs appear to have a big impact on providing:
  – Child-focused location
  – Multidisciplinary response
  – Medical services and possibly mental health and child protection services

• Criminal justice impact mixed--probably depends on the particular CAC and community

• Some outcomes difficult to influence: disclosure, revictimization, offender conviction

• No research on impact on children’s mental health—should there be?
CAC have contributed to important basic research
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>
</tr>
<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>
</tr>
</tbody>
</table>
## CAC research continued

<table>
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<tr>
<th>Topic</th>
<th>Findings</th>
<th>CACs involved</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<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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<tr>
<td></td>
<td>Pediatrics varied in diagnosing exam results as normal, abnormal or</td>
<td>Sample of CAC pediatricians</td>
<td>Starling et al., 2013</td>
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<tr>
<td></td>
<td>indeterminate</td>
<td></td>
<td></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</td>
<td>Allen &amp; Johnson, 2012</td>
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<tr>
<td></td>
<td></td>
<td>clinicians</td>
<td></td>
</tr>
<tr>
<td>Prevention</td>
<td><em>Stewards of Children</em> impacted knowledge, attitudes, and preventive</td>
<td>Sample of child care</td>
<td>Rheingold et al., 2015</td>
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<tr>
<td></td>
<td>behaviors</td>
<td>professionals recruited</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>through CACs</td>
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Exciting Research Updates from NCA

Outcome Measurement System

Research Advisory Committee
Outcome Measurement System

• In 2016, 681 CACs submitted 61,206 surveys
  – 40,055 Initial Caregiver Surveys
  – 8,466 Follow-up Caregiver Surveys
  – 12,685 MDT Surveys

• Total CAC participation in the program grew by over 17% from 2015 to 2016
Map of OMS Expansion – Reached all 50 States by 2015

When the 1st CAC in each state joined OMS:

**Blue** - 2012 (+ Texas since 2009)

**Green** - 2013

**Yellow** - 2014

**Orange** - 2015

Source: Kaitlin Lounsbury, OMS Coordinator

681 Total CACs in 2016

2 International Locations:

Canada
Australia
Percent of CAC Participation by State - 2016

80-100% (28, plus DC)
50-80% (16)
Under 50% (6)

Source: Healing, Justice, & Trust, Outcome Measurement System National Project (2016). National Children’s Alliance
Selected OMS Indicators

- Interview process explained to me: 92% Strongly agree, 6% Somewhat agree
- Staff answered my questions: 90% Strongly agree, 7% Somewhat agree
- Given information about behaviors to expect: 77% Strongly agree, 12% Somewhat agree
- All MDT members active: 69% Strongly agree, 25% Somewhat agree
- MDT case review helpful: 68% Strongly agree, 25% Somewhat agree
- Satisfied with case updates: 63% Strongly agree, 19% Somewhat agree

Source: Healing, Justice, & Trust, Outcome Measurement System National Project (2016). National Children’s Alliance
How well do you know your OMS data??

• Do know what the response rate is?
• Do you know whether the characteristics of who respond differ from those who receive services at the CAC?
• Are you collecting the caregiver follow-up survey? Only 5% of all caregiver surveys in 2016 were follow-up surveys
• Do you know how long caregivers have been affiliated with the CAC when completing OMS? Caregivers could be over- or under-represented based on length of time affiliated (point-in-time bias)
NCA Research Advisory Committee

• Kick off fall 2016
  – Goal: Brainstorm research needs and identify ways to collaborate and initiate research projects

• Approximately 15 members, quarterly phone meetings
Committee Workgroups

Implementation of CAC Model
- Organizational structure
- Co-location
- MDT models
- Criminal justice response

Expanding Research Capacity
- Survey CACs to identify interest and capacity
- Standardize data collection protocols, i.e. NCatrak
- Identify gaps with existing data sources

Mental Health Services
- Assess evidence based treatment and assessment projects
- Evaluate implementation
- Evaluate outcomes
Children’s Experience Participating in Research
Children’s Perception of Research

- A minority of children report being upset

  National Survey of Children Exposed to Violence Study (Finkelhor et al., 2014)

- 5% of youth aged 10 to 17 reported being at all upset
  
  * Only 0.8% reported being pretty or a lot upset

- Only 0.3% say they would not participate again had they known the questions
Children’s Perception of Research

• In a large survey in the UK, 8% of children reported being upset (Radford et al., 2013)

• In the National Survey of Adolescents Replication study, 6% of children reported being upset (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., 2016)
  * 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 they were not at all upsetting and would participate again
Where Do We Go From Here?

Gaps in Knowledge and Ideas for the Future of CAC Research
Gaps in CAC Research

- Well-being and trauma?
- Victim advocacy
- Police investigation
- Tracking cases over time
- Peer review of forensic interviewing
- Evidence kits and crime lab results from medical exams?
Tracking cases over time

• Need to track progress in mental health referrals.
  – Lippert et al., 2008 found that only 54% of children referred to therapy at a CAC had started by 2 months post referral

• Examine links between forensic interview and advocacy and later criminal investigations
  – Do clues from forensic interview and support for family lead to better criminal investigations?
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?
What questions do you want answered to help you at your CAC?
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 partnerships with universities and student researchers

• 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


