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Efficacy of Children's Advocacy Centers

A Bibliography

November 2025

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nationalcac.org | 256-533-KIDS(5437) | 210 Pratt Avenue NE, Huntsville, AL 35801

Preferred citation: National Children's Advocacy Center. (2025). Efficacy of Children's Advocacy Centers: A Bibliography. Huntsville, AL: Author.

This project was supported by a grant awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Scope

The bibliography lists publications that cover topics illustrating the efficacy of children's advocacy centers.

Organization

Publications include articles, book chapters, reports, and research briefs and are arranged in date descending order. Links are provided to full text publications when possible. However, this collection may not be complete. More information can be obtained in the Child Abuse Library Online.

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Efficacy of Children's Advocacy Centers

A Bibliography

Lacey, E., & Collins, M. (2025). Barnahus Is coming: A reflexive thematic analysis of how child sexual abuse services at a Dublin hospital adapt and respond. *Child Abuse Review*, *34*(1), e70014. DOI:10.1002/car.70014

The Barnahus Model, influencing how professionals across child protection, criminal justice and health come together to support families, has become the core model of response to concerns of child sexual abuse (CSA) in Europe and represents a significant social innovation currently being developed in Ireland. In 2019, Barnahus West in Galway, Ireland, was launched. Two additional services, Barnahus South and East, are in development. Nine senior professionals, across three internal services in a Dublin hospital and members of this organisations Barnahus steering group, participated in semistructured interviews on this topic. This reflexive thematic analysis, utilising the lenses of leadership, innovation and change, explores how already existing services based in this Dublin hospital may adapt and respond to facilitate this social innovation. Three themes were identified: Focus of Change Management, Barriers to Change and First Steps to Implementation. Recommendations include that a collective leadership approach is best suited to implementation of this change. The steering group would also benefit from utilising a formal change model to support their work. Small-scale testing of an initial cross-system response to CSA to inform wider implementation of systemic change is recommended.

Parker, N., Elenko, J., Cullen, O., Alaggia, R., Bélanger, R., Biener, C., Binford, W., Blake, M., Collin-Vezina, D., Daignault, I., Hews-Girard, J., Kimber, M., Koshan, J., Madigan, S., Ornstein, A., Price, H. L., Shaffer, C., Zwicker, J., & Dimitropoulos, G. (2025). Strengthening Canadian child and youth advocacy centres through coordinated research and knowledge sharing: Establishing a Canadian Research and Knowledge Centre. *Child Protection and Practice*, *4*, 100091. DOI:10.1016/j.chipro.2024.100091.

It is crucial to create a platform for coordinating, building, and sharing knowledge to guide practice and policy development among both established and emerging Child and Youth Advocacy Centres (CYACs). CYACs bring together multidisciplinary professionals from various systems to collectively address child abuse and support the healing of children, youth, and their families from trauma and its impacts. We collaborated with partners from academic, practice, and policy sectors through a co-design process to establish a Canadian Child and Youth Advocacy Research and Knowledge Centre. This discussion paper will start by highlighting the importance of community-academic partnerships. We will then outline the processes used to develop and establish the Research and Knowledge Centre. Finally, we will describe the outcomes of establishing the Research and Knowledge Centre, including the guiding principles, priority action areas and the research agenda, along with considerations for ongoing work and collaboration in this field. The goal of this Research and Knowledge Centre is to equip CYAC leaders, practitioners, and policymakers with contextual and rigorous evidence to inform decisions that will improve support for children, youth, and families impacted by child abuse.

Parker, N. J., Scott, C. M., Herbert, J. L., & Rowe, W. (2025). Facilitating multidisciplinary team functioning in child and youth advocacy centres using shared mental models. *International Journal on Child Maltreatment: Research, Policy and Practice*, *8*(2), 227-249. DOI:10.1007/s42448-025-00224-4

Child and Youth Advocacy Centres are a safe place where children, youth, and families who have experienced abuse can access supports in a single, integrated setting. A Child

and Youth Advocacy Centre is a child-friendly facility in which law enforcement, child protection, prosecution, mental health, medical, and victim advocacy professionals work together to assess, investigate, intervene, and provide therapy and support for child survivors of sexual abuse and severe and complex cases of physical abuse and neglect. While these diverse professions are a hallmark of effective Child and Youth Advocacy Centre, how they merge to provide integrated, inter-professional services continues to be an obstacle. This research explored how a shared mental model framework could facilitate multidisciplinary team functioning in Child and Youth Advocacy Centres. Using an exploratory sequential mixed methods design, open and closed card sorting were used to identify the task-, team-knowledge, and shared beliefs required for a shared mental model for the operating model to respond to child abuse at Child and Youth Advocacy Centres. The results of this research indicate that a shared mental model framework can be a starting point to identify areas of strength and improvement to facilitate multidisciplinary functioning. In this research, statements about the reasons and beliefs behind a Child and Youth Advocacy Centre approach were consistently shared. Three areas were identified as opportunities for Child and Youth Advocacy Centres to focus on and improve multidisciplinary service delivery: moving beyond shared beliefs, defining parameters of information sharing between multidisciplinary members, and clarity around tasks that are a shared responsibility.

Slaugh, V. W., Dierks, L., Scheller-Wolf, A., Trapp, A. C., & Ünver, M. U. (2025). Child welfare services in the United States: An operations research perspective. In G. Berenguer & M. G. Sohoni (Eds.), *Nonprofit operations and supply chain management: Theory & practice* (pp. 321-347). Springer, Cham. DOI:10.1007/978-3-031-74994-0_14

Federal, state, local, and nonprofit agencies in the United States spend over $40 billion each year to serve vulnerable children. Interactions with the child welfare system can profoundly alter children's lives, ideally protecting children from harm and helping families thrive. This chapter describes key challenges for managing processes at three

salient stages of the child welfare system: investigations and pre-removal services, foster care, and adoption. We highlight relevant operations-focused insights from child welfare researchers and the limited research on child welfare by economists and operations researchers. We also identify important issues to consider in future research and connect them to the operations management literature from related domains.

Thompson, N. A., Bares, K. R., & Carlson, S. R. (2025). Child Advocacy Centers: Perspectives from frontline child protection workers in Michigan, USA. *Child Protection and Practice*, *5*, 100162. DOI:10.1016/j.chipro.2025.100162

Providing a coordinated response to child abuse among professionals from diverse fields has the potential to improve outcomes for children and advance justice in abuse cases. The multidisciplinary team model, implemented through child advocacy centers in the United States, has been widely adopted to facilitate such collaboration. This study conducted ten interviews with child protective services workers in Michigan, United States, to examine their experiences working with child advocacy centers and engaging with multidisciplinary teams. Findings reveal that child advocacy centers are viewed favorably by child protection workers. A notable aspect of collaboration included support for investigative processes. Strong relationships between child protective services workers and staff from child advocacy centers emerged as a key facilitator of engagement with multidisciplinary teams. However, participants identified challenges such as feeling undervalued and misunderstood by team partners and community members, as well as logistical barriers related to scheduling and coordination of child forensic interviews. Participants also recommended improvements to training and education provided by child advocacy centers for multidisciplinary team partners. This study highlights the importance of sustained multidisciplinary collaboration and positive working relationships to improve responses to child abuse. Recommendations include strengthening partnerships between child protection agencies and child advocacy centers through cross-agency training, improving communication of child protection

policies to community stakeholders, and addressing logistical challenges faced by child protective services workers. Formalized methods for fostering and maintaining relationships are essential to advancing the effectiveness of multidisciplinary teams in addressing child abuse.

Herbert, J. L., & Paton, A. (2024). Effects of therapy at a community based trauma therapy service treating child abuse and neglect: A pre-post study using administrative data. *Journal of Child & Adolescent Trauma*, *17*(3), 735-749. DOI:10.1007/s40653-024-00625-6

This repeated-measures study examined the effects of a hybrid of Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) with other therapeutic approaches at a community-based clinic in Perth Western Australia among a sample of children and young people overwhelmingly experiencing multiple forms of maltreatment and with complex family situations (i.e., family and domestic violence, parental mental health, parental substance abuse). Drawing on 1713 individual client records from between 2017 and 2020, the researchers identified 113 children and young people with viable pre-post treatment assessments including 78 on the TSCC, 36 on the TSCYC, and 12 on the CBCL. Significant improvements on most clinical scales were identified on the TSCC and TSCYC. Sub-analysis of the TSCC results found no differences across gender, age, care status, therapy funding source, and the presence of sexual abuse in the rate of improvement on trauma symptoms. Overall, the study highlights that integrating different therapy approaches for populations with multiple and complex trauma symptoms accessing community-based services can be useful for supporting the delivery of TF-CBT for difficult to treat populations.

McGuier, E. A., Rothenberger, S. D., Campbell, K. A., Keeshin, B., Weingart, L. R., & Kolko, D. J. (2024). Team functioning and performance in Child Advocacy Center multidisciplinary teams. *Child Maltreatment*, *29*(1), 106-116. DOI:10.1177/10775595221118933

The quality of teamwork in Child Advocacy Center (CAC) multidisciplinary teams is likely to affect the extent to which the CAC model improves outcomes for children and families. This study examines associations between team functioning and performance in a statewide sample of CAC teams. Multidisciplinary team members (*N* = 433) from 21 CACs completed measures of affective, behavioral, and cognitive team functioning. Team performance was assessed with three measures: team member ratings of overall performance, ratings of mental health screening/referral frequency, and caregiver satisfaction surveys. Linear mixed models and regression analyses tested associations between team functioning and performance. Affective team functioning (i.e., liking, trust, and respect; psychological safety) and cognitive team functioning (i.e., clear direction) were significantly associated with team members' ratings of overall performance. Behavioral team functioning (i.e., coordination) and cognitive team functioning were significantly associated with mental health screening/referral frequency. Team functioning was not associated with caregiver satisfaction with CAC services. Aspects of team functioning were associated with team members' perceptions of overall performance and mental health screening/referral frequency, but not caregiver satisfaction. Understanding associations between team functioning and performance in multidisciplinary teams can inform efforts to improve service quality in CACs and other team-based service settings.

McGuier, E. A., Aarons, G. A., Wright, J. D., Fortney, J. C., Powell, B. J., Rothenberger, S. D., Weingart, L. R., Miller, E., & Kolko, D. J. (2023). Team-focused implementation strategies to improve implementation of mental health screening and referral in rural Children's Advocacy Centers: Study protocol for a pilot cluster randomized hybrid type 2 trial. *Implementation Science Communications*, *4*(1), 58. DOI:10.1186/s43058-023-00437-z

Children's Advocacy Centers (CACs) use multidisciplinary teams to investigate and respond to maltreatment allegations. CACs play a critical role in connecting children with mental health needs to evidence-based mental health treatment, especially in low-resourced rural areas. Standardized mental health screening and referral protocols can improve CACs' capacity to identify children with mental health needs and encourage treatment engagement. In the team-based context of CACs, teamwork quality is likely to influence implementation processes and outcomes. Implementation strategies that target teams and apply the science of team effectiveness may enhance implementation outcomes in team-based settings. We will use Implementation Mapping to develop team-focused implementation strategies to support the implementation of the Care Process Model for Pediatric Traumatic Stress (CPM-PTS), a standardized screening and referral protocol. Team-focused strategies will integrate activities from effective team development interventions. We will pilot team-focused implementation in a cluster-randomized hybrid type 2 effectiveness-implementation trial. Four rural CACs will implement the CPM-PTS after being randomized to either team-focused implementation (n = 2 CACs) or standard implementation (n = 2 CACs). We will assess the feasibility of team-focused implementation and explore between-group differences in hypothesized team-level mechanisms of change and implementation outcomes (implementation aim). We will use a within-group pre-post design to test the effectiveness of the CPM-PTS in increasing caregivers' understanding of their child's mental health needs and caregivers' intentions to initiate mental health services (effectiveness aim). Targeting multidisciplinary teams is an innovative approach to improving implementation outcomes. This study will be one of the first to test team-focused implementation

strategies that integrate effective team development interventions. Results will inform efforts to implement evidence-based practices in team-based service settings.

Metzger, I. W., Moreland, A., Garrett, R. J., Reid-Quiñones, K., Spivey, B. N., Hamilton, J., & López, C. (2023). Black moms matter: A qualitative approach to understanding barriers to service utilization at a Children's Advocacy Center following childhood abuse. *Child Maltreatment*, *28*(4), 648-660. DOI:10.1177/10775595231169782

Black families are significantly less likely to receive evidence-based trauma treatment services; however, little is known about factors impacting engagement, particularly at Children's Advocacy Centers (CACs). The goal of this study is to better understand barriers and facilitators of service utilization for Black caregivers of CAC referred youth. Participants (n = 15) were randomly selected Black maternal caregivers (ages 26–42) recruited from a pool of individuals who were referred to receive CAC services. Black maternal caregivers reported barriers to accessing services at CACs including a lack of assistance and information in the referral and onboarding process, transportation issues, childcare, employment hours, system mistrust, stigma associated with the service system, and outside stressors such as stressors related to parenting. Maternal caregivers also shared suggestions for improving services at CACs including increasing the length, breadth, and clarity of investigations conducted by child protection services and law enforcement (LE) agencies, providing case management services, and having more diverse staff and discussing racial stressors. We conclude by identifying specific barriers to the initiation and engagement in services for Black families, and we provide suggestions for CACs seeking to improve engagement of Black families referred for trauma-related mental health services.

St-Amand, A., Rimer, P., Nadeau, D., Herbert, J., & Walsh, W. (Eds.) (2023). *Contemporary and innovative practices in child and youth advocacy centre models*. Presses de lÚniversite du Quebec.

Child Advocacy Centres (CACs), also known as Child & Youth Advocacy Centres (CYACs), Children's Houses, and Barnahus, are a child-focused trauma-informed approach to improving the multidisciplinary response to abuse and violence in the lives of children and youth. *Contemporary and Innovative Practices in Child and Youth Advocacy Centre Models* brings an international perspective to contemporary and innovative CAC practices around the world. It provides a range of perspectives offering valuable insights, suggestions, and advice to stimulate ideas for establishing, growing and modifying a CAC model and multi-agency collaboration in order to build capacity to respond to the incredibly diverse types of cases, children, youth and families that come through a CAC's doors.

Addison, K., & Rubin, Z. (2022). "At one point we had no funding for paper": How grants and the Covid crises have shaped service provision in Child Advocacy Centers. *Human Service Organizations: Management, Leadership & Governance*, *47*(1), 42–56. DOI:10.1080/23303131.2022.2119626

The confluence of the two major challenges has combined to create special challenges for rural nonprofits serving victims of crime: the fluctuation of federal funding, and the Covid-19 pandemic. We discuss the challenges faced by Child Advocacy Centers in northwestern South Carolina in the context of these shifting challenges. From qualitative interviews conducted at 14 centers in this primarily rural region, we explain the challenges they face and the potential effects on the communities they serve interpreted through the lens of Resource Dependence Theory, which predicts that organizations reduce uncertainty of funding through increasing their partnership bonds with cooperative entities.

Byrne, K. A., McGuier, E. A., Campbell, K. A., Shepard, L. D., Kolko, D. J., Thorn, B., & Keeshin, B. (2022). Implementation of a care process model for pediatric traumatic stress in Child Advocacy Centers: A mixed methods study. *Journal of Child Sexual Abuse, 31*(7), 761–781. DOI:10.1080/10538712.2022.2133759

Child Advocacy Centers (CACs) are well-positioned to identify children with mental health needs and facilitate access to evidence-based treatment. However, use of evidence-based screening tools and referral protocols varies across CACs. Understanding barriers and facilitators can inform efforts to implement mental health screening and referral protocols in CACs. We describe statewide efforts implementing a standardized screening and referral protocol, the Care Process Model for Pediatric Traumatic Stress (CPM-PTS), in CACs. Twenty-three CACs were invited to implement the CPM-PTS. We used mixed methods to evaluate the first two years of implementation. We quantitatively assessed adoption, reach, and acceptability; qualitatively assessed facilitators and barriers; and integrated quantitative and qualitative data to understand implementation of mental health screening in CACs. Eighteen CACs adopted the CPM-PTS. Across CACs, screening rates ranged from 10% to 100%. Caregiver ratings indicated high acceptability. Facilitators and barriers were identified within domains of the Consolidated Framework for Implementation Research. Qualitative findings provided insight into adoption, reach, and caregivers' responses. Our findings suggest screening for traumatic stress and suicidality in CACs is valued, acceptable, and feasible. Implementation of mental health screening and referral protocols in CACs may improve identification of children with mental health needs and support treatment engagement.

Cook, D. L., Livesley, J., Long, T., Sam, M., & Rowland, A. G. (2022). The need for Children's Advocacy Centres: Hearing the voices of children. *Comprehensive Child and Adolescent Nursing*, *45*(4), 368–382. DOI:10.1080/24694193.2021.1989085

Children and young people (CYP) can be empowered to take on roles as agents of change in their own communities. CYP want to be heard and should be actively involved in the co-production, design and development of services aimed at them to ensure that

the resulting services are acceptable and accessible. Little analysis of the framing and discourse of co-production in different contexts has been undertaken. Building on Children's Advocacy Center models from the United States of America (which are held in high esteem by local communities), there is perceived value of such a center in the UK. A service development initiative was designed to work with children from Greater Manchester (UK) to determine the potential for the establishment of a children's advocacy center in the North of England. This report presents the design and outcome of the initiative and contributes to the literature on the co-production of such service development projects with CYP, notably the means of achieving that outcome. Recommendations are made for the piloting of an Advocacy House model in the UK with collaborative efforts between CYP as well as health, education, law enforcement, social care providers, charities and voluntary groups. A community-inclusive partnership, underpinned by the principles of co-production and co-design, is integral to the further development of this pilot.

Cross, T. P., Whitcomb, D., & Maren, E. (2022). Practice in US children's advocacy centers: Results of a survey of CAC directors. *APSAC Advisor*, *37*(1), 11-22.

Children's Advocacy Centers (CACs) coordinate the investigative and service response to child victimization through the use of multidisciplinary teams (MDTs). They offer children and families medical, therapeutic support, advocacy services, and other services. Presenting results from a U.S. survey completed by 222 CAC directors in 2015, the current study focuses on the composition of MDTs and the forms of assistance CACs provide. Large percentages of CACs had representation on the MDT from all the core group of disciplines specified by the standards of the National Children's Alliance (NCA), the membership group of CACs. Small but meaningful proportions of CACs had representation on their MDTs from disciplines that are not typically centrally involved in child maltreatment investigation and services, but they could play a critical role in some cases. A wide range of services specified in the article was provided to children and

caregivers often or routinely. CACs varied on the provision of other services, such as support groups for children and for caregivers, domestic violence risk assessment and safety planning, and helping caregivers with protective orders, information about civil remedies, and legal assistance. This research suggests that CACs are meeting NCA standards while varying to some degree in the specific forms of assistance they provide. It also suggests that CACs may want to consider adding more types of professionals to their MDTs.

Herbert, J. L., & Bromfield, L. M. (2021). A quasi-experimental study of the Multi-Agency Investigation & Support Team (MIST): A collaborative response to child sexual abuse. *Child Abuse & Neglect*, *111*, 104827. DOI:10.1016/j.chiabu.2020.104827

To improve the holistic response to child sexual abuse in Perth, Western Australia, a group consisting of government and community support agencies developed a new co-located approach that combined support services with investigations, called the Multi-agency Investigation & Support Team (MIST). The model was comparable to the prominent Children's Advocacy Centre approach, with adaptations for Australian conditions. This study evaluated the fidelity with which this new program was delivered and examined whether it resulted in improved criminal justice, child protection, and service outcomes compared to existing practice. Drawing on service data linked across participating agencies the study found MIST was delivered with reasonable fidelity to its planned procedure, but with some challenges for delivery of the program due to the relative workload for staff in the MIST condition. The service demonstrated high levels of caregiver satisfaction with the response and high rates of children's engagement with therapy. A quasi-experimental comparison between MIST (n = 126) and Practice as Usual (n = 276) found MIST was significantly faster throughout the criminal justice and child protection processes, but the conditions did not differ in the rate of arrest or child protection actions. While embedding support services within the investigation process may not have a dramatic influence on criminal justice and child protection outcomes,

the high rates of uptake of therapeutic services and parental satisfaction suggest other benefits that require future exploration.

Starcher, D. L., Anderson, V. R., Kulig, T. C., & Sullivan, C. J. (2021). Human trafficking cases presenting within Child Advocacy Centers. *Journal of Child Sexual Abuse*, *30*(6), 637–652. DOI:10.1080/10538712.2021.1955791

Although human trafficking of minors is an increasing concern within the United States, very little information is known about how trafficking cases are processed within child advocacy centers (CACs). The current study addresses this gap in the literature by providing descriptive information about victims, service referrals, and prosecutorial outcomes for human trafficking cases presenting at CACs across a Midwestern state. The data originates from a state-wide study focused on understanding the scope of human trafficking cases. Specifically, the dataset includes 210 youth presenting at CACs over a three-year period of time. In this sample, the typical human trafficking case involved sex trafficking of a self-identified white female victim, with an offender known to the victim. Most child survivors passing through CACs were referred to medical and mental health services, although these service referrals did not greatly differ across at-risk versus substantiated trafficking cases. Overall, the findings suggest that CACs are uniquely positioned to encounter human trafficking cases and provide needed services to trafficking survivors. Finally, recommendations are provided for CACs regarding the intake and identification of trafficking cases more broadly.

Westphaln, K. K., Regoeczi, W., Masotya, M., Vazquez-Westphaln, B., Lounsbury, K., McDavid, L., Lee, H., Johnson, J., Ronis, S., Herbert, J., Cross, T., & Walsh, W. (2021). Outcomes and outputs affiliated with children's advocacy centers in the United States: A scoping review. *Child Abuse & Neglect*, *111*, 104828. DOI:10.1016/j.chiabu.2020.104828

The Children's Advocacy Center (CAC) model is the predominant multidisciplinary model that responds to child sexual abuse (CSA) in the United States (US). While the CAC model has made important contributions in case coordination and referrals for specialty services, little is known about child- or family-oriented outcomes. Explore the trends and gaps involving outcome and output measures affiliated with CACs in the US. A scoping review of the literature was conducted on English language articles published between 1985–2019 that involved CACs and children less than 18 years of age. An electronic database search using the terms "Children's Advocacy Center(s)," "Child Advocacy Center(s)," and "CAC(s)" identified titles and abstracts. Data from articles selected for full text review were evaluated by a multidisciplinary team using a mixed methods approach. Measures of CAC impact frequently focus on service and programmatic outputs with person-centered outcomes left often reported. The most prevalent output measures related to case prosecution and forensic interviews. Person-centered outcomes most commonly emphasized child mental health and caregiver satisfaction. The majority of articles were limited by weak or unspecified study designs. The current literature on CACs suggests that while they are successful in coordinating services and facilitating referrals, little is known about how engagement with CACs impacts short and long-term outcomes for children and families. Further research beyond cross sectional or quasi-experimental designs is necessary to better understand how variability in CAC structure, function, and resources can be optimized to meet the needs of the diverse communities that they serve. This is especially salient given the national dissemination of the CAC model. Without such additional studies, knowledge will remain limited regarding the enduring impacts of CACs on the lives of those impacted by CSA.

Hendrix, A. D., Conway, L. K., & Baxter, M. A. (2020). Legal outcomes of suspected maltreatment cases evaluated by a child abuse pediatrician as part of a multidisciplinary team investigation. *Journal of Forensic Sciences*, *65*(5), 1517-1523. DOI:10.1111/1556-4029.14463

Child abuse pediatricians often carry the stigma that their sole role is to diagnose maltreatment. In reality, child abuse pediatricians use their clinical experience and current evidence-based medicine to make the best medical diagnoses for the children they evaluate. To better understand the legal conclusion of suspected maltreatment cases with medical examinations, this study sought to: (i) evaluate the percentage of children seen for suspected maltreatment that led to a clinical diagnosis of maltreatment, (ii) determine the number and type of criminal charges associated, and (iii) analyze the legal outcomes of cases as they proceeded through the judicial system. This study retrospectively reviewed the legal outcomes of 1698 children medically evaluated in 2013–2014 as part of an investigation by a multidisciplinary team at a children's advocacy center in a mid-sized city in Oklahoma. Data were collected from electronic medical records, the district attorney's office, and a public court docket. Of the original cohort, 477 (28.09%) children yielded a medical diagnosis of at least one type of maltreatment. Further analysis yielded 115 unique court cases involving 138 defendants and 151 children. A total of 286 charges were filed resulting in 190 convictions. While maltreatment allegations yield a high number of children that must be evaluated, a comprehensive medical evaluation helps determine which cases do not have sufficient medical findings for a diagnosis of maltreatment. The findings in this study indicate that a majority of suspected maltreatment cases seen by child abuse pediatricians did not result in criminal court outcomes.

Herbert, J. L., & Bromfield, L. (2020). Worker perceptions of the Multi-Agency Investigation & Support Team (MIST): A process evaluation of a cross-agency response to severe child abuse. *Journal of Child Sexual Abuse*, *29*(6), 638–658. DOI:10.1080/10538712.2019.1709241

The Multi-agency Investigation & Support Team (MIST) was a new approach to abuse investigations that aimed to minimize the distress and uncertainty experienced by children and non-abusive caregivers in dealing with the many agencies typically involved in a case post-disclosure, while also attempting to improve the accessibility of supportive and therapeutic services. As part of a broader evaluation, this study examined worker perceptions early in the implementation of this new approach. Thirty-three (33) interviews were conducted with workers affected by this new pilot. The interviews identified almost exclusively positive perceptions of the changes relative to practice as usual, particularly in terms of improvements to collaboration and communication across agencies, and the benefits of providing support alongside the investigation process. Some areas of difficulty and areas for improvement were identified, particularly the need for stronger governance of the cross-agency protocol and improved connection to some of the groups involved in the response that were not co-located. The study suggests professionals working in the MIST model consider the model beneficial to the quality of the response to severe child abuse while highlighting that the process of change into this new way of working was challenging at times.

Herbert, J. L., & Bromfield, L. (2019). Multi-disciplinary teams responding to child abuse: Common features and assumptions. *Children and Youth Services Review, 106*, 104467. DOI:10.1016/j.childyouth.2019.104467

The physical and sexual abuse of children is a complex social issue that often requires a multidisciplinary response; an alliance between police, child welfare authorities, mental health, medical examiners, and advocates for children and their non-abusive caregivers. Previously published reviews have identified deficits in the rationale for multi-disciplinary approaches to child abuse; a mismatch between the intention of systems to address the

wellbeing of children post-disclosure, and their design which overwhelmingly focuses on the needs of the criminal justice system. This article aims to present a collective program logic from models identified in the research literature, reflecting the collective rationale in use among multi-disciplinary teams responding to child abuse. The logic highlights that the rationale for multi-disciplinary teams relies heavily on referral to external services and programs to improve the wellbeing of children and families affected by abuse. This article will add to the conceptual development, planning and evaluation of multidisciplinary teams by elucidating common assumptions about the connection between mechanisms and outcomes across approaches. Articulating the assumptions underlying this common approach will assist program developers with designing interventions that are appropriately targeted and result in meaningful improvements to multi-disciplinary approaches and suggests critical areas for further research to improve understanding of the effects of multi-agency components.

Alşen Güney, S., Bağ, Ö., & Cevher Binici, N. (2018). An overview of a hospital-based child advocacy center's experience from Turkey. *Journal of Child Sexual Abuse, 27*(5), 476-489. DOI:10.1080/10538712.2018.1483461

The purpose of the present study was to investigate sociodemographic variables, features of sexual abuse (SA), and first psychiatric evaluation results of abused children, and to analyze the relation of the psychiatric evaluation results to the children's age and gender, type and duration of abuse, abuser–child relationship, and marital status of the children's parents, at one of the most experienced Child Advocacy Centers (CACs) in Turkey. All data were obtained from reports prepared by child and adolescent psychiatrists. The sample of this study consists of 436 child sexual abuse (CSA) cases who admitted İzmir CAC between April 2014 and November 2015. The statistical analyses yielded significant relations between psychiatric symptoms and chronic abuse, the gender of the children, and type of abuse. Suicidal ideation and behaviors due to sexual abuse (SA) were also examined. According to our results, it is fair to say that children

exposed to SA benefit from immediate psychiatric help because of their vulnerability for psychiatric disorders due to abuse. In this context, CACs are very important multidisciplinary establishments to determine children's multiple needs to ease their trauma with collaborative teamwork. Psychiatric evaluation should be part of this multidisciplinary context.

Bracewell, T. E. (2018). Multidisciplinary team involvement and prosecutorial decisions in child sexual abuse cases. *Child and Adolescent Social Work Journal, 35*(6), 567-576. DOI:10.1007/s10560-018-0557-1

This study examines the impact of multidisciplinary teams (MDTs) coordinated by Children's Advocacy Centers (CACs) on the prosecutorial decision to accept or reject cases of child sexual abuse (CSA). This analysis is part of an examination of the utility of CACs as it relates to prosecutorial decisions. Case specific information was obtained on all cases with both child protective services (CPS) law enforcement involvement processed through one Texas CAC, serving multiple counties, from 2010 to 2013. For the purposes of this study one county is listed as rural and one is listed as urban. The study site also unofficially serves several more rural counties. The urban county accounts for approximately 75% of all cases processed through the CAC. The final analyses included 553 cases of alleged CSA. Logistic regression was used to evaluate the utility of MDTs and case coordination among law enforcement and CPS as they relate to prosecutorial decisions. The number of participants at MDT meetings was correlated with an increase in prosecutorial acceptance rates by approximately 30%. Prosecutor presence at MDT meetings was correlated with an increase in acceptance rates by approximately 80%. Official case   coordination between law enforcement and CPS was not statistically significant. Results of this study suggest that the MDT model provides a useful tool for prosecutors when determining

whether to accept or reject cases of CSA, while official coordination may be less impactful.

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. DOI:10.1016/j.chiabu.2018.02.022

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.

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. DOI:10.1016/j.chiabu.2017.09.030

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 © 2020. National Children's Advocacy Center. All rights reserved. Page 63 of 131 Children's Advocacy Centers -The Literature: A Topical Bibliography August 2020 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.

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. DOI:10.1037/ort0000311

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.

Herbert, J. L., & Bromfield, L. (2017). Better together? A review of evidence for multidisciplinary teams responding to physical and sexual child abuse. *Trauma, Violence, & Abuse, 20*(2), 214-228. DOI:10.1177/1524838017697268

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.

Herbert, J., & Bromfield, L. (2017). *Multiagency Investigation & Support Team (MIST) pilot: Evaluation report*. Australian Centre for Child Protection.

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.

Pendergraft, J. M., & Magallanes, S. G. (2017). Non-offending caregivers' experiences at a Southern California children's assessment center (Publication No. 487) [Master's thesis, California State University, San Bernardino]. CSUSB ScholarWorks.

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.

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. DOI:10.1002/car.2489

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.

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. DOI:10.1080/15548732.2016.1206505

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.

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. DOI:10.1016/j.childyouth.2016.01.003

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.

Elmquist, J., Shorey, R. C., Febres, J., Zapor, H., Klostermann, K., Schratter, 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. DOI:10.1016/j.avb.2015.07.002

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 polices, 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. DOI:10.1177/1524838015585319

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.

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. DOI:10.11124/jbisrir-2015-2113

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

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. DOI:10.1016/j.childyouth.2012.04.020

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.

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. DOI:10.1016/j.avb.2011.02.005

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.

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. DOI:10.1016/j.chiabu.2008.07.002

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 (from56.6 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.

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. *OJJDP: Juvenile Justice Bulletin*. 106. https://www.ojp.gov/pdffiles1/ojjdp/218530.pdf

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.

Hornor, G. (2008). Child advocacy centers: Providing support to primary care providers. *Journal of Pediatric Health Care, 22*(1), 35-39. DOI:10.1016/j.pedhc.2007.01.008

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.

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. DOI:10.1007/s10560-007-0087-8

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.

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. DOI:10.1016/j.chiabu.2007.04.006

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.

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. DOI:10.1016/j.chiabu.2007.09.001

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.

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. DOI:10.1016/j.chiabu.2007.04.007

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.

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. DOI:10.1016/j.chiabu.2007.07.003

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.

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,* 354-360. DOI:10.1177/1077559506292277

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.

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. DOI:10.1007/s10560-005-3416-9

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.

Jackson, S. L. (2004). A USA national survey of program services provided by child advocacy centers. *Child Abuse & Neglect, 28*(4), 411-421. DOI:10.1016/j.chiabu.2003.09.020

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.

Shadoin, A. L., Magnuson, S. N., Overman, L. B., Formby, J. P., & Shao, L. (2005). *Cost-benefit analysis of community responses to child maltreatment: A comparison of communities with and without child advocacy centers*. 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.

Faller, K. C., & Henry, J. (2000). Child sexual abuse: A case study in community collaboration. *Child Abuse & Neglect, 24*(9), 1215-1225. DOI:10.1016/S0145-2134(00)00171-X

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.