CAC Research: New Developments & Remaining Needs

Theodore Cross – University of Illinois Urbana-Champaign, Children & Family Research Center

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

- Theodore Cross – University of Illinois Urbana-Champaign, Children & Family Research Center
- Wendy Walsh – University of New Hampshire, Crimes against Children Research Center
Overview

• What do we know from CAC research?
• What are some interesting recent research findings?
• Where do we go from here?
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>Study</th>
<th>CAC communities</th>
<th>Comparison communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross et al., 2007</td>
<td>More coordinated police-CPS investigations</td>
<td>81%</td>
</tr>
<tr>
<td></td>
<td>More team interviews</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td>More case reviews</td>
<td>56%</td>
</tr>
<tr>
<td>Smith et al., 2006 (^a)</td>
<td>More law enforcement investigations</td>
<td>71%</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>
<tbody>
<tr>
<td>Jones et al., 2007</td>
<td>• Increased parent satisfaction with CACs vs. comparison&lt;br&gt;• No differences for children</td>
</tr>
<tr>
<td>Bonach, et al., 2010</td>
<td>Clients satisfied with CAC services and rated CAC performance highly</td>
</tr>
<tr>
<td>Carman, 2004; Rasmusson 2011</td>
<td>Qualitative interviews: positive evaluation of child—friendly and safe environment, and interactions with staff</td>
</tr>
</tbody>
</table>
## 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>
</tbody>
</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 cases</th>
<th>Non-CAC cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith et al., 2006 a</td>
<td>47%</td>
<td>12%</td>
</tr>
<tr>
<td>Substantiation</td>
<td></td>
<td></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>
<tbody>
<tr>
<td>Joa &amp; Edelson, 2005</td>
<td>• Criminal charges filed more often with more counts in CAC than comparison&lt;br&gt;• Convictions more likely in CAC cases</td>
</tr>
<tr>
<td>Wolfteich &amp; Loggins, 2007</td>
<td>• CAC did not differ from joint CPS-police team&lt;br&gt;• Time to disposition less in CAC</td>
</tr>
<tr>
<td>Edinburgh, et al., 2008</td>
<td>No differences between CAC and comparison</td>
</tr>
<tr>
<td>Lippert, et al., 2010</td>
<td>No difference on offender confession</td>
</tr>
<tr>
<td>Cross et al., 2008</td>
<td>• 3 CACs did not differ from comparison on cj outcomes&lt;br&gt;• 1 CAC was more likely to file criminal charges but also more likely to dismiss cases</td>
</tr>
<tr>
<td>Walsh, et al., 2008</td>
<td>Time to disposition less in CAC than comparison</td>
</tr>
<tr>
<td>Miller &amp; Rubin, 2009</td>
<td>Rate of felony prosecutions was 69% greater when district expanded use of CACs</td>
</tr>
</tbody>
</table>
Other child outcomes

• Lippert et al., 2009 found no difference between CAC and comparison communities on child disclosure
• Shepler, 2010 and Wolfteich & 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?
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 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?
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!

Theodore Cross, Ph.D.
University of Illinois Urbana-Champaign, Children & Family Research Center  tpcross@illinois.edu

Wendy Walsh, Ph.D.
University of New Hampshire, Crimes against Children Research Center  wendy.walsh@unh.edu