



*Annotated Bibliography of the Empirical and Scholarly Literature Supporting the
Ten Standards for Accreditation by the National Children's Alliance*



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Introduction

First Edition

In 2010, the National Children's Alliance engaged the National Children's Advocacy Center (NCAC) to help explicate the foundations for the standards devised for accreditation of children's advocacy centers throughout the United States. The goal was to identify and explicate the existing research, scholarship, empirical data, formal theory, management practice, complementary professional standards, or other evidence that provides foundation for each of the standards.

Two important criteria guided the formulation of the NCAC's project plan:

1. All potentially relevant literature would be consulted in the search for research, theory, synthetic writings, scholarly discourse, and management practices pertinent to the standards, and
2. Only the best and/or most relevant publications would be selected to document the evidence for each standard.

Faculty, researchers and knowledgeable practitioners were engaged to recommend seminal publications and to review candidate publications for quality. The group of reviewers included Lisa Jones, PhD, Harold Johnson, PhD, Linda Cordisco Steele, MEd, LPC, Betsy Goulet, MA, Karen Farst, MD, MPH, Charles Wilson, MSSW, Dan Powers, ACSW, LCSW, Julie Pape Blabolil, MA, RN, CNP, Chris Newlin, MS, LPC, and Andra Chamberlin, MA.

The compilation of 87 articles was prepared by NCAC Research Librarians, David N. King, MSLS, PhD, Cindy Markushewski, MA, MLIS and Muriel K. Wells MA, MLIS.

Second Edition

In 2013, the National Children's Alliance engaged the NCAC to identify and explicate additional research, 2010-2013, providing foundation for the standards for accreditation. Articles were reviewed by Chris Newlin, MS, LPC and Linda Cordisco Steele, MEd, LPC. The compilation of 49 additional publications was prepared by NCAC Research Librarian, Muriel K. Wells, MA, MLIS.

The authors of this project wish to thank the following expert evaluators for their guidance in selection and evaluation of the literature.

MULTIDISCIPLINARY TEAM

Lisa M. Jones, PhD, is a Research Assistant Professor of Psychology at the Crimes against Children Research Center at the University of New Hampshire. She has over ten years of experience conducting research on sexual crimes against children with a focus on analyzing and evaluating national, state, and community-level responses to victims. Dr. Jones has authored or co-authored several influential papers on national trends in sexual victimization of children and youth. She helped to direct a five-year, quasi-experimental Multi-site CAC Evaluation Project, funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP). Dr. Jones is the recipient of a grant from the National Institute of Justice to conduct a process evaluation of four of the most prominent Internet safety prevention programs.

CULTURAL COMPETENCY

Harold Johnson, PhD, is a Professor of Special Education at Michigan State University (MSU). Prior to his arrival at MSU, he was a professor at Kent State University (1980-2006), a public school administrator (1975-1977) and a teacher of students who were deaf/hard of hearing (1971-1975). His research has focused upon the use of web-based technologies and resources to reduce isolation, facilitate collaboration, recognize excellence and enhance teaching/learning within K-20 deaf education. Currently, his research focuses on the incidence, recognition, impact and prevention of child abuse and neglect as experienced by children with disabilities.

FORENSIC INTERVIEWS

Linda Cordisco Steele, MEd, LPC, is the Curriculum Chair and Senior Trainer for the National Children's Advocacy Center's Child Forensic Interviewing Programs. In addition, Linda currently conducts forensic interviews at CACs in Kentucky and Alabama. Linda has previously served as Clinical Director and as a forensic interviewer for three Children's Advocacy Centers: the Prescott House CAC in Birmingham, Alabama; the National Children's Advocacy Center in Huntsville, Alabama; and The Safehouse in Albuquerque, New Mexico. While in Albuquerque, Linda served as the Project Director of the Mobile Interviewing Project, which serves the Navajo Nation and Zuni Pueblo, and is a program of All Faiths Receiving Home in Albuquerque. She has also served as Clinical Director, Director of Victim Services, and Acting Executive Director of the Crisis Center of Jefferson County in Alabama. Linda has twenty years of experience in therapy and advocacy work with victims and extensive training experience regionally and nationally. Linda earned her Masters in Education from the University of Pittsburgh and is a Licensed Professional Counselor.

VICTIM SUPPORT/ADVOCACY

Betsy Goulet, MA, is a national consultant/trainer as well as a state contractor for the Illinois State's Attorneys Appellate Prosecutor's Office where she coordinates statewide trainings and manages grants. Her successful grant writing has resulted in nearly 2 million dollars in funding for a variety of state and nonprofit agencies. Since 1986, Ms. Goulet has been working in the field of child sexual abuse, beginning with her first position as the victim advocate at a rape crisis center. Ms. Goulet was the founding director of the Sangamon County Child Advocacy Center from 1989-1995 and organized the Illinois Chapter of Children's Advocacy Centers, serving as that organization's first president. From 1995 until June of 2002 she was the Children's Policy Advisor to the Illinois Attorney General. In that role she drafted several pieces of legislation, including amendments to the Children's Advocacy Center Act and the creation of the Sex Offender Management Board. From 2002 – to 2007 Ms. Goulet was a Membership Consultant for the National Children's Alliance in Washington, D.C., conducting national accreditation site reviews and providing training for multidisciplinary team members and children's advocacy center staff. Ms. Goulet trains nationally on victim advocacy. She teaches as an adjunct faculty member at the University of Illinois, Springfield in the Public Administration graduate programs, and also at Athens State (Alabama) University's Child Advocate Studies Program (CAST). In her second year as a doctoral student in the Public Administration program at UIS she is currently researching the impact of evidence-based practices in children's advocacy centers on public policy decisions.

MEDICAL EVALUATION

Karen Farst, MD, MPH, received her undergraduate and medical school education at Texas Tech University followed by residency training in Internal Medicine and Pediatrics at the University of Arkansas for Medical Sciences (UAMS) and Masters of Public Health at the Faye Boozman College of Public Health in Little Rock, AR. While in practice in Arkansas following residency, she volunteered on the medical staff at the Benton County Children's Advocacy Center which eventually led to pursuit of fellowship training in Child Abuse Pediatrics at Cincinnati Children's Hospital. She has been on staff with the Department of Pediatrics of UAMS since 2004, working with the Team for Children at Risk in the field of Child Abuse Pediatrics as well as General Pediatrics in the Emergency Department at Arkansas Children's Hospital. She provides lectures on child abuse topics to the medical students, residents and fellows at UAMS as well as to child welfare, law enforcement and other related child abuse agency staff statewide. She has been invited to lecture nationally by the American Academy of Pediatrics, National Children's Alliance, and Regional Children's Advocacy Centers' Medical Training Academy. Dr. Farst also provides medical peer review to examiners at children's advocacy centers in Arkansas, and publishes clinically based guidelines/articles in the field of Child Abuse Pediatrics.

MENTAL HEALTH

Charles Wilson, MSSW, directs the California Evidence-Based Clearinghouse for Child Welfare. He is the Executive Director of the Chadwick Center for Children and Families and the Sam and Rose Stein Endowed Chair in Child Protection at Children's Hospital-San Diego, where he oversees a large multi-service child and family maltreatment organization providing prevention, intervention, medical assessment, and trauma treatment services; along with professional education and research. Mr. Wilson serves as the director of the Safe Kids California Project, funded by the US/HHS Children's Bureau. He co-chairs the Child Welfare Committee of the SAMHSA-funded National Child Traumatic Stress Network and serves on the Board of the California Chapter of the National Children's Alliance. He is project director for the Chadwick Trauma-Informed Systems Project which is exploring strategies for improving child welfare response to highly traumatized children. Formerly the Executive Director of the National Children's Advocacy Center in Huntsville, Alabama, Mr. Wilson has served in a variety of roles in public child protection, from a front line worker in Florida and Tennessee in the 1970s, to the State Child Welfare Director in Tennessee (1982-1995). He is past President of the American Professional Society on Abuse of Children and past Vice President of the National Association of Public Child Welfare Administrators and a former ex-officio member of the National Children's Alliance Board of Directors. Mr. Wilson is a frequent speaker at national and international conferences and seminars and the author or co-author of numerous publications, articles, book chapters on team investigation of child abuse, forensic interviewing, evidence-based practices, and trauma-informed child welfare. He is the co-author of the book *Team Investigation of Child Sexual Abuse: The Uneasy Alliance*.

CASE REVIEW

Dan Powers, ACSW, LCSW, currently serves as Clinical Director for Collin County Children's Advocacy Center; a child friendly facility in Plano, Texas, housing 120 professionals dealing with victims of child abuse and family violence. He supervises a staff of 16 therapists and clinical interns providing no cost services to victims of abuse and family violence as well as their non-offending family members. As Clinical Director he is responsible for clinical operations and program development as well as directing the Advocacy Center's clinical internship and training program. Dan has over 16 years of experience working within the field of child maltreatment and family violence. He specializes in program development and the treatment of traumatized children, adolescents and their families. In addition, he provides expert court testimony and consultation related to child maltreatment and family violence. Dan has presented workshops on a state and national level in the area of child abuse and family violence. Topics have included dynamics of child sexual abuse, ethics of child abuse reporting, adolescent sex offenders, non-offending parents, child, adolescent and family therapy, as well as the effective use of and ethical issues related to multi-disciplinary teams.

CASE TRACKING

Julie Pape Blabolil, MA, RN, CNP, is a consultant for the Homeland & Civilian Solutions Business Unit of Science Applications International Corporation. She is also a Pediatric Nurse Practitioner at the Children's Hospital of Minnesota. Previously she was Programs Director of the National Children's Alliance.

ORGANIZATIONAL CAPACITY

Chris Newlin, MS, LPC, is the Executive Director of the National Children's Advocacy Center (NCAC), where he is responsible for providing leadership and management of the NCAC, as well as participating in national and international training and leadership activities regarding the protection of children. The NCAC was the first Child Advocacy Center in the United States, and continues to provide both prevention and intervention services for child abuse in Huntsville/Madison County, Alabama, and also houses the NCAC National Training Center, the Southern Regional CAC, and the Child Abuse Library Online (CALiO™). In these capacities, Chris oversees a staff of 48 professionals and a yearly budget of 5 million dollars. He has worked in both urban and rural Children's Advocacy Centers; and currently serves on the National Children's Alliance/Regional Children's Advocacy Center Management Team, National Children's Alliance Board of Directors, and Alabama Network of Children's Advocacy Centers Board of Directors; and is a member of the International Society for the Prevention of Child Abuse and the Association for the Treatment of Sexual Abusers. Chris graduated from Hendrix College, the University of Central Arkansas, and the Harvard Business School Executive Education Program.

CHILD-FOCUSED SETTING

Andra Chamberlin, MA, is a trainer for the National Children's Advocacy Center and has over 22 years of experience in the child abuse field, conducting over 1,000 recorded forensic interviews of children. She was also part of the community organization that established the Children's Advocacy Center in Midland, Texas, and served as the Program Director/Lead Forensic Interviewer for 14 years. Andra has ten years of experience in developing, teaching, evaluating, and improving forensic interview trainings provided by the CAC Texas to child abuse professionals tasked with conducting interviews of children. In addition, she has presented at local, regional, state, and national child abuse conferences. Andra earned both a Masters in Applied Research Psychology and a Bachelor of Arts in Sociology from the University of Texas of the Permian Basin.

Bibliography of the Empirical and Scholarly Literature Supporting the Ten Standards for NCA Accreditation

Second Edition

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Multidisciplinary Team

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.

Aaron Miller, MD, MPA, is Director of the Lincoln Child Advocacy Center, Lincoln Medical and Mental Health Center, Bronx, New York, and Assistant Professor of Clinical Pediatrics, Weill Cornell Medical College. Dr. Miller founded the Partnership to Protect Children, which brought a multi-disciplinary team approach to fight child abuse in Malawi. He is a member of the Ray E. Helfer Society. David Rubin, MD, MSCE, is senior co-director of PolicyLab: Center to Bridge Research, Practice, and Policy and Director of Research and Policy for Safe Place: The Center for Child Protection & Health at The Children's Hospital of Philadelphia, and an Associate Professor at the University of Pennsylvania School of Medicine. Dr. Rubin also serves as a Senior Fellow with the Leonard Davis Institute of Health Economics at the Wharton School. Dr. Rubin has focused his academic pursuits on health policy and practice for vulnerable populations. He has spoken before the U. S. House of Representatives as a representative of the American Academy of Pediatrics' Task Force on Foster Care. He is a member of the Ray E. Helfer Society.

The purpose of this study was to describe trends in felony child sexual abuse prosecutions across two adjoining districts in New York City from 1992-2002. One of the districts experienced a significant increase in Children's Advocacy Center (CAC) participation in child sexual abuse cases compared to a neighboring district whose use of CAC's did not change substantially. The authors' hypothesis was that the growth in the use of CAC's in one district compared to the other would correlate with a relative increase in the prosecutions of child sexual abuse.

Felony prosecutions of child sexual abuse (CSA) doubled in the district where the use of CAC's nearly tripled, while little increase (25%) in felony prosecutions of CSA was found in a neighboring district, where the use of CAC's remained fairly constant over time. However, the percentage of prosecutions ending in conviction did not change appreciably between the districts over time.

The methodology was thoroughly described, along with a brief overview of the prosecutorial pathway for child sexual abuse cases. Tables are provided which illustrate the demographics of children in Child Protective Services (CPS) investigations in the two districts in 2002, incident rates of CSA cases substantiated by CPS, incident rates of felony prosecutions by the district attorney's office, incident rate ratios of felony prosecutions by year, and felony conviction rates over time.

The authors offered a cautionary note concerning the interpretation of the data they report and other limitations, including the fact that District One included data for victims 14-17, District Two did not. Their discussion of the results also referred to previous articles in the literature which have found CAC's to have had a positive influence in evaluating and coordinating child sexual abuse cases. They issued a call for further research to delineate how CAC's impact the likelihood of prosecution of child sexual abuse.

Bertram, R. M. (2008). Establishing a basis for multi-system collaboration: Systemic team development. *Journal of Sociology & Social Welfare*, 35(4), 9-27.

Rosalyn M. Bertram, Ph.D. is associate professor at the University of Missouri-Kansas City School of Social Work. She has published several articles about the theory base for model fidelity in the wraparound approach to collaborative, ecological, strengths-based family centered team efforts, and is an advisor in the National Wraparound Initiative. Her current research examines theory-based multi-systemic team development at administrative and supervisory levels in Kansas City's response to reports of child sexual abuse. Dr. Bertram teaches advanced level courses about families, communities, child welfare, and evidence-based practice.

Administrators from police, child protective services, forensic and medical evaluators, prosecutors, family court and treatment providers in Kansas City, Missouri clarified the roles of multi-system response to child sexual abuse by applying a theory-based model for team development. This exploratory study examined the efficacy of the model for resolving inter-agency conflict and may contribute to constructing logic models in multi-system collaboration. The author was engaged by a Child Protection Center governance group as a consultant to assist with resolving issues within a multidisciplinary team (MDT) involving damaged trust, reductions in state funding, staff turnover and lags in multi-system communication and response. The author proposed a Systemic Team Development (STD) model to resolve the problems occurring within the MDT. Theory based constructs of team composition and structure were evaluated through semi-structured interviews of team members and observation of team processes. Interviews revealed diverse and conflicting views about individuals and agencies. Team meetings involved identifying a commonly defined structure of goals and rules and establishment of a basis for engagement in assessment and planning. The STD model required team members to pause and agree upon a summation of assessment before creating plans of action. This examination resulted in the conclusion that the group lacked clarity of the different levels of activities contributing to contributed to confusion on roles and responsibilities. Further meetings were held to clarify and refine these issues. The status agreement was used with the stated goals to develop a plan of action. The author concluded that despite changes in participants who had earlier hindered

collaboration, and despite differences of perspectives, the administrators agreed upon specific timelines and actions each agency should accomplish so that information and services were more timely and more integrated. A collaborative structure including a co-authored a manual for this best practice protocol, training of staff, and agreement to share a database to evaluate agencies' abilities to accomplish protocol timelines and activities was developed. Researcher bias was not detected within the report, however it must be considered when reviewing these results.

Walsh, W.A., Lippert, T., Cross, T. P., Maurice, D. M., & Davison, K. S. (2008). How long to prosecute child sexual abuse for community using a children's advocacy center and two comparison communities? *Child Maltreatment, 13*(1), 3-13.

Wendy A. Walsh, PhD, is a Research Assistant Professor of Sociology at the Crimes Against Children Research Center at the University of New Hampshire (CRCC). Tonya Lippert, PhD, MSSW, is on the faculty at Portland State University and is with CARES NW in Portland, Oregon. Theodore P. Cross, PhD, was the director of the Multi-Site Evaluation of Children's Advocacy Centers at the CRCC. He is now a Visiting Research Specialist in Quantitative Analysis at The Children and Family Research Center, University of Illinois, Urbana-Champaign. Danielle Maurice is a doctoral student at Brandeis University. Karen Davison, LMSW, is with the School of Social Work at the University of Denver.

This study examined the length of time between key events, including total case processing, of child sexual abuse cases. The authors completed a thorough review of the literature including a review of (Smith & Elstein, 1993) in which a national survey of prosecutors on their experience prosecuting child sexual abuse cases. Sixty-nine percent of prosecutors believed that child sexual abuse cases took more time from filing to disposition than did assault rape cases. The review also found that most studies show that it takes about one year from filing to disposition for child sexual abuse cases. This study examined the length of time between three phases of prosecution: (1) charging decision, (2) case resolution process, and (3) total case processing time. These values were compared across three sites, one with a Children's Advocacy Center (CAC), and two comparison communities without CACs. Data were collected between December 2001 and December 2003 from case files. The cases were followed until June 2005 to obtain criminal justice outcomes; 44% had a guilty plea, 30% were pending after 2 years, and 26% went to trial. Most cases took between 31 and 60 days to reach indictment. Cases which were seen at the CAC had a significantly quicker charging decision time than those at either of the two comparison sites. CAC cases had a quicker preliminary processing time than the two comparison communities. The authors suggested that this may possibly indicate greater involvement of prosecutors initially during the process.

Limitations to this study were given, including the fact that the three comparison communities were all from within the same county, perhaps limiting the generalizability of the findings and second, a number of important variables were not included in the study which could help to shed light on the variations in case resolution time. From the data collected the authors made three suggestions. First, CACs could potentially identify effective case flow management; second, they suggest that more research is needed to examine variables which might influence case resolution time; and third, more research is needed on how case resolution time affects children.

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

Paula M. Wolfteich, PhD, is an Assistant Professor of Clinical Psychology at Florida Institute of Technology, and Director of their Family Learning Program, a state-funded program that serves sexually abused children and their families. Brittany Loggins, MS, is a Counselor in Winder, Georgia. This article was written while they were both at the Department of Psychology and Counseling at Valdosta State University.

This study compared outcomes from 184 child abuse and neglect cases which were served through three different modes of Child Protection Services (CPS) including a Children's Advocacy Center (CAC). Outcomes studied were efficiency, substantiation, arrest and prosecution, and revictimization. The methodology was explained textually and with a table illustrating the demographics of the three different groups. Outcomes were also illustrated in tabular form. CACs showed increased substantiation and a shorter investigative period than traditional CPS. Discussion and limitations of the study were thorough, and the authors concluded that the main advantage of CACs is their multidisciplinary nature.

Powell, S. M., & Hohenhaus, S. M. (2006). Multidisciplinary team training and the art of communication. *Clinical Pediatric Emergency Medicine*, 7(4), 238-340.

Steve M. Powell is the Chief Executive Officer, President and founder of Healthcare Team Training (HTT). Powell has been involved in human factors education and teamwork training in the US Navy, commercial airline industry, and the healthcare industry for over 25 years. His most recent experience includes patient safety and patient-centered care training, curriculum development, root cause analysis, research, and team-based simulation. He earned a Masters in Human Factors from Embry-Riddle Aeronautical University and is a graduate of the Naval

Postgraduate safety school and earned his undergraduate degree in Mathematics from the University of North Carolina at Chapel Hill. He serves as a Board member for the North Carolina Center for Hospital Quality and Patient Safety. Susan M. Hohenhaus earned her Doctorate in Law and Policy at Northeastern University, Boston, Massachusetts. She holds a master's degree in Social Policy and Health Care Policy and a Bachelor of Science degree in Community Health and Human Services from Empire State College, and an associate's degree in nursing from Regents College of the University of the State of New York. With more than 30 years' experience as an emergency nurse, Hohenhaus is executive director for the Emergency Nurses Association and was previously the director of ENA's Institute for Quality Safety and Injury Prevention, and president of Hohenhaus and Associates, a health care consulting company.

This article describes the methods included in crew resource management that foster an environment of mutual respect among professionals working together from disciplines. The focus is upon using methods from the aviation industry to improve communication and reduce error within the healthcare industry. The authors suggest that these methods can be used within multidisciplinary teams. The program, crew resource management (CRM), recommends that hierarchy should be flattened so that all members of the team are empowered to speak up about any concerns. Three components of CRM are reviewed. The first component is *briefings*. Briefings review tasks of each team member and provide opportunity to discuss contingency plans. In a study of medical teams using briefings, it was found that nurse staffing turnover rates were reduced by 50% compared to teams seldom using briefings. The second component is the *use of checklists and best practices*. Due to the number of interruptions in the medical environment, the use of a checklist and following best practices provides for strengthened acceptance of responsibility. The third component of CRM is *communication that fosters an environment of mutual respect*. Use of this approach has been shown to provide a "psychological safety" among team members which promotes the voicing of concerns. The authors suggest that by following CRM procedures of standardized procedures and checklists as well as implementation of teamwork training to foster mutual respect, multidisciplinary teams can reduce error and serve clients more effectively. It should be noted that the authors are paid consultants to healthcare teams.

Smith, D. W., Witte, T. H., & Fricker-Elhai, A. E. (2006). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment, 11*(4), 354-360.

Daniel W. Smith, PhD, is the Director of Training at the Medical University of South Carolina's National Crime Victims Research & Treatment Center. Tricia H. Witte, PhD, is an Assistant

Professor of Psychology at Birmingham Southern College in Birmingham, Alabama. Adrienne E. Fricker-Elhai, PhD, is a clinical psychologist specializing in child and adolescent psychology in Sioux Falls, South Dakota.

This study compared CAC-based procedures and outcomes to those in Child Protective Service (CPS) investigations not based in CAC's during a four month period in one mid-south rural county. The CACs showed increases of involvement of local law enforcement in investigation, medical examinations, substantiation, referral for prosecution and conviction rates, and mental health referrals, when compared to non-CAC based CPS. Limitations of the study were discussed and suggestions for future research were made.

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

Each of the four authors was affiliated with the Crimes against Children Research Center (CCRC) at the University of New Hampshire when this article was published. Lisa M. Jones, PhD, is a Research Assistant Professor of Psychology and has over 10 years of experience conducting research on sexual crimes against children with a focus on analyzing and evaluating national, state, and community-level responses to victims. Dr. Jones has authored or co-authored several influential papers on national trends in sexual victimization of children and youth. She helped to direct a five-year, quasi-experimental Multi-Site CAC Evaluation Project, funded by OJJDP. Dr. Jones is the recipient of a grant from the National Institute of Justice to conduct a process evaluation of four of the most prominent Internet safety prevention programs. Wendy A. Walsh, PhD, is a Research Assistant Professor of Sociology; Monique Simone, MSW, is Research Associate; and Theodore P. Cross, PhD, was the Director of the Multi-Site Evaluation of Children's Advocacy Centers at the CCRC. He is now a Visiting Research Specialist in Quantitative Analysis at The Children and Family Research Center, University of Illinois, Urbana-Champaign.

The authors reviewed the research relevant to seven practices considered by many to be among the most progressive approaches to criminal child abuse investigations. This article was intended for professionals involved in child abuse investigations. Following a brief introduction, the authors provided an overview of the research to date conducted in each of the seven areas considered to be best practices for criminal child abuse investigations: (1) multidisciplinary team investigations, (2) trained child forensic interviewers, (3) videotaped interviews, (4) specialized forensic medical examiners, (5) victim advocacy programs, (6) improved access to mental health treatment for victims, and (7) Children's Advocacy Centers. Research supporting competing views is discussed as well as areas of research which are lacking. The article was completed with a list of implications for practice, policy, and research and an extensive bibliography.

Lalayants, M., & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: a research agenda. *Child Welfare*, 84(4), 433-458.

The authors of this article are both affiliated with the Hunter College School of Social Work at the City University of New York. Marina Lalayants is a *Doctoral Candidate and Adjunct Lecturer* and Irwin Epstein, PhD, is Professor of Applied Social Work.

The article began with the premise that although multidisciplinary teams (MDT) are used with increasing regularity, the field had not acquired adequate information about their structural variations, implementation processes, or effectiveness. The audience for this article was those involved with investigation of child abuse cases. The authors examined teams' possible weaknesses and discuss implications for future evaluation. This article critically reviewed the MDT research literature and summarizes the evidence concerning MDT benefits. The literature review sections cover Team Practice in Child Protection, Definitions of MDTs, Team Models and Compositions, and MDT Effectiveness. The extensive review of the research literature drew the following conclusions: agencies reviewed more suspected cases, missed fewer cases, resolved more cases successfully and they reduced fragmentation and duplication. Synthesis of the research also revealed that team members reported the MDT approach helped bring a more positive view of working conditions, decreased stress, and improved client relations while providing moral support and confidence. Clients found services more accessible and less fragmented. The literature also revealed several areas in which problems can occur. What may seem dysfunctional by one team member may be viewed as an objective by another. Among the most common barriers to team effectiveness were: (1) defining shared goals and objectives, (2) conflicting theories and ideologies about child abuse and neglect, (3) lack of consensus, (4) turf disputes, (5) agency territorialism, (6) power struggles, (7) confusion about leadership roles and the ownership of the case, and feelings of excessive case scrutiny, and (8) that interdisciplinary decision making is more time consuming than traditional approaches. Although this review of the research on MDT effectiveness was the most extensive to date, the authors suggest that areas needing further attention are: (1) more consistent operational definitions of short- and long term MDT outcomes, (2) more descriptive quantitative studies of variations in MDT designs and structures, and (3) more qualitative studies of MDT collaborative processes.

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

Each of the authors of this article was affiliated with Temple University when it was written. Bernie Sue Newman, PhD, is Chair of the Social Work Department and an Associate Professor; Paul Dannenfelser, MSSW, is a Field Education Specialist, and Derek Pendleton, BS, was an

MSW student. The authors surveyed 290 CPS and LE investigators who use a CAC in their investigations of criminal cases of child abuse to determine the reasons chosen for using a CAC. Included is historical information about the development of CACs, followed by an explanation of the research design. The study describes the five major reasons front-line LE and CPS investigators use CACs when investigating cases of child abuse: (1) child-friendly environment; (2) referrals, support, assistance with counseling, medical exam; (3) expertise of interviewers at the CAC; (4) formal protocol when a sexual abuse case is investigated; and (5) access to video and audio equipment and two-way mirror. Included in the article is list and discussion of ways the participants considered CACs could be more helpful including more staff availability, more and larger facilities, and better communication and collaboration.

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

Kathleen Coulborn Faller, Ph.D., A.C.S.W., D.C.S.W., is Marion Elizabeth Blue Professor of Children and Families in the School of Social Work at the University of Michigan. She is also Director of the Family Assessment Clinic, a program at the University of Michigan School of Social Work that involves collaboration with the Law School and the Medical School. She is Principal Investigator on Training Program on Recruitment and Retention of Child Welfare Workers and Principal Investigator of the University of Michigan site of National Child Welfare Workforce Institute. She is a well-known author of numerous books and articles in the literature on child maltreatment, including *Interviewing Children about Sexual Abuse: Controversies and Best Practice* (2007). She has conducted over 300 juried conference presentations at state, national, and international conferences and over 250 workshops addressing controversies of interviewing children about sexual abuse, the co-morbidity of child maltreatment and parental substance abuse, domestic violence, and cultural competence in child welfare. James Henry, PhD, MSW, joined the faculty of Western Michigan University in 1997 after 17 years in Child Protective Services. He is a Professor of Social Work and Program Director for Western Michigan University's Children's Trauma and Assessment Clinic. Last year Dr. Henry was the recipient of a continuing award of \$300,723 from the U.S. Department of Health and Human Services to be used to reform child welfare service delivery in the state of Michigan.

Criminal case files resulting from use of a community collaboration protocol for case management of child sexual abuse were outlined and examined. This target audience for this article was communities and professionals involved in the investigation and prosecution of child sexual abuse cases. The authors approached the study from the standpoint of the belief that successful community collaboration can be achieved. A brief review of the literature was followed by a description of the components of the community case management plan. Data

were abstracted from 323 criminal records files for sex crimes against children, the total number of closed cases from 1988 to 1998. Twelve variables were examined to define the effectiveness of the community's plan for case management of sexual abuse: (1) protective services and law enforcement involvement, (2) videotaping of child interviews, (3) medical exams, (4) child disclosure of abuse, (5) child and family response to the abuse, (6) child placement, (7) suspect confessions, (8) suspect polygraph findings, (9) suspect pleas to sex offenses, (10) trials, (11) child testimony, and (12) sentences received by offenders. Results and implication for policy are discussed. The study found an offender confession rate of 64% and 69% of referred cases were charged. The charging rate of cases in this study also compares favorably to the charging rate reported in Cross and colleagues' research (Cross, Whitcomb, & De Vos, 1994; Cross, De Vos, & Whitcomb, 1995), who studied criminal prosecution in four jurisdictions, and to that found by MacMurray (1988, 1989), who examined case outcomes for 87 Massachusetts cases. In both studies a little more than half of cases were charged.

Bross, D. C., Ballo, N., & Korfmacher, J. (2000). Client evaluation of a consultation team on crimes against children. *Child Abuse and Neglect*, 24(1), 71-84.

Donald C. Bross, JD, PhD, is a noted author and advocate for abused children and is affiliated with the Kempe Children's Center, Department of Pediatrics, University of Colorado School of Medicine. C. Henry Kempe was one of the first to introduce the team approach to the diagnosis and treatment of abused children in 1958. Jon Korfmacher, PhD, is an expert in the field of early childhood intervention programs.

This article described the role of outside multidisciplinary forensic teams consultations based on the perception of agencies who pay for their services. The concept of outside multidisciplinary teams is scarce in the literature and this article describes the history and types of services of this consulting forensic team in their approach to complex criminal and civil abuse cases. The methodology and results of the State and Regional Team (START) review are provided, as well as the discussion of the limitations of the survey. One third of the cases studied would not have proceeded to an appropriate criminal or civil resolution without the consultation of the START team. Still in existence today, this multidisciplinary team allows expertise to be utilized in rural geographical areas such as Colorado, Alaska, Wyoming and Idaho.

Kolbo, J. R., & Strong, E. (1997). Multidisciplinary team approaches to the investigation and resolution of child abuse and neglect: A national survey. *Child Maltreatment*, 2(1), 61-72.

Jerome R. Kolbo, PhD, is a professor of Social Work and Associate Dean, College of Health and Human Sciences, at the University of Southern Mississippi. Edith Strong, MA, MSW, is an Adjunct Instructor of Sociology at Seton Hill University. This article was authored while both were affiliated with the West Virginia University School of Social Work.

A national survey was conducted to examine the trends in multidisciplinary system design and to measure the potential benefit of multidisciplinary teams from the perspective of the respondents, state-level Child Protective Services staff. Trends and patterns supported by the data, specifically configuration, legislation and protocol, functions, composition and representation are summarized. No two states present the same approach with their MDT's. Challenges were addressed and recommendations for future research were explained.

Tjaden, P. G., & Anhalt, J. (1994). *The Impact of Joint Law Enforcement - Child Protective Services Investigations in Child Abuse Cases*. Denver, CO: Center for Policy Research.

Patricia Tjaden, PhD, a recognized expert on violence against women and director of the Tjaden Research Corporation, and Jen Anhalt, a researcher at the Center for Policy Research, designed this study to provide empirical data on the types of collaborative investigative strategies being implemented by law enforcement and child protective services (CPS).

The study examined the impact of these strategies on case processing and case outcomes, as well as the administrative and institutional barriers that may impede collaborative investigations. Also examined were the experiences of families and practitioners with the joint investigative process. Child Protective Services records across five study sites for 1,829 cases were reviewed. Each case was tracked to its police department to determine what if any action was taken by the police to investigate the report. Then cases were tracked into the respective criminal courts to determine what if any criminal actions were taken. Major findings were categorized by prevalence of joint investigations, characteristics of cases with joint investigations, impact on case processing and outcomes, practitioner experiences, and obstacles to implementing joint investigations. Among the findings was a positive and significant relationship between the degree of cooperation existing between police and CPS and the frequency with which joint investigations are conducted. Another finding was that the manner in which joint investigations were operationalized affected the frequency in which they were conducted. Findings of positive outcomes in each area prompted the authors to recommend joint investigations for all jurisdictions.

Jaudes, P. K., & Martone, M. (1992). Interdisciplinary evaluations of alleged sexual abuse cases. *Pediatrics*, 89(6), 1164-1168.

Paula Kienberger Jaudes, MD, has been a leading advocate for children for almost three decades. In 1993 she became the first physician in the United States to be named medical director of a state child welfare agency, the Illinois Department of Children and Family Services. She is President and CEO of La Rabida Children's Hospital and Professor of Pediatrics at the University of Chicago.

This article described the Victim Sensitive Interviewing Program (VSIP) developed in 1986 at the La Rabida Children's Hospital and Research Center in Chicago. Sexual abuse evaluations for the time period two years before the VSIP was developed were compared with VSIP evaluations for two years after it was developed. There were significant decreases in the number of interviews and number of interviewers. Significant increases were found in identification of perpetrator, charges being pressed after identification of the perpetrator and indication of cases of sexual abuse by the state child welfare agency.

Cultural Competency and Diversity

Smith, N., & Harrell, S. (2013). Sexual abuse of children with disabilities: A national snapshot. Issue Brief. New York: Vera Institute of Justice Center on Victimization and Safety. <http://www.vera.org/sites/default/files/resources/downloads/sexual-abuse-of-children-with-disabilities-national-snapshot-v2.pdf>

Nancy Smith, MS, is director of the Vera Center on Victimization and Safety. Smith trains on issues of domestic violence and sexual violence, collaboration, needs assessment, strategic planning, and capacity building. Sandra Harrell, MS, is Project Director of the Accessing Safety Initiative at the Center on Victimization and Safety

This paper reports a summary of the findings emerging from a project to learn more about the factors that contribute to sexual abuse of children with disabilities. The main problem addressed was the fact that children with disabilities are three times more likely than other children to be victims of sexual abuse, yet despite these numbers, abuse of children with disabilities has not attracted the attention of policymakers, practitioners, advocates, or community members. A second issue of focus was the fact that these children are also less likely to receive victim services and supports. The study was conducted by review of the literature, interviews with key stakeholders, and a national roundtable with participants from a wide variety of backgrounds who were brought together discuss the issues related to victims of sexual abuse with disabilities including an understanding of the factors that contribute to the high rates of abuse, the unique dynamics of these cases, the preventive and intervention responses, and to identify critical gaps in current efforts. This paper reports an overview of research on incidence and prevalence, the dynamics of the abuse, and the recommendations that the panel compiled. Several points were derived from the literature supporting the fact that children with disabilities are at a significantly higher risk for abuse than children without disabilities. Gaps in understanding of these issues brought up questions such as: What are the national prevalence rate and the institutional setting rate for abuse? Do the rates vary by disability type and degree? Who were the offenders and what percentage of incidents are reported? The interviews with stakeholders provided significant information including the understanding that discrimination against children with disabilities remains persistent. This discrimination has caused responses and supports for children to be structured their dependency resulting in a culture of compliance. It was further found that children with disabilities are systematically denied basic information about sexual health and relationships. The research and the stakeholders point to the fact that children with disabilities have a greater dependence on others and therefore, perpetrators are often connected to the children through their disability. Another finding was the great lack of primary prevention efforts specifically geared toward preventing abuse of children with disabilities. The final finding was the fact that public awareness about sexual abuse of children with disabilities is lacking on every level. Several recommendations were developed including the development of a national strategy to among other things: engage key stakeholders, increase public awareness, increase research and

funding, advance public policy and legislation, target prevention efforts, and build advocacy, service, and criminal justice responses.

Dettlaff, A. J., & Earner, I. (2012). Children of immigrants in the child welfare system: Characteristics, risk, and maltreatment. *Families in Society*, 93(4), 295-303.

Alan J. Dettlaff, associate professor, University of Illinois at Chicago earned an MSW and PhD at the University of Texas at Arlington. Dr. Dettlaff's research interests focus on improving outcomes for children of color in the child welfare system through the elimination of racial disparities. Dr. Dettlaff is actively involved in research addressing the overrepresentation of African American children in the child welfare system and identifying and understanding the unique needs of immigrant Latino children who come to the attention of this system. His current research includes examination of the factors that contribute to disparate outcomes for African American in the child welfare system and examination of the current state of policy and practice with immigrant children and families. Ilze Earner, associate professor in the Hunter College School of Social Work, City University of New York earned an MSW from California State University and PhD from Columbia. In 1999, she founded the Immigrants and Child Welfare Project providing consulting, technical assistance and training on issues related to foreign-born populations and child welfare. Dr. Earner has published extensively on topics related to program and curriculum development about refugees, immigrants and human trafficking.

This study analyzed characteristics, risk factors, and incidence of maltreatment among children of immigrants and compared those factors to children in U.S.-born families. Data was taken from the National Survey of Child and Adolescent Well-Being (NSCAW), consisting of 5,501 randomly selected children, their caregivers, and child welfare caseworkers. Prevalence rates and statistical tests were weighted to provide estimates for the national population of children who were subjects of reports to CPS agencies. Just over two thirds of child with foreign-born parents and subjects of CPS reports were Hispanic, while about 15% were non-Hispanic White, followed by 10% non-Hispanic Black and over 7% non-Hispanic Asian. Data analysis showed that children of immigrants were more than twice as likely to be subjects of CPS reports of alleged sexual abuse than children of U.S.- born parents and more than three times as likely to be subjects of reports of alleged emotional abuse. However, children of U. S.-born parents were nearly ten times more likely to be subject of reports of neglect. No significant difference in maltreatment substantiation rates were found between the two groups. Risk factors for abuse were identified for purposes of analysis. Risk factors such as alcohol abuse and drug abuse were found to be three times more prevalent in the homes with U.S.-born parents than in the homes with immigrant parents. The U.S.-born parents were also significantly more likely to have intellectual or cognitive impairment. The researchers identify some implications of the findings:

1) Immigrant families may have strengths that can be used to facilitate positive outcomes such as they reasons for migrating including the desire for better lives for their children and the presence of extended family for support; 2) Many problems affecting immigrant families originate outside the family in places such as public schools and within social and economic structures, in many cases causing disadvantages with regard to accessing services; and 3) Child welfare agencies need to address emotional abuse through prevention efforts and information provision. The study was limited by the inability to identify differences among immigrant families with relation to immigrant status. A second limitation was the reliability and validity of caseworker reports of parent and family risk factors. The researchers suggest that future studies should address these issues by collecting data on these measures.

Lawrence, C., Zuckerman, M., Smith, B. D., & Liu, J. (2012). Building cultural competence in the child welfare workforce: A mixed-methods analysis. *Journal of Public Child Welfare*, 6(2), 225-241.

Catherine Lawrence is Assistant Professor in the School of Social Welfare at SUNY-Albany. Her research examines social welfare policy in the United States, with a focus on families, poverty, child welfare and the distribution of social goods. Previously, she was a graduate Research Associate at the Nelson A. Rockefeller Institute of Government, SUNY, where she published work on state policy implementation. Monna Zuckerman is Lecturer in the School of Sociology, Anthropology and Social Work at Skidmore College. Brenda D. Smith is Associate Professor at the University of Alabama, School of Social Work with research and expertise in child welfare services and policy and frontline practice in human service organizations. Junqing Liu is Research Assistant Professor at the University of Maryland, School of Social Work. Liu's area of research and expertise is in child welfare issues.

This research provides review of the literature supporting the need for cultural competence. Second, it reports the results of a program to increase participant knowledge of cultural competence. Also reported are measures of participant attitudes toward need for cultural competence as well as level of application to practice. Problems evidenced in the literature and included for this research are: 1) Over-representation or disproportionality of minority children in child welfare services, and 2) The majority of child welfare professionals have earned professional degrees that did not include cultural competence training. Due to this lack of professional training in cultural competence, the authors describe and report the results of a training program designed to increase knowledge of several areas related to cultural competence and then integrating the concepts into practice. The Bennett (1993) model incorporating six levels of cultural competence was used in this training. The training included a substantial amount of information related to Native American families and the Indian Child Welfare Act

(IWCA). Participants reported having very little or no previous training in the ICWA, while those who reported some previous training also reported little understanding of its implications for their practice. Of the 162 professionals who completed the two-day training, 151 or 93% completed a follow-up survey. Twenty-five percent of those who completed surveys were chosen to participate in interviews. The survey showed a significant increase in knowledge across all topics. There was a significant increase in knowledge related to the ICWA. Findings further indicated that participant attitudes reflected a willingness to seek information and to incorporate new knowledge into practice. Results further indicated that training in cultural competence can influence professionals' perceptions of their frontline practice. The authors suggested that further study into the effects of cultural competency training upon frontline decision making should be undertaken. There were no apparent researcher biases related to this study.

Bigfoot, D. S., & Funderburk, B. (2011). Honoring children, making relatives: The cultural translation of parent-child interaction therapy for American Indian and Alaska Native families. *Journal of Psychoactive Drugs*, 43(4), 309-318. <http://tinyurl.com/oobes2p>

Dolores Bigfoot is Assistant Professor of Research, Center on Child Abuse and Neglect, University of Oklahoma Health Sciences Center. Bigfoot is Director of the Native American Division, providing oversight and administration for all programs that have Native American emphasis. She also provides consultation and training to tribes, organizations, and state and federal personnel in cross-cultural issues and issues of diversity, also on cultural traditions and parenting practices. Beverly Funderburk is Associate Professor or Research in the Department of Pediatrics, Section of Developmental and Behavioral Pediatrics in the University of Oklahoma Health Sciences Center. She conducts treatment and training in Parent-Child Interaction Therapy. Dr. Funderburk's research interests include issues of training and dissemination in PCIT and cultural applications of PCIT.

This article addresses the cultural adaptation of Parent-Child Interaction Therapy (PCIT) to Native American and Alaska Native families. PCIT was one of three therapies adapted within the Indian Country Child Trauma Center (ICCTC). The program was designed to implement the basic components of PCIT in a framework that supports American Indian and Alaska Native traditional beliefs. Cultural considerations embedded into the ICCTC's model transformation process and specific applications for PCIT within the model are discussed. The authors explain that PCIT is compatible with traditional beliefs in several ways including 1) the belief that children need caring, concern and encouragement from parents and extended family, 2) the belief that each child possesses qualities needed to develop into a worthwhile human being, and 3) the belief in caregivers' responsibilities to nurture the positive nature of a child with respect and honor. A review of eight facets of practical application of PCIT to Native American and Alaska Native families is provided. Engagement: It was important for therapists to communicate to

families that all caregivers were encouraged to attend and observe. Coaching: It was important to remember that within these cultures listening and watching are not seen as passive, but ways to learn, understand and incorporate new behaviors. Verbal responses: Careful attention was needed to attending to the comfort level of caregivers. Language cadence: Attention had to be given to the potential need for adjustment in coding time. The importance of play: Reinforcement of the concept of the child at the center of the circle was needed. Questioning: A strong tradition of storytelling was found to reduce parents' questions. Praise: Special attention was given to parent's using culturally appropriate words such as "honor" and "respect". Bug in the ear: The device was framed as a "helper", a concept embraced by Native American and Alaska Native cultures. The authors summarized the process by stating that tension can arise between adhering to the fidelity of an Evidence-Based Practice while respecting the unique aspects of a cultural group. Furthermore, they warn against a provider's familiarity with a cultural group causing the assumption that extensive adaptations may be required when this is not always the case. They caution that cultural adaptation of PCIT should be regarded as a conceptual approach applied case by case while maintaining the integrity of the evidence-based treatment.

Friedman, M. S., Marshal, M. P., Guadamuz, T. E., Wei, C., Wong, C. F., Saewyc, E. M., & Stall, R. (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American Journal of Public Health, 101*(8), 1481-1494.

Mark S. Friedman, PhD, Michael P. Marshal, PhD, Thomas E. Guadamuz, PhD, Chongyi Wei, DrPH, and Ron Stall, PhD, are with the Department of Behavioral and Community Health Sciences and the Center for Research on Health and Sexual Orientation, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, PA. Carolyn F. Wong, PhD, is with the Children's Hospital Los Angeles, University of Southern California, Los Angeles. Elizabeth M. Saewyc, PhD, RN, is with the School of Nursing, University of British Columbia, Vancouver. This study sought to compare the likelihood of childhood sexual abuse, parental physical abuse, and peer victimization based on sexual orientation. Previous studies have suggested that sexual minority youths compared with sexual nonminority youths are more likely to experience these victimizations. These studies have varied in effect sizes, measurement of abuse and sexual orientation, group comparison, sampling, and decade of study. The authors of the current study emphasized that relying upon any one study to determine risk factor for victimization was problematic. They undertook a meta-analysis of previous studies while also including the possible moderating roles of bisexuality, decade of study, and gender. Criteria for studies included in the meta-analysis included: comparison of the likelihood of self-reported childhood sexual abuse, physical abuse perpetrated by parents or guardians, or peer victimization between sexual minority and sexual nonminority individuals; and report abuse occurring prior to age 18 years. Only school-based studies conducted in North America were included in the meta-

analysis. Four of the authors coded the relevant articles for independent variables: sexual orientation, childhood sexual abuse, parental physical abuse, and peer victimization. Moderator variables were bisexuality status, decade of survey, and dimensions used to assess sexual orientation. Analysis of data revealed that compared with sexual nonminority adolescents, sexual minority adolescents were on average 2.9 times more likely to report childhood sexual abuse. Compared with sexual nonminority adolescents, sexual minority adolescents were on average 1.3 times more likely to report parental physical abuse. Compared with sexual nonminority adolescents, sexual minority adolescents were on average 1.7 times more likely to report being threatened or injured with a weapon or otherwise assaulted. Sexual minority youths were also 2.4 times more likely to miss school because of fear. Analysis also showed that gender moderated the relationship between sexual orientation and childhood sexual abuse in that the disparity in sexual abuse between sexual orientation groups was greater for males than females. The study authors identified limitations including, data were collected through retrospective self-reports, which may be biased; it was not possible to test for ethnic and racial differences; studies did not collect data or test possible factors such as disclosure of one's sexual orientation, gender role nonconforming behavior and other sexual minority-related factors that may be associated with childhood abuse. The authors assert that the study results have implications for prevention efforts. In conclusion, the authors list ten relevant research questions for further examination.

Fontes, L. A. (2010). Interviewing immigrant children for suspected child maltreatment. *The Journal of Psychiatry and Law*, 38(3), 283-305. <http://tinyurl.com/onuvt5z>

Dr. Fontes earned a Ph.D. in Counseling Psychology from the University of Massachusetts, Amherst. She has written numerous articles and chapters on cultural issues in child maltreatment, violence against women, and cross-cultural research. Fontes teaches at the University Without Walls at the University of Massachusetts. She has worked as a family, individual, and group psychotherapist and has conducted research in Chile, and with Puerto Ricans, African Americans, and European Americans in the United States.

Fontes presents many of the challenges and possible obstacles to interviewing children who are immigrants or who are children of immigrants. Information is presented concerning biases, cultural differences, and linguistic issues that can potentially interfere even when interviewers have the best intentions. Some issues presented as problematic when approaching the interview include the possibility that caregivers may feel they are being accused of less than adequate care of the child, which may result in loss of custody, prosecution, or deportation. A second consideration is the fact that in many cultures, children are expected to keep family secrets within the family or community. Another issue of concern is language barriers. Fontes states that professionals who speak a little bit of a language may be tempted to conduct the interview without using an interpreter, a practice that is inadvisable unless the interviewer is truly

proficient in the language. Fontes provides several guidelines for interview preparation. These include preparing the physical setting, gathering information on the child's cultural background, and assessing the child's level of acculturation to the extent possible. Fontes then provides information on the important aspects of rapport building and conveying respect to both child and caregiver. These critical aspects include interviewer demeanor and interviewer voice. Other important aspects on the interview Fontes includes as critical are the pace and time of the interview and assessment of the child's development. The author provides analysis of issues and suggestions for approaching each one successfully. This article provides practical, hands on information to the forensic interviewer regarding cultural considerations.

Fontes, L. A., & Plummer, C. (2010). Cultural issues in disclosure of child sexual abuse. *Journal of Child Sexual Abuse*, 19(5), 491-518.

Lisa Aronson Fontes, PhD, is a Professor in the University without Walls, at the University of Massachusetts at Amherst. She holds a Doctorate in Counseling Psychology and is a noted author on cultural issues in child maltreatment and violence against women. Dr. Fontes regularly trains social workers, psychologists, attorneys, law enforcement personnel, physicians, educators, women's crisis workers, parents, and others in cultural competence and family violence issues. Carol Plummer, PhD, is an Associate Professor in the Myron B. Thompson School of Social Work and a Research Affiliate at the Consuelo Foundation, University of Hawaii at Honolulu. She holds a dual Doctorate in Social Work and Psychology. She is a noted author and researcher in the field of child sexual abuse.

This article examined cultural issues as they apply to disclosure of child sexual abuse. The article was divided into three sections. Section one reviewed the seminal literature to date on disclosure. Section two reviewed the literature on the ways culture plays a role in disclosure and reporting. Section three provided guidelines for culturally sensitive interviewing. The conclusions drawn emerged from both the empirical literature and the clinical experiences of both authors. The results of studies focusing upon cultural influences overall, is unclear. Therefore, Fontes and Plummer focused upon ten distinct issues that they believe may silence disclosures in some cultures. The literature showed that shame was a central issue which can inhibit disclosure in many cultures. Studies also showed that shame "may also be a strong predictor of postabuse adjustment." The second cultural factor affecting disclosure as identified by the literature was taboos and modesty. Some cultures prohibit even speaking of any topic related to sexuality or the body. Therefore, disclosure is often met with severe anger or punishment toward the victim. Sexual scripts in some cultures make disclosure more difficult. In many cultures "the view of sex as a gender battlefield" makes it more difficult for boys to disclose victimization by females because disclosure would seem to imply that the boy is not as manly as he should be. In many cultures virginity for girls and even the hint of loss of virginity is considered a dishonor. In some

cultures girls who have been victimized are seen as having disgraced the family and may suffer punishment. This is a deterrent to disclosure. Lower status of females in some cultures often causes a report of assault to be discounted. African American women and girls are often expected to keep silent because their complaint would be seen as illegitimate. Further deterrents to disclosure in some cultures exist in the strong values of honor and respect toward older males in society. Religious beliefs may often inhibit disclosure.

Two additional categories of deterrents to disclosure have been found in the literature. The first category was reporting costs, which vary by ethnic group and may inhibit disclosure. Reporting costs may include loss of privacy and family support as well as financial loss. The second issue was structural barriers to disclosure. These included linguistic barriers, lack of document in native languages, immigration laws, racism, and economic barriers. The literature also revealed positive effects of culture on disclosure. Strong mother-child relationships, intolerance of adult sexual practices with children, high value placed on women and children, strong social sanctions against abuse, and extended family supervision of children are some of the positive effects on probability of disclosure. The literature also showed that people within the United States from different cultures may differ in how child sexual abuse is defined and understood. Studies found that African American and Hispanic adults were more likely to report suspected abuse by a stranger but were less likely than Caucasians to report abuse by friends or family members. Section three of this article examined the ways professionals should address cultural issues in child sexual abuse. Fontes and Plummer state, "Professionals must make special efforts to become competent to interview, assess, and work with children and families from racial, cultural, and socioeconomic groups that differ from their own". The authors developed a set of guidelines based upon empirical evidence and their own clinical experiences. The guidelines on considerations for enhancing cultural competence in interviews were divided by planning for the interview, during the interview, and after the interview. An additional recommendation from the authors was the practice of employing more diverse professionals and assuring high quality community and agency training in cultural issues.

Evans, C. J., Boustead, R. S., & Owens, C. (2008). Expressions of spirituality in parents with at-risk children. *Families in Society*, 89(2), 245-252.

Carol J. Evans, PhD, is research associate professor and director of the Child and Family Mental Health Services Research Division of the Missouri Institute of Mental Health. She has over twenty years of experience in program evaluation and project management, and has worked with diverse cultural groups in both rural and urban settings. Dr. Evans has expertise in consumer and family issues related to mental health, substance use prevention for children/youth, youth and young adult transitions in mental health and program evaluation. Robyn S. Boustead, MPA, was

project director of the Child and Family Mental Health Services Research Division of the Missouri Institute of Mental Health. Her research interests and expertise included developing trauma-informed systems that work to decrease and address issues related to chronic, toxic stress and history of traumatic events, especially with veterans and their families. Christine Owens, PhD, is research assistant professor in the Child and Family Mental Health Services Research Division of the Missouri Institute of Mental Health. Dr. Owens conducts research in the areas of rural mental health and mental health services.

This article reviews results from a cross-site demonstration project on the integration of behavioral health services. The authors include a review of the literature on inclusion of spirituality considerations in treatment programs, implications for services regarding practice and policy, including training for service providers on spirituality. The review of the literature led to the conclusion that inclusion of spirituality in treatment assisted families with coping skills. Data was gathered from the Starting Early, Starting Smart (SESS) and Family Strengths Institute, 2002. SESS was a 3-year evaluation of programs for at-risk children. Participants were from 13 diverse sites across the U.S. The institute included a response panel of participants as well as follow up interviews. Participants in the Institute expressed their desire to include spirituality in treatment. The authors assert that although the literature provides a sufficient amount of evidence that inclusion of spirituality issues should be considered, integrating spirituality into practice is difficult. Implications for policy include the inclusion of families in policy making decisions. The authors posit that administrative barriers to including spirituality such as personal discomfort and resistance to change need to be addressed if system level change can occur. Training for practitioners in inclusion of spirituality has traditionally been excluded. The authors maintain that more emphasis is needed in training programs on the importance of spirituality in families and family life. The assertion is made that because spirituality is important to some families, it should be taken into consideration when working with families in treatment or at-risk.

Cassady, C., Kellogg, N., MacDonald, M., Mounty, J., & Northrop, K. (2006). Guidelines on Children's Advocacy Center Services for Children Who are Deaf/Hard of Hearing. Nancy Chandler (Ed.).
<http://www.nationalcac.org/professionals/images/stories/pdfs/cc%20standard%20chandler%20hearing%20impaired.pdf>

Nancy Chandler, MSW, the editor for these Guidelines, is the past Executive Director of NCA and is currently CEO of the Georgia Center for Child Advocacy. She is a well-known presenter and advocate on child sexual abuse. Cindi Cassady, PhD, is currently the Clinical Director of Mental Health Services at Deaf Community Services in San Diego, California. Dr. Cassady's Doctorate is in Clinical Psychology and she has worked in the field of mental health and deafness for over 18 years as a court-approved psychologist providing forensic testing,

psychological evaluations, and clinical treatment for hearing impaired clients. Nancy D. Kellogg, MD, is a Professor of Pediatrics at the University of Texas Health Science Center, San Antonio. She is the Medical Director of the Alamo Children's Advocacy Center and a consultant and trainer for the Texas Department of Protective and Regulatory Services and the San Antonio Police Department. Dr. Kellogg is also part of the medical staff at Christus Santa Rosa Medical Center and University Hospital. She is a member of the Ray Helfer Society and has authored over 70 publications on child maltreatment. Morag MacDonald, RN, MSW, MSN, Head Nurse of Capital Region Mental Health, has been profoundly deaf since birth. She is a nurse/therapist for the Deaf who struggle with chronic mental illness or have Post Traumatic Stress Disorder. Judith Mounty, EdD, MSW, holds a Doctorate in Psycholinguistics as well as a Masters in Social work, an MED in Deaf Education, and a BS in Elementary Education. She is a Research Scientist at the Language Planning Institute/Center for ASL English Bilingual Education and Research. She was the first woman who is deaf to hold the Powrie Vaux Doctor Chair of Deaf Studies at Gallaudet University and served as the Director of the Center for American Sign Language Literacy. Dr. Mounty also provides mental health intervention for hearing impaired individuals and their families. Karen Northrop, MSW, has worked in the field of sexual abuse prevention, response, and administration since 1987. She is Coordinator of Public Programming and Development at the Aetna Foundation Children's Center, a child advocacy organization at St. Francis Hospital and Medical Center in Hartford, Connecticut. She coordinated the CAC Outreach to the Deaf Project, whose purpose was to disseminate information nationwide on equal access to CAC services for hearing impaired victims of child sexual abuse and produced the film *Do? TELL! Kids Against Child Abuse*, which informs hearing impaired children about child sexual abuse.

These guidelines were prefaced by introductory material including statistics about the community of deaf and hard of hearing (HoH). The authors also included a list of NCA standards for accreditation to which these guidelines pertain. These include (1) Child-Focused Setting (2) Cultural Competency and Diversity, (3) Interviewing, (4) Medical Evaluation, and (5) Mental Health Services. The focus here is upon Cultural Competency and Diversity as it relates to serving maltreated children who are deaf or hard of hearing. The authors looked to the literature to develop these guidelines. Statistics for the deaf report that as many as two million people in the United States are profoundly deaf while as many as 90% of children who are deaf or HoH grow up in families with parents who do not sign, or who learn minimal sign language, or who use gestures or “home signs” to communicate with their child. Furthermore, English is understood only 30-40% of the time by lip-reading according to the literature. Additionally, there is quite limited sign language vocabulary for emotions. Depth of emotion is not often understood through sign language. The research also revealed that “there is a lack of appropriate culture and linguistic resources related to education about safety and sexual abuse.” One study reported that trauma experienced by a child with hearing impairment may be intensified by additional trauma related to communication isolation.

The authors believed that knowledge of all these factors plays a critical role in helping professionals avoid stereotypes and generalizations about subgroups within the population of those with hearing impairment. They asserted that “cultural competence in working with this population includes sensitivity to factors contributing to increased vulnerability to sexual abuse.” Several factors affect work with persons who are deaf or HoH. First, persons with hearing impairment often do not have adequate access to education and information. Teachers may not be adequately prepared to instruct them, therefore, those with hearing impairment may not realize that being touched or forced to participate in an activity that makes them uncomfortable is wrong. Another factor influencing work with this population is that often they are not believed by professionals or family members when they report abuse. Further aggravating this situation is the fact that they often have limited ability to counter the arguments of those who do not believe them. The authors of the guidelines provided thorough background and discussion of use of interpreters as well as the desired qualifications of interpreters including Certified Deaf Interpreters (CDIs) and Oral interpreters. They suggested that prior to scheduling an evaluation, a CAC should acquire as much information as possible about the child or parent’s preferred form of communication and skill level.

The next section of the guidelines dealt directly with communication. The authors stated that often young children with hearing impairment do not have enough experience to know that they should ask an interviewer to slow down or repeat something. The child will often nod in agreement to a question they do not understand instead of asking for clarification or repetition. The authors concluded with an admonition that professionals working with children who are hearing impaired, not only must they have adequate understanding of cultural considerations, but they must also be aware of the oppression, stigmatization, and isolation that often are a part of the child’s life. The additional trauma of sexual abuse may be dramatically increased when combined with these issues related to hearing impairment.

Horner-Johnson, W., & Drum, C. (2006). Prevalence of maltreatment of people with intellectual disabilities: A review of recently published literature. *Mental Retardation and Developmental Disabilities Research Reviews*, 12(1), 57-69.

Willi Horner-Johnson, PhD, is Research Assistant Professor of Public Health and Preventive Medicine at the Oregon Health & Science University (OHSU). She completed a postdoctoral fellowship in disabilities and health at OHSU. Dr. Horner-Johnson is also a Research Scientist for OHSU's Center on Community Accessibility (CCA), a program of the Oregon Institute on Disability and Development. One of her research interests is prevention of maltreatment of people with disabilities, and she is the Principal Investigator of a study for the Rehabilitation and Research Training Center (RRTC) on Health and Wellness that involves detailed analysis of the performance of the Behavioral Risk Factor Surveillance System (BRFSS) health-related quality

of life items among respondents with disabilities. She was recently honored by the American Public Health Association (APHA), receiving the Disability Section's New Investigator Award for her significant contributions to the field of disabilities. Charles E. Drum JD, PhD, is Assistant Director for Public Health, Community Outreach and Policy at the Child Development and Rehabilitation Center at OHSU. He is the founding Director of the Center on Community Accessibility (CCA) and the Director of the RRTC on Health and Wellness at the Oregon Institute on Disability & Development, and an Associate Professor of Public Health and Prevention Medicine at OHSU. In addition to his law degree, he holds an M.S. in Public affairs and a PhD Social Policy and Management. His research focuses on health, health-related quality of life, community development, and accessibility issues for persons with disabilities. He is a well-known author in the disability literature and training curricula and has received appointments to many state and federal committees and task forces which address disability issues. In October 2009, Dr. Drum received The National Distinguished Disability Research Award from the Southwest Conference on Disability.

The position of the authors presented in this article was that data on the prevalence of maltreatment in persons with intellectual disabilities (ID) was both outdated and derived from studies that were methodologically weak. Most literature addressing the issue was prior to 1994. To strengthen and update the knowledge and understanding about the prevalence of maltreatment of persons with ID, a review of the literature (English only) published between 1995 and 2005 was conducted. The review focused upon three questions: (1) what is the estimated prevalence of maltreatment among people with ID based on studies published 1995 to 2005? (2) how does prevalence differ between maltreatment of persons with ID and persons without ID? and (3) how does prevalence differ between persons with ID and other types of disabilities? To locate the published literature on this topic the researchers conducted searches of three bibliographic databases: MEDLINE (1986-2005) PsychINFO (1985-2005), and CINAHL (1982-2005). Articles which did not include original data were excluded.

A total of 38 articles were found to be relevant. Analysis of the articles revealed for question one, prevalence of maltreatment among those with ID, in studies of children and adolescents, lifetime prevalence estimates ranged from 11.5 to 28%. In studies which included adults, prevalence estimates ranged from 25 to 53%. For question two, prevalence of maltreatment in persons with ID compared to persons without ID, one study found prevalence at 7.6 times higher while a second study found prevalence at 3.1 times higher for those with ID. Addressing the third question, prevalence differences between those with ID and those with other disabilities, one study found that maltreatment was more prevalent among children with behavior disorders and speech /language disorders than among children with ID. The study also found that children with health-related disabilities such as asthma or arthritis had the same prevalence as children with ID. Maltreatment was less prevalent among children with other types of disabilities such as hearing, physical, and visual disabilities. The authors concluded from analysis of all the studies

that due to the use of convenience samples and the wide variance among results, the state of “knowledge regarding the proportion of people with ID who experience maltreatment has advanced relatively little in the past decade”. They suggested a clear need for more population-level data to better define the scope of this problem.

Lightfoot, E. B., & LaLiberte, T. L. (2006). Approaches to child protection case management for cases involving people with disabilities. *Child Abuse & Neglect*, 30(4), 381-391.

Elizabeth B. Lightfoot, PhD, is an Associate Professor and Doctoral Program Director at the School of Social Work at the University of Minnesota. She is a frequent co-author in the literature with Traci LaLiberte, PhD, the Executive Director of the Center for Advanced Studies in Child Welfare in the School of Social Work at the University of Minnesota. Dr. LaLiberte focuses on child welfare practice and policy with special interests in comprehensive family assessment, system change, permanency for children in out of home care, and work with children and parents who have disabilities. She has served as principal investigator on studies of comprehensive assessment, evidence-based practice in treatment foster care settings, child welfare leadership, and the intersection of child welfare and disability.

The researchers conducted an exploratory study to answer two research questions. Question one asked what policies, plans and/or procedures county Child Protective Services (CPS) agencies follow to address the needs of children and family members with disabilities and what do county CPS agencies view as their barriers and strengths in serving people with disabilities. The article provided background material covering the data on maltreatment of children with disabilities. The 2003 data for maltreatment of children with disabilities ranged from 1.7 times greater to 3.4 times greater than children without disabilities. This study gathered data from the 66 rural and 21 non-rural county CPS agencies in the state of Minnesota from December 2002 to March 2003. Telephone interviews were conducted with directors of the agencies using semi-structured interviews to obtain information on the agency’s approaches to cases involving individuals with disabilities. 53.3 % reported having no knowledge of any such policies related to disability. Only five counties reported that they had a written policy. 40% reported an awareness of a county policy pertaining to accommodations such as providing sign language interpreters. The directors were asked about their approaches to child protection cases with a child and/ parent with a disability. Eighteen different approaches were recorded. The authors grouped them into six categories: formal case management, informal case management, collaborative approaches, training and information, systems-related approaches, and practice approaches. Each approach was described by the authors and results are displayed in a table.

The next section looked at barriers to providing adequate services to people with disabilities.

The respondents listed multiple barriers. Thirty-five were listed in both rural and non-rural settings. Factors contributing to these barriers included communication challenges, and the

chronic nature of some disabilities. The next section addressed strengths of the agencies working with persons with disabilities. Twenty-five strengths were described and displayed in a table by rural and non-rural. Strengths included ability to collaborate well, good relationship with clients and families, creativity and innovation of CPS workers, and the presence of well-developed services.

The authors drew several conclusions from the study. First, they found that there was no standard approach to managing cases involving people with disabilities. Second, both formal and informal collaboration was happening at the case worker level. Very few agencies had specialists who were experts in both child protection and disability issues. The researchers noted the limits to the study including that it focused only on Minnesota's CPS agencies. The results were not generalizable to other states. Second, because the respondents were administrators, they may not have had direct knowledge of actual agency practices. Lastly, respondents may have presented a better picture than what actually occurs in the field. The authors suggested that a follow-up study using standardized questions instead of open-ended questions "should be conducted with both front-line workers and administrators". They concluded that the study indicated a need for more attention to disability issues with child protection, including more training for workers and the development of models for collaboration and the removal of systemic barriers to service.

Saewyc, E. M., Skay, C. L., Pettingell, E. A., Reis, L. B., Bearinger, L., Resnick, M., Murphy, A., & Combs, L. (2006). Hazards of stigma: The sexual and physical abuse of gay, lesbian, and bisexual adolescents in the United States and Canada. *Child Welfare*, 85(2), 195-213.

Elizabeth M. Saewyc, PhD, holds a Doctorate in Nursing. She is a researcher at the Child & Family Research Institute in Vancouver; a Professor, School of Nursing, University of British Columbia; CIHR/PHAC Chair in Public Health Research; Affiliate Member, Division of Adolescent Medicine/Department of Pediatrics; and Research Director, McCreary Centre Society. She is a noted author in the literature and her research focuses on health issues of youth, with a particular emphasis on understanding how certain groups of young people are targeted and stigmatized, how this influences their coping and risk behaviors, and what protective factors in their relationships and environments can help buffer this risk and influence their health. Carol L. Skay, PhD, is a Senior Research Associate, Center for Adolescent Nursing, University of Minnesota. Sandra L. Pettingell, PhD, is a statistical and research methodologist in the Center for Adolescent Nursing and also serves as adjunct faculty at Bethel University, where she teaches graduate level statistics and research methodology. Her research interests include risk and protective factors, violence, sexual health, and behavior among adolescents, with a focus on urban American Indian youth. Elizabeth A. Reis, MS, is Public Health Educator, Public Health

Seattle-King County, Washington. Linda H. Bearinger, PhD, RN, FAAN, holds a Doctorate in Educational Psychology. She is Professor and Director of the Center of Adolescent Nursing, and also served as the Director of Training for the post-graduate interdisciplinary Adolescent Health Training Program in the Medical School of the University of Minnesota. Dr. Bearinger has lectured nationally and internationally in areas of adolescent development and sexuality, as well as counseling and program development strategies for youth. She has served on the adolescent health expert panels for the National Institutes of Health and the Maternal and Child Health Bureau, U.S. Public Health Service. Her research focuses on longitudinal studies of adolescent risk and protective factors, particularly related to sexual health. Michael D. Resnick, PhD, is Professor of Pediatrics and Public Health, and Director of Research in the Division of Adolescent Health and Medicine at the University of Minnesota, and is currently Director of the Healthy Youth Development, Prevention Research Center, funded by the CDC. He holds degrees in Sociology, Social Work and Health Services Research. He has been principal or co-investigator on numerous federal and foundation research projects focusing on health and risk behaviors, resiliency and protective factors in the lives of young people, with a particular emphasis on issues related to adolescent sexual behaviors and violence. He is particularly interested in the translation of research into programs, policies, and practices through active collaboration with community-based health and social service providers, educators, legislators, the media, and others working with and on behalf of young people, and has served as a consultant for the World Health Organization, the National Science Foundation, the Maternal and Child Health Bureau, and the National Institutes of Health. Aileen Murphy, MA, is Managing Director, McCreary Centre Society, a non-profit organization committed to improving the health of youth in British Columbia through research, information and community-based participation projects. Leigh Combs, AS, CDCP, is Program Coordinator, GLBT Kids: Abuse Intervention, Family and Children's Service, Minneapolis. She is an expert in Gay/Lesbian/Bisexual and Transgendered (GLBT) issues, bullying and internet exploitation.

The purpose of this study was to compare the prevalence of sexual and physical abuse experienced by bisexual youth compared to gay, lesbian and heterosexual youth. The authors hypothesized that bisexual youth report greater numbers of sexual and physical abuse than their heterosexual peers, but not necessarily greater numbers than their gay or lesbian peers. A literature review was conducted which found some studies from the U.S. and Canada documenting the angry and violent responses LGB youth experience from family, at school, and the community. Some studies have shown that the disclosure is not the only trigger for maltreatment of sexual minority youth. Most studies were conducted with convenience samples, however, some population-based studies also have revealed higher incidence of physical abuse by family members of sexual minority youth compared to their heterosexual peers. The current study method was secondary analysis of data from seven population-based high school health surveys in the U.S. and Canada. Questions regarding the gender to which the students were attracted were asked. Data analyses were conducted separately for boys and girls. In six of the

seven surveys girls were more likely to report abuse than boys, but the differences between orientation groups among boys was more significant in boys. Sexual abuse reported by heterosexual boys was under 10%, while bisexual boys reported a rate of over 25% and homosexual boys reported a rate of over 20%. Lesbian and bisexual girls reported a rate of 25% in some surveys to as much as 50% in other surveys of sexual abuse. The prevalence for heterosexual girls ranged from just under 10% to just over 25%. Four of the seven surveys assessed physical abuse. Girls in every orientation group reported higher rates of physical abuse than did boys. Gay, lesbian and bisexual boys and girls report higher prevalence of physical abuse than do their heterosexual peers.

Because the seven studies were conducted over a period of six years, the researchers examined rates over time. They concluded from this analysis that the trend was that the disparity between heterosexual abuse and abuse of sexual minorities is growing. They suggested that further studies over time are needed to determine whether the trend continues. The authors noted a limitation of this study due to no indication of timing of physical or sexual abuse. No indication could be drawn from the data as whether abuse took place before or after the self-identification of sexual orientation. Nor was there any indication as to whether the abuse was a direct consequence of disclosure. However, the researchers concluded that regardless of the timing or reason for abuse, higher prevalence of abuse in sexual minority youths suggests a higher incidence of runaways, homelessness, and crime-related issues among this population. Implications for professionals were the need to respond to sexual orientation disclosure in helpful, not harmful ways. They also suggested the need for organizations and caseworkers to raise awareness of the level of violence directed toward this population.

Callister, L. C. (2005). What has the literature taught us about culturally competent care of women and children? *MCN American Journal of Maternal and Child Nursing*, 30(6), 380-388.

Lynn Clark Callister, PhD, RN, FAAN, is a Professor in the Brigham Young University College of Nursing. Her research and humanitarian efforts have received international recognition, including the highest honor bestowed from the Association of Women's Health, Obstetric and Neonatal Nurses - the Distinguished Professional Service Award.

This article was a review of the literature about culturally competent care for women and children. The audience for this article was those in the nursing and related professions, however, many of the findings translate to other fields. A synopsis of several sources provided the following definition: cultural competence includes cultural awareness and cultural knowledge (cognitive domain), cultural skills (behavioral domain), cultural sensitivity (affective domain), and cultural encounter (environmental domain). Callister divided the literature covering cultural

competence into four categories: descriptive, world view perspectives, cultural brokering, and transcultural world view. She then listed the many scholarly articles which appeared between 1990 and 2003 in the nursing literature. An outcome of culturally competent care as determined by the studies has identified gaps in healthcare outcomes between mainstream individuals and minorities have been identified. Culturally competent care generates a larger percentage of healthcare-seeking behaviors among cultural and ethnic groups. Several studies found that cultural competence helps to reduce disparities in healthcare when it includes respect for cultural practices that are protective of health and well-being. Callister provided a list of suggestions for culturally competent care based upon findings from several studies. The list included: examine personal cultural attitudes and knowledge, use culturally sensitive interviewing tools, foster an open, sensitive approach to beliefs, demonstrate comfort with cultural differences develop cultural communication techniques, demonstrate willingness to relinquish control , and demonstrate respect.

McPhatter, A. R., & Ganaway, T. L. (2003). Beyond the rhetoric: Strategies for implementing culturally effective practice with children, families, and communities. *Child Welfare*, 82(2), 103-124.

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The authors' aim was to present a model for moving practitioners beyond thinking about and discussing cultural competence and into implementation and sustainability. The article began with a guiding definition and principles. Principles include "Culturally competent social work is a mandate", and "Cultural competence is proactive". The theoretical framework for the model derives from several questions the authors pose. They asked, "How does one become culturally competent, and how does an agency ensure that it provides culturally appropriate services?" and "When do we arrive at an acceptable level of competence?" The change model McPhatter and Ganaway used to apply to cultural competence is a five-stage model proposed by Prochaska and DiClemente (1992) developed for therapeutic interventions, but has been applied to several psychosocial issues. The five stages of the change model are Precontemplation, Contemplation,

Preparation, Action, and Maintenance. Prior to explaining the stages and how they apply to cultural competency in agencies, the authors discuss three barriers to change and how they affect agencies. The barriers are organizational barriers, interprofessional barriers, and individual barriers. The five stage model was then applied to each of the three barriers. The model strategies are presented in narrative and chart form and include implementation tasks for completion during each stage. In the discussion section the authors stated that the goal of the model is to change the conception of achieving cultural competence into one of “ongoing process” with a realistic plan. The suggestion was made that organizations must ask, “What will be the payoff for culturally competent practice and service delivery?” The answer, the authors concluded, will be in context of benefit and value for children, families, and communities.

Cunningham, P. B., Foster, S. L., & Henggeler, S. W. (2002). The elusive concept of cultural competence. *Children's Services: Social Policy, Research, and Practice*, 5(3), 231-243.

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This study was introduced with citations of previous studies defining cultural competence. The point of view of the authors was that there was concern in the professional community that mental health professionals are not meeting the needs of ethnic minorities. The purpose of this study was to examine the relevance of the content of therapy processes for treating African American children and their families. The authors held three beliefs supporting the need for cultural competence in serving this population. 1) African Americans are disproportionately represented in the most vulnerable populations, 2) African American teens comprise the highest

risk group for criminal offending, and 3) Public health problems are associated with long-term social and economic costs.

The working definition for cultural competence in the field of mental health services used for purposes of this study is “the ability to understand and function effectively in meeting the needs of minority populations” (Cross, Bazron, Dennis, & Isaacs, 1989). The researchers questioned whether there is agreement on how to operationalize the construct of cultural competence in terms of specific therapist behaviors. They sought to determine whether therapy process measures used to assess family treatment of teenagers could be used to build a model to operationalize cultural competence in mental health services to African Americans. To evaluate agreement of experts on the operationalization of cultural competence with African Americans, a group of peer-nominated experts and a group of therapists with high level of experience working with African Americans were recruited. The experts completed surveys rating process measures. Following data collection, because answers to the open-ended questions were so varied, a focus group was conducted. From this a set of nine core skills or processes was produced. The list of nine core processes was included in a questionnaire to the experienced therapists. The therapists were asked to evaluate in relation to three therapy process scales. A comparison was made of the consensus of the focus group of experts with the coding of the therapist experts. The analysis revealed the agreement between the two expert groups was significantly greater than chance, but fell far short of standards of agreement level acceptable in research involving human judgments.

The study’s findings were consistent with those of Fortier and Shaw-Taylor (2000). The peer-nominated experts and the therapist experts “demonstrated little consensus regarding the specific operationalization of the construct in the treatment of African American families.” However, despite the lack of consensus, both groups that a subset of process items was relevant to cultural competency. The items were displayed in a table. The items focused upon mutual understanding of the goals of therapy and the recognition of family strengths. Limitations to the study were the small sample size and the items used in the existing scales were not developed specifically for assessing cultural competence. The researchers concluded that the list core processes might provide a starting point for a definition of culturally competent therapy process with African Americans. The researchers suggested that further study was needed to develop instruments identifying clinical skills and practices that improve mental health services to ethnic minorities.

Cohen, J. A., Deblinger, E., Mannarino, A. P., & de Arellano, M. A. (2001). The Importance of culture in treating abused and neglected children: An empirical review. *Child Maltreatment*, 6(2), 148-157.

Judith A. Cohen, MD, a Child and Adolescent Psychiatrist, is Medical Director of the Center for Traumatic Stress in Children & Adolescents at Allegheny General Hospital in Pittsburgh, PA, and Professor of Psychiatry at Drexel University College of Medicine. Since 1983 she has been funded by more than a dozen federally-supported grants to conduct research related to the assessment and treatment of traumatized children. With her colleagues, Anthony Mannarino, PhD and Esther Deblinger, PhD, she has developed and tested Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based treatment for sexually abused and multiply traumatized children and their non-offending parents. Dr. Cohen has served on the Board of Directors of the American Professional Society on the Abuse of Children (APSAC), and received its Outstanding Professional Award in 2000. She is currently a member of the Board of Directors of the International Society for Traumatic Stress Studies, and is Associate Editor of its Journal of Traumatic Stress. She also served as the first author of the ISTSS published guidelines for treating childhood PTSD. Dr. Esther Deblinger is Professor of Psychiatry, co-founder and co-director at the CARES (Child Abuse Research Education and Service) Institute at the University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine. Anthony P. Mannarino, MD, is currently Chairman, Department of Psychiatry, and Director of the Center for Traumatic Stress in Children and Adolescents at Allegheny General Hospital, Pittsburgh, Pennsylvania. He is also Professor of Psychiatry at the Drexel University College of Medicine. Dr. Mannarino has been a leader in the field of child traumatic stress for the past 25 years. He has been awarded numerous federal grants from the National Center on Child Abuse and Neglect and NIMH to investigate the clinical course of traumatic stress symptoms in children and to develop effective treatment approaches for traumatized children and their families. Dr. Mannarino has received many honors for his work, including the Betty Elmer Outstanding Professional Award, the Most Outstanding Article Award for papers published in the journal, *Child Maltreatment*, given by the American Professional Society on the Abuse of Children (APSAC), and the Model Program Award from the Substance Abuse and Mental Health Services Administration for “Cognitive Behavioral Therapy for Child Traumatic Stress”. Michael de Arellano is a Professor and a Licensed Clinical Psychologist at the National Crime Victims Research and Treatment Center (NCVC), Department of Psychiatry at the Medical University of South Carolina.

This article reviewed the extent to which cultural issues have been included literature on treatment outcomes for abused children. A thorough review of the literature was conducted. Limitations reviewed and suggestions for both practice and future research are provided. Conclusions from the literature were divided into three major areas. First, for the area of cultural effect on psychiatric symptoms following child abuse, the literature provided some evidence that

ethnicity may have an impact on the types and severity of symptoms children display. Some studies found that minority children experience more severe combination of symptoms and more lasting detrimental effects than do Caucasian children. The second area for literature examination was cultural effect on treatment preference and accessibility. A number of studies suggest that African American and Hispanic children may respond better to “brief, goal-directed, problem-oriented treatment” as rather than to other types of treatment. The research has also shown that in minority populations mental health interventions are more accepted if they are recommended by the family’s regular pediatrician and provided by in the primary care setting. Additionally, several studies have found that Asian American and Hispanic children are less likely to receive mental health intervention than Caucasian children regardless of socioeconomic status. There was further evidence that cultural factors may impact length of treatment as well. The third area of examination was cultural effect on treatment outcome in abused children. Some studies in this area have found that race does not significantly affect treatment outcomes while other studies have found that it has a very minimal effect.

The authors emphasized that all of the treatment studies examined used samples which may not have completely represented the broader population of children from each ethnic group. The authors suggested that studies using larger and more representative samples should be conducted for examination of ethnic, racial and religious factors that may influence treatment preferences and/or responses. They further suggested that all treatment research should include the effects of race and ethnicity as part of data analysis. The researchers concluded that it is critical that therapists “develop cultural sensitivity in treating abused children and their families.” They further asserted that regardless of the evidence obtained from empirical studies, it is essential that clinicians develop cultural competence, understanding and respect for each child “within the context of family and cultural group.”

Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse & Neglect*, 24(10), 1257-1273.

Dr. John F. Knutson, PhD, is a Professor in the Department of Psychology at the University of Iowa. Dr. Knutson received his PhD in Clinical Psychology and began researching child maltreatment in the late 1970’s. Dr. Knutson has published more than 100 journal articles and book chapters on aggression, child maltreatment, and the association between abuse and disabilities, cochlear implants, and methodology pertaining to the assessment of child maltreatment. He served on two federal committees focused on research definitions of child maltreatment and he was a member of the Technical Advisory Group for the Fourth National Incidence Study (NIS-4) of the Office of Child Abuse and Neglect. Patricia M. Sullivan, PhD, is a licensed psychologist who obtained her Doctorate in Pediatric Psychology. She is a Professor

of Psychiatry and Psychology at Creighton University where she is the Director of the Center for the Study of Children's Issues. She has written many articles in the literature concerning child maltreatment and disabilities, particularly with hearing impaired children. She has provided numerous presentations to guardians ad litem, county attorneys and to juvenile, county and district court judges on psychological evaluations. Dr. Sullivan is an NIH funded researcher and most recently studied the long-term effects of violence exposure, including child abuse, domestic and community violence, in childhood.

This study was supported by a research grant from the National Center on Child Abuse and Neglect. The researchers reported on the prior research on maltreatment and disabilities. They stated that little scholarly work had been conducted that focused upon the association between child maltreatment and disabilities. The Westat (1993) study had provided support for the link, however the study was limited to opinions of CPS workers to determine presence or absence of disabilities. Similarly the Sullivan and Knutson (1998) also provided strong support for the link between disabilities and maltreatment; however, it was limited to a hospital-based sample. The present study was a replication of the hospital-based study with the addition of using an entire school-based sample. Additionally, the definitions of disabilities were school-based criterion.

The study examined the electronic data base records of a population of school children including children eligible for various special education programs. Thus the sample ranged in age from 0 to 21. Demographic data such as race, gender, and age were also retrieved from the school database records in order to examine data across various categories. For each child identified from the records as maltreated, a detailed record review was completed. Examination was also conducted of law enforcement agencies' records. Results of the data analysis and record examination revealed that the overall rate of maltreatment among children who had a disability and were receiving special education services was 31% or more than three times the rate for children without educationally relevant disabilities. The most prevalent form of abuse was neglect for both disabled and nondisabled children. Children with disabilities were 3.67 times more likely to suffer neglect than children without disabilities. Children with disabilities were 3.88 times more likely to be emotionally abused than children without disabilities. Most children were victims of multiple forms of abuse; however, significantly more children with disabilities suffered multiple forms than did children without disabilities. Children with disabilities also tended to be maltreated multiple times and in multiple ways. The study found no association between type of disability and type of maltreatment. To assess the role of age in maltreatment, the children were grouped by ages 0-5, 6-9, 10-13, and 14-20. For both disabled and nondisabled children, significantly more children were maltreated for the first time in the age 6-9 group than in other age groups. Children with disabilities make up close to one-third of the maltreated children between ages 0 and 9. Among maltreated children with disabilities, significantly more girls than boys were victims of sexual abuse. For all types of abuse boys with disabilities were more likely to be abuse than were girls. Risk for maltreatment was also examined by type of

disability. Deaf or hard-of-hearing children had twice the risk for neglect and emotional abuse and almost four times the risk for physical abuse children without disabilities. Children with visual impairments were twice as likely to suffer emotional abuse as children without disabilities.

In the discussion section of the report, the authors discussed the findings in relation to the previous studies. They posited that the significant differences in findings from the Westat study and this study was likely due to different methodological approaches. The Westat study used only CPS agency records and therefore, was limited to a great deal to intrafamilial abuse. In addition, the CPS records were used to establish disability, while in the present study school-based records were used. However, similarly to the Sullivan and Knutson (1998) study, perpetrators of maltreatment of children with and without disabilities were “overwhelmingly immediate family members”. Also consistent with the earlier study, children with disabilities tended to be maltreated at younger ages. The findings of the present study for dominant forms of abuse were also congruent with the findings of the National Incidence Studies and the Westat study. The authors conclude with the recommendation that because this study did not address cause and effect, future studies should examine disabilities as either a risk factor or an outcome.

Forensic Interviews

Teoh, Y. S., & Lamb, M. E. (2013). Interviewer demeanor in forensic interviews of children. *Psychology, Crime, and Law*, 19(2), 145-159.

Yee San Teoh, PhD, earned a doctorate from the University of Cambridge and is now in the department of psychology at Brooklyn College, City University of New York. Michael E. Lamb, PhD., is Professor and Head of the Department of Social and Developmental Psychology at University of Cambridge. His research focuses on forensic interviewing; non-parental childcare, and parent-child relationships and the development of psychological adjustment.

This research examined the relationships between child age and interviewer demeanor and children's verbosity and informativeness. Interviewer demeanor was measured by support, verbosity, and authoritarian manner. While previous research on effects of interviewer support had been mixed, there had been very little examination of other aspects of interviewer demeanor. This study builds upon previous research showing that children's memory reports are often more complete and accurate and less suggestible when questioned by highly supportive interviewers. This study was conducted in Malaysia using an approach that would distinguish between supportive and unsupportive interviewer comments. Interviewer nonverbal behavior was excluded. Interviews examined in this study (N=75) were conducted with children ages five to 15, including 67 girls and eight boys. The interviews were conducted by British and locally-trained law enforcement officers from the Child Protection Unit in Kuala Lumpur. Transcripts of the interviews were coded for interviewer demeanor and number of details in children's accounts and level of informativeness. Similar to previous studies, the researchers found a positive link between interviewer support and children's informativeness. However, it was also determined that the interviewers used proportionally fewer supportive comments with younger children during the interview substantive phase. Another finding was that interviewer support only during the substantive phase seemed to influence children's informativeness during the substantive questioning. This affect was greater for older children since interviewer support was more evident among older children. Another significant result was that interviewers were more talkative while interviewing the younger children in both pre-substantive and substantive phases. Contrary to prediction, the researchers did not find a significant relationship between interviewers' authoritarian manner and children's verbosity and level of informativeness. The findings of this study support the need for interviewers to be socially supportive even when this may be more difficult with younger children. The authors assert that for future research it is important that examination of individual differences in children's responsiveness to social support manipulations be conducted. The researchers acquired no personal gain from this research because no interview protocol was used during the interviews studied.

Lyon, T. D., Ahern, E. C., & Scurich, N. (2012). Interviewing children versus tossing coins: Accurately assessing the diagnosticity of children's disclosure of abuse. *Journal of Child Sexual Abuse*, 21(1), 19-44.

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Lyon and colleagues determined to accomplish five tasks in this article. First, they argued that children's disclosures of abuse can be highly probative, especially when obtained using techniques supported by research. They present an overview of the Bayesian approach and agree that it is an excellent framework for understanding difficulties in evaluating abuses allegations. Subsequently, they critique the information presented by Faust and colleagues in the first three chapters of Kuehnle and Connell (2009) on the limited probative value of sexual abuse indicators. They assert that the examples used by Faust et al may lead to underestimation of the probative value of disclosure. Second, the authors refer to Brown and Lamb's (2009) review of the evidence that the NICHD protocol increases the quantity and quality of information that children provide. Lyon and colleagues then elaborate on interview methods that can increase the diagnosticity of disclosures. The third section of the article discusses the probative value of children's disclosures of genital touch, and argues that these disclosures often have high probative value. The discussion takes into account age of the child and type of questions employed. This is followed by a discussion of innovations in interviewing that can increase probative value. The final section of the article is a discussion of Herman (2009), who argued that the NICHD protocol does a poor job of distinguishing between true and false allegations. The authors argue that Herman was incorrect in his assessment of the poor probative value of children's disclosures of abuse, as well as the advantages of using the NICHD protocol. Following this critique, the authors suggest that including instructions, narrative practice, rapport building, and open-ended questions will lead to more accurate reports, and additionally these methods may be improved by use of instructions with counterexamples and a promise to tell the truth. This article adds to the body of knowledge on the value of evidentiary findings from disclosures by promoting further discussion and research.

Pipe, M.-E., Orbach, Y., Lamb, M. E., Abbott, C. B., & Stewart, H. (2012). Do case outcomes change when investigative interviewing practices change? *Psychology, Public Policy, and Law*, 19(2), 179-190.

Margaret Ellen Pipe, PhD, holds a joint appointment in the Interdisciplinary Children's Studies Center and the Department of Psychology at Brooklyn College. Her research is in the field of applied developmental psychology with a focus on child witnesses, interviews of children, and memory development. Yael Orbach, PhD, is a researcher and staff scientist at the National Institute of Child Health and Human Development, and one of the developers of the NICHD interview protocol. . Michael E. Lamb, PhD., is Professor and Head of the Department of Social and Developmental Psychology at University of Cambridge. His research focuses on *forensic interviewing; non-parental childcare*, and *parent-child relationships and the development of psychological adjustment*. Craig B. Abbott is a Senior Research Assistant and Statistician in the Comparative Behavioral Genetics Section at the National Institute of Child Health and Human Development. His research interests are in the effects of family violence on the social and emotional development of children and adolescents and the development and assessment of techniques for interviewing child witnesses and victims. Heather Stewart is an Assistant Program Manager at the Children's Justice Center in Salt Lake City, Utah. She has collaborated with the National Institute of Child Health and Human Development on child forensic interview research since 1997.

The purpose of this research was to determine whether the use of evidence-based practice for interviewing child witnesses would cause changes in disposition of cases including numbers of arrests, charges filed, cases prosecuted and guilty pleas or convictions. This study adds to the literature by focusing on the investigative interview as a predictor of outcomes. Previous literature had examined temporal and procedural aspects of the case flow through the system. The article reviews case flow in child abuse cases, previous research examining predictors of case outcomes, as well as review of the NICHD Interview Protocol. Three outcomes of the research were expected. It was expected that use of the interview protocol would reduce ambiguous accounts and increase the amount of central information. Second, it was expected that use of the protocol would be associated with higher numbers of arrests, filing of charges, convictions and pleas. Third, it was expected that use of the protocol would decrease the number of cases declined by prosecutors during screening. The research method was a comparison of case outcomes from cases before-NICHD Interview protocol cases with cases after the protocol was implemented. Both before -protocol cases (N=350) and protocol cases (N=410) involved the same detectives, prosecutors and judges and had no changes in leadership or formal policy during the study period. Case characteristics and outcomes were compared. Case outcomes were represented at all decision points between initial referral and court disposition. Results for numbers of cases declined by prosecution at screening were 28% of pre-protocol cases and 17.6% of protocol cases. Forty-two percent of pre-protocol cases resulted in arrests and charges

filed while 52.9% of protocol cases resulted in arrests and charges filed. Fifty-two percent of pre-protocol cases resulted in a guilty plea, while 56% of protocol cases resulted in a plea of guilty. Of the cases that went to trial, 50% of pre-protocol cases resulted in conviction, while 91% of protocol cases resulted in conviction. As in previous studies, the outcomes at screening seemed to be critical. Also similar to previous studies, cases involving victims between ages 2.8 and 4 years were least likely to result in charges filed in both pre-protocol and protocol cases. Similar to previous research, cases involving the most severe abuse were more likely to have charges filed regardless of protocol condition. Lastly, similar to previous studies, only a small percentage of cases went to trial in both protocol conditions. Limitations to the study included: 1) outcome data were collected during different time periods, 2) missing data with respect to case characteristics, and 3) all cases were conducted in the state of Utah and thus outcomes may not be generalizable to other areas. The researchers suggest the need for further research and replication of comparison between pre-protocol and protocol cases.

La Rooy, D., Katz, C., Malloy, L. C., & Lamb, M. E. (2010). Do we need to rethink guidance on repeated interviews? *Psychology, Public Policy, and Law*, 16(4), 373-392.

David LaRooy, PhD, holds a research lectureship funded by the Scottish Institute for Policing Research (SIPR) based at the University of Abertay Dundee with research focusing on forensic interviews with children and guidelines for interviewers. Carmit Katz, PhD, is Research Associate in Applied Developmental Psychology at the University of Cambridge, UK. Lindsay Malloy, PhD, is Assistant Professor in the Department of Psychology at Florida International University with research addressing children's and adolescents' disclosure of negative or traumatic experiences. Michael E. Lamb, PhD., is Professor and Head of the Department of Social and Developmental Psychology at University of Cambridge. His research focuses on forensic interviewing; non-parental childcare, and parent-child relationships and the development of psychological adjustment.

The authors argued that interviewing children more than once is potentially valuable for a number of reasons. The authors state that although interview guidelines discourage multiple interview sessions, many also acknowledge that it is often appropriate to do so. The article provides a brief review of the psychological research and forensic implications of additional interviews. The method for analyzing effects of repeated interviews was the analysis of transcripts of four cases of multiple interviews. The four cases involved children and adolescents of various ages and diverse circumstances. All interviews were conducted using the National Institute of Child Health and Human Development (NICHD) Interview Protocol. All cases had independent external evidence of abuse. The article presents the conditions and transcripts of the interviews with notation of both repeated and new information from second interviews. The first two cases showed the value of additional interviewing when there were practical reasons for

doing so. The remaining two cases showed how the results of experimental research on repeated interviews is relevant and how one interview is often unlikely to result in a complete account of remembered events. The second interviews involving two adolescents and two young children (ages 5 and 6) resulted in substantial amounts of new information. The authors posit that perhaps the reminiscence effect should be considered sufficient grounds for another interview. Additionally, there were no contradictions found from first and second interviews in all four cases. There was no evidence that additional interviews caused inaccuracies as is commonly assumed. The researchers remind the reader that inaccurate information results when suggestive questioning or interviewer bias occur, whether in a single or repeated interview. They further caution that the cases analyzed do not represent all situations in which multiple interview sessions might be conducted. However, they assert that the findings are consistent with what would be expected based upon previous psychological research. They further submit that repeated interviews are most likely to be advantageous in jurisdictions that have high-quality training, regular peer review, and continued professional development. The authors conclude with the suggestion that future research should examine the effects on children's accounts when more than two interviews are conducted.

Russell, A. (2010). Documentation and assessment of children's forensic interview statements. *Widener Law Review*, 16, 305-333.

Amy Russell, MSED, JD, NCC, currently serves as deputy director for the National Child Protection Training Center, located in Winona, Minnesota, and provides professional training on a national and international level. Russell has worked with victims of violence and trauma in several capacities, including extensive counseling and support work with child victims of abuse; director of victim services and counselor for survivors of homicide victims; victim/witness coordinator in a U.S. Attorney's office; and executive director of two children's advocacy centers.

Russell addresses two areas of concern regarding investigative interviews of child victims and witnesses. The first area of concern is the importance of documentation of the interview. Secondly, Russell reviews the evidence for several elements used to assist in assessing internal reliability of children's statements. Russell begins with a thorough review of the literature examining electronically recorded interviews. The literature reviewed reveals the benefits and controversies of recorded interviews. Benefits determined through research have included 1) reduction in children's court appearances, 2) playing of recordings that may encourage a plea by offender, 3) use in court when interval between interview and court date is months or years. Criticisms of electronic recordings have been based upon the lack of training and expertise of interviewers and the possibility for misuse or exploitation of recordings. Russell asserts that both

of these issues can be and are commonly overcome by adequate training and acquisition of skills and knowledge. Russell emphasizes the fact that the advantages of electronic recordings are well documented to include decrease in number of interviews and court appearances. Additional advantages include the use of recordings for witness corroboration or witness impeachment, the use of recordings in lieu of children's testimony in grand jury proceedings, and reduction in errors that often occur during interviewer hand note taking. Russell subsequently presents the judicial and statutory support for electronic recordings of child interviews. Statutory support includes 15 states having legislation specific to this topic, while other states have similar laws. Twenty states have legislation addressing the admissibility of recorded pre-trial statements and 28 states have a variety of hearsay exceptions permitting use of children's out-of-court statements. Russell discusses several cases which lend support to the use of recorded interviews. In the next section of this article, Russell reviews and presents arguments she believes to be critical for judicial officials', juries, attorneys, and others to understand about how interviews are conducted and assessed for reliability. These factors include medical evidence, timing and circumstances of disclosure, identity of alleged perpetrator, existence of a motive to fabricate, appropriate language for developmental level, quantity and quality of details, appropriate level of sexual knowledge, consistency of report, description of alleged perpetrator's behavior, plausibility of description of abuse, and emotional reaction of child during interview. Russell concludes by emphasizing the need for training and knowledge in a variety of areas including, normal sexual and linguistic development, familiarity with suggestibility research, and awareness of best practices and protocols for interviewing children. She further suggests that ongoing training for attorneys, judges, and other legal professionals in recognition of the signs of abuse should be encouraged.

Saywitz, K. J., Lyon, T. D., & Goodman, G. S. (2010). Interviewing children. In J. E. B. Myers (Ed.), *The APSAC Handbook on Child Maltreatment*. Third Edition (pp. 337-360). Newbury Park, CA: Sage Publications.

Karen J. Saywitz, PhD, is a developmental and clinical Psychologist who currently serves as Professor in the Department of Psychiatry and Associate Director of TIES for Families in the Department of Pediatrics, UCLA School of Medicine. TIES provides multi-disciplinary services to families adopting children with special needs from the foster care system. She is an international expert on children involved in the legal system and has received awards for her pioneering research, teaching, and advocacy on children's mental health. Thomas D. Lyon, JD, PhD, is a Professor of Law and Psychology at the University of Southern California and past-president of the American Psychological Association's Section on Child Maltreatment. He is a well-known author, presenter and researcher in the field of child maltreatment, particularly in the area of child witnesses. Gail Goodman, PhD, is a Distinguished Professor of Psychology at the University of California, Davis, and her research involves memory development and children's

abilities and experiences as victim/witnesses. Her research has been cited in Supreme Court decisions.

The authors' focus in this chapter was on child interviewing principles based on the best available science, understanding that such principles keep changing as new evidence accumulates and that there are gaps in the knowledge base where guidance is limited. They emphasized the fact that interviewers, like professionals in any field, need to stay abreast of new developments. The focus was upon empirically based evidence behind interview structure, setting, interviewer demeanor, children's reluctance and suggestibility, rapport development, narrative practice, introducing the topic of abuse, avoiding concepts that confuse children, instructions to children, phrasing of questions, evidence-based strategies for eliciting details, and multiple interviews. Conclusions were drawn from review of the research base for each area. They determined that studies show totally unstructured interviews are "ill-advised" and that even when "interviewers are well-trained, it is difficult for them to abide by best practice recommendations without following a structured or semi-structured format". Structured protocols are shown to help prevent defective interviewing while standardization increases adherence to evidence-based practices. Addressing the topic of setting for interviews, the studies examined confirm that distractions can have adverse affects on children's ability to focus on the interview. Private interviews are recommended to avoid the possible contamination from parents or others. The authors suggested that even without obvious pressure, children may be reluctant to speak in the presence of another person as well as reluctant to accuse someone of wrongdoing in their presence. Review of the scientific evidence suggests that interviewers are more successful "when they provide a supportive yet non-suggestive atmosphere". The authors explained that while there is little scientific data available on the best methods for developing rapport with children, studies do suggest maltreated children can have more difficulty establishing rapport with professionals than nonmaltreated children with mental health problems (Eltz, Shirk, & Sarlin, 1995). Numerous studies were found to demonstrate the value of phrasing questions in grammar and vocabulary children can understand. Review of the literature shows that communication breakdowns occur when young children are asked long, overloaded questions using complex grammar and vocabulary (Brennan & Brennan, 1988; Carter, Bottoms, & Levine, 1996; Perry, McAuliff, Tan & Claycomb, 1995; Saywitz, Jaenicke & Camparo, 1990).

The authors determined that children are often reluctant to say "I don't know". Several studies suggest that telling children that saying "I don't know" is acceptable reduces their suggestibility to misleading questions. On the topic of warning children about misleading questions two studies were found that showed positive effects from warning children that questions might mislead them and then giving permission for them to correct the interviewer (Saywitz & Moan-Hardie, 1994; Warren, Hulse-Trotter, & Tubbs, 1991). Several studies found that repeated interviewing of young children while using suggestive techniques can be detrimental to the accuracy of their reports (e.g., Ceci, Loftus, Leichtman, & Bruck, 1994; but see Quas et al., 2007). However, repeated non-leading interviewing tends to uncover new details (Hershkowitz & Terner, 2007;

see review in LaRooy, Lamb, & Pipe, 2009). Researchers have not found a detrimental effect of repeating open-ended wh- questions (who, what, where, when, how). Repetition of yes/no questions, however, can be problematic, especially those with embedded information that came from sources outside the child (see review in Lyon, 2002).

Hershkowitz, I. (2009). Socioemotional factors in child sexual abuse investigations. *Child Maltreatment, 14*(2), 172-181.

Irit Hershkowitz, PhD, is a professor in the School of Social Work at the University of Haifa, Israel. She was a research fellow in the Section of Social and Emotional Development, National Institute of Child Health, National Institutes of Health. Since 1995 she has conducted field studies of young alleged victims, witnesses and suspects of abuse and has mainly published on investigative interviewing of children.

Dr. Hershkowitz completed an in-depth look at two socioemotional factors associated with children's provision of forensic information during sexual abuse investigations: rapport building and interview's support. The research tested to what extent the length and questioning style of the rapport-building session and the level of support interviewers provided, correlated with the amount of forensic details children provided. A thorough review of the literature is provided. This research was approached with the following two expectations: (1) a positive association between shorter rapport-building sessions and rapport-building attempts comprising open-ended questions and the production of forensic details during the substantive part of the interview and (2) that higher levels of interviewers' support would cause more details in the substantive part of the interview. The interviews for this research followed the National Institute of Child Health and Human Development (NICHD) investigative protocol. Results included a finding that (1) larger amounts of forensic details followed shorter rapport-building sessions and (2) larger amounts of supportive comments interviewers addressed to the child in the interview, were followed by more details obtained. The author suggested that the findings help define what form of rapport building is associated with more detailed forensic statements. The findings also imply that short sessions of open-ended invitations aimed at establishing child-interviewer rapport are associated with richer information. The author noted a limitation to the study due to the sample consisting of cooperative children who voluntarily disclosed abuse and who were likely to perceive the investigator as helpful. The finding may not hold for interviews with reluctant children. A previous study (Davies et al., 2000) also found the negative association between the length of rapport building and children's production of detail. Sternberg et al., 1997, also found the apparent advantage of child investigators using open-ended strategies when attempting to develop rapport with alleged abuse victims.

Saywitz, K. J., & Camparo, L. B. (2009). Contemporary child forensic interviewing: Evolving consensus and innovation over 25 years. In B. L. Bottoms, C. J. Najdowski, & G. S. Goodman (Eds.), *Children as Victims, Witnesses, and Offenders: Psychological Science and the Law* (pp.102-127). New York: The Guilford Press.

Karen J. Saywitz, PhD, is a developmental and clinical Psychologist who currently serves as professor in the Department of Psychiatry and Associate Director of TIES for Families in the Department of Pediatrics, UCLA School of Medicine. TIES for Families provides multi-disciplinary services to families adopting children with special needs from the foster care system. She is an international expert on children involved in the legal system and has received awards for her pioneering research, teaching, and advocacy on children's mental health. Lorinda B. Camparo, PhD., is an Associate Professor of Psychology at Whittier College. Her research interests include the efficacy of techniques for interviewing children, adolescent friendships, and the development of prejudice and stereotypes in children and adolescents.

The authors identified and discussed improvements in child forensic interviewing from the previous two decades including protocols designed to accommodate children's developmental levels. Also described were the advances in the infrastructure of interviewing for the same period. Finally, they ended with a discussion and suggestions for moving into a holistic approach to research and practice. The authors' approach to the topic was from a more therapeutic standpoint as clearly seen in the suggestions for further research. A comprehensive overview of the trends in interviewing based on empirical research for the period was provided and followed by a discussion of how the research derived protocols have been put into practice. The protocols covered in depth included the Step-Wise Interview, the Cognitive Interview, the National Institute of Child Health and Human Development (NICHD) investigative interview, the Narrative Elaboration procedure, and Finding Words. The next section covers some core components of community response to child abuse allegations that have affected the context and infrastructure of forensic interviewing over the previous 20 years. The authors found from both the research and the clinical literatures the clear value of differentiating between forensic interviews and clinical efforts. From their review of the literature the authors also found that during the 1980s, it was common during pretrial investigations for child witnesses to be repeatedly interviewed by multiple interviewers from various agencies such as law enforcement child protection, juvenile law, and mental health, each unaware of the other's activities and with no single agency taking responsibility for coordinating the process. Many interviewers were unaware of the dangers of using suggestive interviewing techniques with young children. Interviews occurred in a wide range of uncontrolled settings (e.g., schools, hospitals, courthouses, police stations, homes, cars, and cafeterias), lacking safeguards and objectivity necessary to minimize potential for false accusations. The authors completed this article with suggestions for a more holistic approach, not merely treating children as witnesses or victims of

crime, including moving beyond just getting the facts and striving to meet mental health needs without tainting reports.

La Rooy, D., Lamb, M. E., & Pipe, M.-E. (2008). Repeated Interviewing: A critical evaluation of the risks and potential benefits. In K. Kuehnle & M. Connell (Eds.), *Child Sexual Abuse: Research, Evaluation, and Testimony for the Courts* (pp. 327-364). New York: Wiley.

David La Rooy, PhD, holds a research lectureship funded by the Scottish Institute for Policing Research (SIPR) based at the University of Abertay Dundee and is responsible for the Forensic Psychobiology Degree. Michael E. Lamb, PhD., is Professor and Head of the Department of Social and Developmental Psychology at University of Cambridge. His research focuses on forensic interviewing; non-parental childcare, *and* parent-child relationships and the development of psychological adjustment. Dr. Lamb is internationally recognized for his fundamental contributions to our understanding of early family relationships and child care, and for his groundbreaking work at the intersection of developmental science and public policy. His scholarship has significantly advanced developmental psychology while also having a major impact on legal authorities, forensic investigators, policymakers, and others concerned with the well-being of children. Margaret Ellen Pipe, PhD, holds a joint appointment in the Interdisciplinary Children's Studies Center and the Department of Psychology at Brooklyn College. Her research is in the field of applied developmental psychology with a focus on child witnesses, interviews of children, and memory development.

The authors reviewed previous studies of effects of repeated interviewing in child abuse investigations including many studies undertaken in the previous decade, some shedding light on issues that were not addressed adequately, if at all, in earlier reviews. The authors' decision to conduct a narrative review of all experiments in which children were repeatedly interviewed about a personal experience or event allows the presentation and evaluation of a large amount of evidence examining widely held beliefs about the effects of repeated interviewing. This examination also identified forensically relevant questions to which there are as yet no empirically validated answers. In a previous field study (Hershkowitz and Turner, 2007) reported that children provided many new details in a second interview, suggesting that repeated interviewing might be of considerable value. This review of the empirical research focused upon three major issues: (1) what happens to the amount and accuracy of information reported in response to free recall and open-ended questioning across repeated interviews? (2) how should information that is consistently reported across repeated interviews, and that which is newly reported in repeated interviews, each be characterized? and (3) what is the relationship between repeated interviewing and suggestibility? The following conclusions resulted from this extensive review of the research. Skepticism about repeated interviewing is unjustified because there were

some conditions in which repeated interviews seemed advantageous because the amount and accuracy of information in free and open-ended recall was partly determined by both the length of the delay between the event and the repeated interviews and the delay(s) between the interviews.

Concerns about repeated interviewing were reinforced by the fact that children often provide different information about the same event across different interviews (Steward et al., 1996). The resulting ‘inconsistency’ may detract from the perceived credibility of witnesses and raise doubts about the accuracy of the information they provide (Brock, Fisher, & Cutler, 1999; Cassel & Bjorklund, 1995; Poole & Lamb, 1998, Poole & White, 1995). Doubts about credibility can take the form of natural skepticism (e.g., “If that’s true, why didn’t she report it when first questioned?”), or more serious concerns that, over successive interviews, children can be deliberately or unwittingly influenced to report false information (Ceci & Bruck, 1993; Loftus, 2005). Studies also suggest that although new information reported across successive interviews is generally more inaccurate than information that is consistently recalled, accuracy may vary depending on the delay between interviews or between the event and interviews. Of the 30 studies examining repeated interviewing and suggestibility, most reported that repeated interviewing leads to increased suggestibility, used highly suggestive techniques, multiple suggestive techniques, and more frequent suggestive interviews. The authors suggested that further systematic studies were needed before conclusive practical lessons can be drawn.

Pipe, M.-E., Orbach, Y., Lamb, M. E., Abbott, C. B., & Stewart, H. (2008). Do best practice interviews with child abuse victims influence case processing. *Unpublished report, US Department of Justice*. NCJ 224524
<https://www.ncjrs.gov/pdffiles1/nij/grants/224524.pdf>

Margaret Ellen Pipe, PhD, holds a joint appointment in the Interdisciplinary Children's Studies Center and the Department of Psychology at Brooklyn College. Her research is in the field of applied developmental psychology with a focus on child witnesses, interviews of children, and memory development. Yael Orbach, PhD, is a researcher and staff scientist at the National Institute of Child Health and Human Development, and one of the developers of the NICHD interview protocol. Michael E. Lamb, PhD., is Professor and Head of the Department of Social and Developmental Psychology at University of Cambridge. His research focuses on forensic interviewing; non-parental childcare, and parent-child relationships and the development of psychological adjustment. Craig B. Abbott is a Senior Research Assistant and Statistician in the Comparative Behavioral Genetics Section at the National Institute of Child Health and Human Development. His research interests are in the effects of family violence on the social and emotional development of children and adolescents and the development and assessment of

techniques for interviewing child witnesses and victims. Heather Stewart is an Assistant Program Manager at the Children's Justice Center in Salt Lake City, Utah. She has collaborated with the National Institute of Child Health and Human Development on child forensic interview research since 1997.

The authors examined whether improved interviewing procedures increase the likelihood that a suspect would be prosecuted. They further examined decision points to determine whether the use of the NICHD protocol led to a reduction in the time for case processing. This study examined case outcomes in 551 cases before the NICHD interview protocol was implemented and 729 cases after the protocol was implemented. The 1,280 interviews were conducted by police interviewers at a Children's Justice Center in the United States. Each case was coded for case characteristics and case outcomes which included each point of decision making during the case flow in the criminal justice procedures from case referral for investigation to disposition. There was no significant difference between the pre- and post-protocol cases with respect to number of counts per suspect. Analysis of records showed that cases using the protocol resulted in charges filed at a rate of 1.5 times higher than pre-protocol cases. Results indicated that charges filed for cases involving children age 7-9 were most affected by use of the protocol, with 22% more cases filed than with pre-protocol interview cases. For the small number of cases that went to trial, a guilty verdict was found in 16 out of 17 (94%) of the protocol cases, while a guilty verdict was found in seven out of 13 (46%) of pre-protocol cases. Further analysis found that with regard to speed of case processing, the delay from date of interview to date of suspect being arrested and/or charged was longer for the cases before the protocol was implemented. Previous research had indicated that protocol interviews elicited higher quality information. Therefore, the researchers predicted that use of the protocol would have a positive effect on case outcomes. The authors reasoned that children's narrative accounts are more compelling and accurate than those heavily contaminated by interviewer input. The researchers indicate a strength of the study as the fact that the same detectives conducted the pre-protocol interviews and the protocol interviews. A study limitation indicated is that the outcome data are collected in different time periods, pre and post training on the NICHD interview protocol. From the results of this study and previous research, the authors contend that interview protocols implemented and training in forensic interviewing, should be evidence based. It should be noted that two of the authors of this paper have worked with development of the National Institute of Child Health and Human Development interview protocol.

Lamb, M. E., Orbach, Y., Hershkowitz, I., Esplin, P. W., & Horowitz, D. (2007). A structured forensic interview protocol improves the quality and informativeness of investigative interviews with children: A review of research using the NICHD Investigative Interview Protocol. *Child Abuse & Neglect*, 31(10), 1201-1231.

Michael E. Lamb, PhD, is Professor and Head of the Department of Social and Developmental Psychology at University of Cambridge. His research focuses on forensic interviewing; non-parental childcare, *and* parent-child relationships and the development of psychological adjustment. Dr. Lamb is internationally recognized for his fundamental contributions to our understanding of early family relationships and child care, and for his groundbreaking work at the intersection of developmental science and public policy. His scholarship has significantly advanced developmental psychology while also having a major impact on legal authorities, forensic investigators, policymakers, and others concerned with the well-being of children. Yael Orbach, PhD, is a researcher and staff scientist at the National Institute of Child Health and Human Development, and one of the developers of the NICHD interview protocol. Irit Hershkowitz, PhD, is a professor in the School of Social Work at the University of Haifa, Israel. She was a research fellow in the Section of Social and Emotional Development, National Institute of Child Health, National Institutes of Health. Since 1995 she has conducted field studies of young alleged victims, witnesses and suspects of abuse and has mainly published on investigative interviewing of children. Phillip W. Esplin, EdD, specializes in forensic psychology. He was a Senior Research Consultant with the National Institute of Child Health and Human Development, the Child Witness Project, from 1989 through 2006. Dvora Horowitz, PhD, is with the Israeli Ministry of Labour and Social Affairs and a lecturer in the Beit Berl Academic College.

The authors approached this research from the point of view that in many cases of alleged child sexual abuse, inappropriate interview techniques have to potential of compromising and contaminating children's testimony as found in (Bruck, 1999, and Ceci and Bruck, 1995). The goals of this study were twofold: first, summarizing research designed to translate findings regarding children's memory, communicative skills, and social understanding and tendencies into specific interview strategies and techniques that should help prevent such notorious errors and problems in the future, and second, to review studies demonstrating that the use of such techniques in over 40,000 interviews has dramatically improved the quality of investigative interviewing in a number of locations already. Following a review of the literature, the authors emphasize that for purposes of this study, the focus was upon the interviewer's ability to elicit information and the child's willingness and ability to express it, rather than the child's ability to remember it. An overview of the structured NCHID Protocol was provided, followed by an evaluation of what the authors referred to as 'in the real-world'.

The authors reviewed the empirical research in light of issues such as, the protocols suitability for interviews with young children and the importance of training. Conclusions drawn from review of the research include: (1) how much researchers and interviewers have collectively learned about children's communicative and memory retrieval capacities and (2) that this information can be used by interviewers to maximize the value of their investigative interviews with alleged victims of abuse. The authors emphasize that the protocol is not a panacea for all interview situations. A short discussion of other interview protocols was provided.

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.

Theodore P. Cross, PhD, was the director of the Multi-Site Evaluation of Children's Advocacy Centers in the Crimes Against Children Research Center at the University of New Hampshire (CRCC). He is now a visiting research specialist in quantitative analysis at The Children and Family Research Center, University of Illinois, Urbana-Champaign. Lisa M. Jones, PhD, is a Research Assistant Professor of Psychology at the CRCC. She has over 10 years of experience conducting research on sexual crimes against children with a focus on analyzing and evaluating national, state, and community-level responses to victims. Dr. Jones has authored or co-authored several influential papers on national trends in sexual victimization of children and youth. She helped to direct a five-year, quasi-experimental Multi-site CAC Evaluation Project, funded by OJJDP. Dr. Jones is the recipient of a grant from the National Institute of Justice to conduct a process evaluation of four of the most prominent internet safety prevention programs. Wendy A. Walsh, PhD, is a Research Assistant Professor of Sociology at the CRCC. Monique Simone, MSW, is research associate at the CRCC. David J. Kolko, PhD, is a Professor of Psychiatry, Psychology, and Pediatrics at the University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic. His work primarily deals with the study and treatment of disruptive behavior disorders and children's antisocial behavior, including sexually abusive (offending) behavior in youth, child maltreatment, and adolescent depression/suicide. His current research is devoted to dissemination and implementation efforts designed to adapt and then transport effective interventions for these clinical problems to various community settings or systems serving children, youth, and families, including pediatric primary care, juvenile justice, child welfare, public health/safety, and mental health.

The focus of this study was a comparison of CAC and non-CAC outcomes by analyzing investigative or forensic interviews by police, child protective services and other professionals to assess the truth about a suspicion of child abuse following an official report. They discuss several practice problems that affected interviewing and the ways in which CACs are considered to solve

these problems. They sought answers to three major questions: Do CACs promote interagency coordination? Do CACs reduce the number of child interviews and forensic interviewers? Do CACs improve the interview setting? The biggest objection to redundant interviewing is that it could make children re-live the trauma of the abuse in the retelling. In limited research, a greater number of interviews have been associated with more child distress (Berliner & Conte, 1995; Henry, 1997; Jaudes & Martone, 1992; Tedesco & Schnell, 1987). Repeated interviewing could make children think that people do not believe them or are unwilling to help. Children could change their answers because they think they got it “wrong” the first time (Ceci & Bruck, 1993), or may become frustrated and recant their statements to stop the interviews. This study was a segment of the larger study: The Multi-Site Evaluation of Children’s Advocacy Centers. Four communities with CACs were compared to four within-state communities lacking CACs. Two types of data gathered between December 2001 and December 2003 from both CAC and comparison communities were used for this study: descriptive, site-level data and case file data.

Results suggested that the CACs had a noticeable impact on investigations and forensic interviewing in child sexual abuse cases. Team interviews, videotaping of interviews, joint CPS-police investigations, and police involvement in CPS sexual abuse cases were all more common in the CAC cases than in the non-CAC cases. Some results such as greater police involvement for CACs than for comparison communities seemed to duplicate results from Smith et al. (2006). Findings also suggested that the CACs in the study appeared to offer a more thorough and child-oriented response to child sexual abuse reports, and families appeared to have a more positive experience on average, however, the authors pointed out that the advantages pertained to coordination and not number of interviews.

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

Lindsay E. Cronch (Asawa), PhD, is a licensed clinical psychologist. She was a research team member at the Child Maltreatment Lab, Department of Psychology, University of Nebraska-Lincoln, where her primary research projects related to the assessment and treatment of families in which child maltreatment is identified. She recently completed a postdoctoral fellowship at the Children’s Hospital of Dallas. Jodi Viljoen, PhD, is an Assistant Professor in the Department of Psychology, Simon Fraser University. Her research interests include youth violence, mental health and treatment of adolescent offenders, adolescents’ legal rights and competencies, youth forensic assessment, and treatment of adolescent offenders. David J. Hansen, PhD, is a Professor and Department Chair, University of Nebraska Psychology Department. He co-directs the Family Interaction Skills Clinic and directs Project SAFE (a clinical research and treatment

program for sexually abused children and their families) through the Psychological Consultation Center. Dr. Hansen has published extensively on maltreatment, clinical assessment and intervention, child and adolescent social competence and adjustment, among other topics.

The authors examined the research and trends in forensic interviewing such as structured interview protocols, the extended forensic evaluation model and the child advocacy center model established to prevent repeated interviewing. Limitations of the research as well as discussion of empirically based recommendations were provided. Major points from the research literature reviewed include factors influencing disclosure during interviews, techniques used in forensic interviews, and new directions in forensic interviewing. Review of the research on the child advocacy center model provided these conclusions: (1) that repeated interviewing and repeatedly asking similar questions have both been associated with inaccurate reporting and recanting allegations, particularly if early interviews are conducted inappropriately and (2) that the CAC model approach to interviewing best serves the interests of the child, reduces number of interviews, and provides the victim with support. Limitations to the research included the fact that much of the research on certain interviewing techniques was limited to the developers of these techniques. Few studies have been conducted by researchers who were not involved in the development process.

Olafson, E., & Lederman, C. S. (2006). The State of the debate about children's disclosure patterns in child sexual abuse cases. *Juvenile and Family Court Journal*, 57(1), 27-40.

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The purpose of this review was to update criminal, juvenile, and domestic relations court judges about current areas of agreement and disagreement among scientific researchers about the disclosure patterns of CSA victims. The authors reviewed six questions surrounding the disclosure and non-disclosure patterns of known to have been victims of sexual abuse. Two sources of information which the authors consider to be imperfect are surveys of adults who report having been sexually abused during childhood and examination of children's statements

during evaluation and treatment in cases with corroborative evidence that is independent of their statements. To provide judges with a thorough overview of the issues, the review of the research was divided into nine categories: child sexual abuse disclosures delayed until adulthood, child sexual abuse disclosures delayed within childhood, children's gradual disclosures during formal interviews, non-disclosure or denial by children when interviewed about child sexual abuse, studies of disclosure patterns in cases without selection bias, studies of child sexual abuse cases that avoid only substantiation bias, recantations, variables that affect disclosure patterns, and bizarre disclosures.

Conclusions drawn from the literature concerning forensic interviewing include, (1) prior disclosure predicts disclosure during formal interviews, (2) gradual or incremental disclosure of child sexual abuse occurs in many cases, so that more than one interview may become necessary, (3) when both suspicion bias and substantiation bias are factored out of studies, and when external corroborating evidence of child sexual abuse is present, 42% to 50% of children do not disclose sexual abuse when asked during formal interviews. The authors suggested that further research is needed about recantation rates, which range in various studies from 4% to 22%, and children's disclosure patterns which warrant further multivariate research.

Perona, A. R., Bottoms, B. L., & Sorenson, E. (2005). Research-based guidelines for child forensic interviews. *Journal of Aggression, Maltreatment & Trauma*, 12(3), 81-130.

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Bette L. Bottoms, PhD, is a Professor in the Department of Psychology, Vice Provost for Undergraduate Affairs and Dean of the Honors College at the University of Illinois at Chicago. Her research areas have included the accuracy of children's eyewitness testimony, techniques to improve children's reports of past events, and jurors' perceptions of children's testimony. She is the author of numerous scholarly articles and the co-editor of five books on children's eyewitness testimony. Erin Sorenson, MA, is the Chief Programs Officer at the BeCause Foundation in Chicago, IL, and former Director of the Chicago Children's Advocacy Center.

The authors presented the basic principles of forensic interviewing as well as review of currently used protocols. They provided a detailed, practical blueprint for conducting a structured forensic interview emphasizing how the components of the interview are based upon empirical research. Also discussed were special considerations for interviews with children of different age groups and children with special needs or circumstances. The authors followed with suggestions for legal and social service professionals in accessing the social science research literature that should inform forensic interview techniques. The authors emphasized that it is impossible to apply exact techniques to use with children of certain ages due to differences in development

even of children of the same age. A review of the literature on wording questions was provided including question suggestiveness, negative and positive questions, closed ended questions, style and tone of questioning, and more. A review of the literature examining the use of interview aids and the various components of the interview process was provided. This is followed by a discussion of the empirical evidence covering individual differences among children in special victim populations.

The authors concluded that determinations about the effects of individual differences on memory and suggestibility are “somewhat speculative”, but becoming more definitive as the research base expands. Addressed also was the topic of repeated interviewing. The researchers concluded from the literature that pre-adolescents and adolescents, like younger children, should not be subjected to repetitive interviews. They concluded that being asked to repeat statements to interviewers might cause them to re-experience trauma-related emotional difficulties, such as shame and embarrassment. If repeated interviews are unavoidable, at the second and subsequent interview, prior interviews should be discussed and the purpose for the current interview (e.g., additional investigation, trial preparation) should be explained. The child should be allowed to express his or her feelings about being asked to repeat information. In the discussion of understanding and using the research, the authors pointed out that forensic investigators have different professional training than the social scientists who conduct the research. They offered several suggestions for interpreting and applying research to the field. They also suggested that it is important to consider how generalizable research findings are to the real world of child abuse investigations.

Lamb, M. E., Sternberg, K. J., Orbach, Y., Hershkowitz, I., Horowitz, D., & Esplin, P. (2002). The effects of intensive training and ongoing supervision on the quality of investigative interviews with alleged sex abuse victims. *Applied Developmental Science*, 6(3), 114-125.

Michael E. Lamb, PhD, is Professor and Head of the Department of Social and Developmental Psychology at University of Cambridge. His research focuses on forensic interviewing; non-parental childcare; parent-child relationships; and the development of psychological adjustment. Dr. Lamb is internationally recognized for his fundamental contributions to our understanding of early family relationships and child care, and for his groundbreaking work at the intersection of developmental science and public policy. His scholarship has significantly advanced developmental psychology while also having a major impact on legal authorities, forensic investigators, policymakers, and others concerned with the well-being of children. The late Kathleen J. Sternberg, PhD, was a research psychologist and staff scientist at the National Institutes of Health (NIH) in Bethesda, Maryland. Her research focused on applied issues related to children’s development. Yael Orbach, PhD, is a researcher and staff scientist at the National

Institute of Child Health and Human Development, and one of the developers of the NICHD interview protocol. Irit Hershkowitz, PhD, is a professor in the School of Social Work at the University of Haifa, Israel. She was a research fellow in the Section of Social and Emotional Development, National Institute of Child Health, NIH. Since 1995 she has conducted field studies of young alleged victims, witnesses and suspects of abuse and has mainly published on investigative interviewing of children. Dvora Horowitz, PhD, is with the Israeli Ministry of Labour and Social Affairs and a lecturer in the Beit Berl Academic College. Phillip W. Esplin, EdD, specializes in forensic psychology. He was a Senior Research Consultant with the National Institute of Child Health and Human Development, the Child Witness Project, from 1989 through 2006.

The authors explained that most professionals agree that following guidelines of best practices when conducting investigative interviews in the field should be done, that interviews should be completed as soon as possible after the alleged offenses by interviewers who introduce as little information as possible using open-ended prompts, and that open-ended questions are more likely to produce more accurate responses. This suggested however, that although research-based recommendations are widely endorsed but are seldom followed. The researchers compared interview quality over 96 interviews conducted by 21 interviewers who were trained according to professionally recommended practices to interview quality of the same 21 interviewers in the six months prior to this training. Conditions examined included validation, rapport building, victims' protocol, and suspects' protocol. Findings from the study suggested that benefits of training in interview best practices are obtained when steps are taken to ensure the maintenance of these same practices. The results further suggested that systematic evaluations of programs consistently reveal effects on the trainees' knowledge but no significant impact on the quality of their interviewing behavior. Results also suggested that meaningful, long-term improvement in the quality of information obtained from alleged child victims of sexual abuse are observed only when well-established principles are operationalized clearly and concretely and when training is distributed over time. The results of this study mirrored previous studies by both Orbach, et al. (2000) and Sternberg, Lamb, Orbach, et al. (2001) which revealed that the quality of interviewing improved when forensic interviewers were trained to implement a protocol that operationalized the consensus recommendations of diverse professionals and scholars, practiced using that protocol, and received written and verbal feedback on their interviews.

Lamb, M. E., Sternberg, K. J., Orbach, Y., Esplin, P. W., & Mitchell, S. (2002). Is ongoing feedback necessary to maintain the quality of investigative interviews with allegedly abused children? *Applied Developmental Science*, 6(1), 35-41.

Michael E. Lamb, PhD, is Professor and Head of the Department of Social and Developmental Psychology at University of Cambridge. His research focuses on forensic interviewing; non-National Children's Advocacy Center
Bibliography of the Empirical and Scholarly
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parental childcare; parent-child relationships; and the development of psychological adjustment. Dr. Lamb is internationally recognized for his fundamental contributions to our understanding of early family relationships and child care, and for his groundbreaking work at the intersection of developmental science and public policy. His scholarship has significantly advanced developmental psychology while also having a major impact on legal authorities, forensic investigators, policymakers, and others concerned with the well-being of children. The late Kathleen J. Sternberg, PhD, was a research psychologist and staff scientist at the National Institutes of Health in Bethesda, MD. Her research focused on applied issues related to children's development. Yael Orbach, PhD, is a researcher and staff scientist at the National Institute of Child Health and Human Development, and one of the developers of the NICHD interview protocol. Phillip W. Esplin, EdD, specializes in forensic psychology. He was a Senior Research Consultant with the National Institute of Child Health and Human Development, the Child Witness Project, from 1989 through 2006. Suzanne Mitchell, MSW, is the Program Director at Salt Lake County Children's Justice Center in Utah.

The authors cited several studies which have found the value of narrative responses elicited using open-ended prompts rather than information elicited using more focused prompts. The researchers posit that the research-based recommendations replicated in these studies are "widely endorsed, but seldom followed". Additionally, earlier studies suggested that both the use of a detailed protocol and ongoing supervision and feedback were absolutely crucial to the quality of forensic interviews. This study examined two sets of interviews. The first set of interviews was conducted using the NICHD protocol by experienced forensic investigators who received regular supervision and feedback on their interviews. The second set of interviews was conducted by the same investigators immediately following termination of the supervision-and-training regimen. Results included that the number and proportion of invitations declined significantly when supervision ended, while the proportion of option-posing and suggestive prompts increased. Results also showed that withdrawal of supervision was associated with a decline in the quality of information obtained from alleged victims, as well as a decline in the amount of information elicited. The authors concluded that when supervision was removed, interviewers adhered less to best practice guidelines and thus affected their performance. Several previous studies (Lamb, Hershkowitz, Sternberg, Esplin, et al., 1996) and (Sternberg et al., 1996) showed similar results.

Sternberg, K. J., Lamb, M. E., Orbach, Y., Esplin, P. W., & Mitchell, S. (2001). Use of a structured investigative protocol enhances young children's responses to free-recall prompts in the course of forensic interviews. *Journal of Applied Psychology*, 86(5), 997-1005.

The late Kathleen J. Sternberg, PhD, was a research psychologist and staff scientist at the National Institutes of Health in Bethesda, MD. Her research focused on applied issues related to

children's development. Michael E. Lamb, PhD, is Professor and Head of the Department of Social and Developmental Psychology at University of Cambridge. His research focuses on forensic interviewing; non-parental childcare; parent-child relationships; and the development of psychological adjustment. Dr. Lamb is internationally recognized for his fundamental contributions to our understanding of early family relationships and child care, and for his groundbreaking work at the intersection of developmental science and public policy. His scholarship has significantly advanced developmental psychology while also having a major impact on legal authorities, forensic investigators, policymakers, and others concerned with the well-being of children. Yael Orbach, PhD, is a researcher and staff scientist at the National Institute of Child Health and Human Development, and one of the developers of the NICHD interview protocol. Phillip W. Esplin, EdD, specializes in forensic psychology. He was a Senior Research Consultant with the National Institute of Child Health and Human Development, the Child Witness Project, from 1989 through 2006. Suzanne Mitchell, MSW, is the Program Director at Salt Lake County Children's Justice Center in Utah.

The authors reviewed the literature relevant to questioning in forensic interviews. The research showed that regardless of age, responses to open-ended questions are more likely to be accurate than responses to more focused questions. However, some practitioners (e.g., Bourg et al., 1999; Hewitt, 1999; Saywitz & Goodman, 1996) contend that open-ended questions usually fail to elicit forensically valuable information from young children, especially preschoolers. Therefore, this study was conducted with two primary goals: (1) to determine whether alleged victims of child sexual abuse can provide high-quality information when investigators adopt recommended practices and (2) to characterize and compare investigative interviews with younger and older children to clarify the capacities of young alleged victims to describe their experiences when properly interviewed. The researchers entered into the study with the expectation that older children would provide more details than younger children, and that use of the NICHD protocol would increase the amount of information produced by all alleged victims from all age groups.

The method was the examination of 100 first forensic interviews of alleged sexual abuse victims by six experienced police officers. Half of the children were interviewed using the National Institute of Child Health and Human Development's structured interview protocol while half were interviewed using standard interview procedures. Results included that protocol interviews were more likely than standard interviews to include an explanation of the ground rules, the recommended rapport-building techniques, and a practice narrative about a neutral event. Another result was that protocol interviews were better organized and were more likely to shift focus to the alleged abuse in a nonsuggestive manner. A third finding was that nonprotocol interviews were more likely to obtain information about the child's family. Also, the number and proportion of details elicited using open-ended prompts were greater in the protocol interviews than in the standard interviews 48 out of 50 times. Similar to the findings of Orbach, et al. (2000) interviewers in the protocol condition introduced option-posing and suggestive questions later

than in the standard interviews, including interviews with very young children. The researchers concluded that a major contribution of this study is the demonstration that alleged victims age six and younger can provide substantial amounts of information when open-ended questions are used in well-structured interviews.

Aldridge, J., & Cameron, S. (1999). Interviewing child witnesses: Questioning techniques and the role of training. *Applied Developmental Science*, 3(2), 136-147.

At the time this article was written, both authors were affiliated with the Department of Clinical Medicine, University of Leeds, UK. Jan Aldridge, PhD, is a Senior Lecturer in Clinical Psychology and Director of Child Forensic Studies at the University of Leeds and is Consultant Clinical Psychologist at Martin's House Children's Hospice, Wetherby, West Yorkshire. She has written academic and general articles as well as making parenting programs for TV. Sandra Cameron, MA, MSC, is a Clinical Psychologist in Leeds, UK.

The central focus in this study was the efficacy of interview training. They designed a study to address two interrelated issues. The first issue was the effect of a one-week intensive, research-driven training course on subsequent interviewer performance. The second issue was the actual types of questions used by police and social worker interviewers in their investigations of child abuse cases. The study examined 27 interviews using a series of rating scales. Second, a content analysis of the interviews was conducted to record the frequency of use of five question types. Of the 27 interviews examined, eight progressed only to the rapport building stage; therefore 19 were used to examine question types. Following the one week intensive interviewing training course, half-day follow-up sessions were arranged every three months. The follow-up sessions were to reemphasize the main points of the training in relation to subsequent interviews and to review issues which had arose in the participants' workplaces. To examine the effect of the training course on interviewer behavior, trained interviewers were compared to "untrained" interviewers for a nine month period following the course. Nineteen videotaped interviews were examined and rated with a rating scale. The following areas were rated: rapport building, free narrative, open-ended questions, and specific questioning. The rating scale ranged from one (very poor) to eight (excellent). The highest single mean rating for both groups was 5.7. The researchers concluded results demonstrated that in order to affect a behavioral change in interviewers, there must be a "number of experiences of interviewing with different children, in different types of situations, together with ongoing supervision encouraging reflective practice." The results of this study echo those of Davies, et al (1995). Similarly to (Gagne & Briggs, 1974) this research showed that the kind of capability and competency needed for child interviewing develops over "fairly long periods of time".

Stevenson, K. M., & Leung, P. (1992). Competency-based evaluation of interviewing skills in child sexual abuse cases. *Social Work Research & Abstracts*, 28(3), 11-16.

Kay M. Stevenson, PhD, was an Associate Professor at the Graduate School of Social Work, University of Denver. Patrick Leung, PhD, is a Professor and Coordinator of the Office for International Social Work Education, University of Houston, and is currently coordinating the Social Work Research Center there as well. He is editor of the *China Journal of Social Work*.

The authors posited that a criticism of many training programs was that evaluation of the impact on actual performance is inadequate or nonexistent. The authors assert that “rigorous evaluation of competency not only enhances accountability, but also increases the credibility of CPS in court and community.” This study identified existing methods of evaluating training efforts, examines the development of evaluation using videotaped simulated interviews, and discusses practice implications. The authors identified one method of determining the success of learning is measuring performance improvement. The results from knowledge tests given before and after training can provide information about mastery of training content while pre and posttests of simulated interviews can determine trainees' mastery of practical skills. Stevenson and Leung pointed out that the ability to demonstrate new knowledge in interviewing situations requires time for integration into existing worker styles and agency protocols. They also suggested that practice and feedback over time are requisite for the development of skill in comprehensive coverage of complex content.

Review of the literature by the researchers revealed that following training, trainees “may identify critical content in an initial assessment without necessarily demonstrating how that content might be translated into actual interviews.” In order to evaluate trainees’ competence in conducting initial assessment interviews with alleged child victims of sexual abuse a video-based evaluation procedure and a rating instrument were created. A standardized case scenario was constructed and role played by adults, simulating an initial interview with a victim of child sexual abuse. Trainees completed a videotaped, 30-minute interview to evaluate skills both immediately before and after training. Results of the study strongly suggested that interviewing competency requires an increase in conceptual knowledge, but also time and practice to integrate skills into ongoing practice. It was also determined that it is necessary but insufficient to evaluate competency in skill development immediately on completion of a training period. The results of the study also suggested that competency in conducting initial child sexual abuse interviews requires both a knowledge base and training in key interviewing processes and behaviors, and practice and feedback from supervisors in the workplace following training.

Victim Support and Advocacy

Cole, J. (2011). Victim confidentiality on sexual assault response teams (SART). *Journal of Interpersonal Violence*, 26(2), 360-376.

Jennifer Cole, PhD, is an assistant professor in the University of Kentucky with appointments in the College of Social Work in the Center on Trauma and Children and in the College of Medicine in the Department of Behavioral Science. Her research interests are in the areas of victimization, substance use, and in particular the intersection of victimization and substance use among youth and young adults.

The purpose of this research was to examine how professionals in Sexual Assault Response Teams (SARTs) understand and work through the various professional statutory requirements for victim confidentiality. Through an examination of the literature and the statutory differences, Cole found evidence suggesting that conflicts may arise between advocates, medical providers, and law enforcement. Within many SARTs, team members are operating under different statutory requirements for privileged communications with victims. The method for the study included a telephone survey of 78 professionals on SARTs in two metropolitan areas and one site covering four counties. All three sites served victims age 14 and over. Participants were asked two questions. First, they were asked to agree or disagree with this statement, “Maintaining the confidentiality of victims poses particular challenges to coordinating care between professionals.” The second question was based upon participant answers to question one. An open-ended question asked participants to discuss challenges or to talk about why maintaining confidentiality was not a challenge. Fifty-eight percent of participants disagreed with the statement that maintaining confidentiality created a challenge to collaboration with the team, while 10% were neutral, and close to 32% agreed with the statement. Responses to the open ended question regarding why confidentiality was not seen as an impediment fell into two categories; 1) everyone on the team understands the importance of victim confidentiality, and 2) maintaining confidentiality does not limit information shared among the team members. However, no victim advocates gave this response, while over 28% of medical and 23% of criminal justice professionals gave this response. Of the 32% of respondents who agreed that maintaining confidentiality did pose problems with team collaboration, close to 67% were victim advocates. The reason most frequently reported for why this posed a challenge was the belief that information sharing was limited. These results showed a difference in opinion between many advocates and those from the medical and law enforcement professions. Differences among professionals in the understanding of statutory obligations of maintaining victim confidentiality were found. Some medical and law enforcement professionals did not understand the statutory requirement of privileged communication between victims and advocates, as well as the requirement of a signed waiver allowing advocates to share victim communication with SART members. This finding is similar to those of previous smaller studies showing that maintaining

confidentiality was a potential obstacle to team collaboration. Cole suggests that regular team meetings could be used as an opportunity to discuss these differences. A second suggestion is involvement of an outside person or agency to help mediate conflict regarding information sharing. Implications for practice suggested by Cole include the need for both initial and ongoing joint training for professionals and paraprofessionals on SART teams. Trainings should address the benefits of the team response, roles, conflict resolution skills, and statutory obligations of confidentiality. Cole notes three limitations to this study including selection of the three SARTs in one state, which may not be representative of those in other states, use of purposive sampling, and the possible influence of social desirability on participant responses. The author declared no conflicts of interest with respect to this research.

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

Each of the authors of this article is affiliated with the Indiana University of Pennsylvania. Kathryn Bonach, Ph.D., L.S.W., L.P.C., N.C.C. holds a MSW/PhD joint degree in Social Work and an MA in Sociology, and is an Associate Professor of Sociology. She is a past recipient of Program Development and Training grants from the National Children's Alliance. J. Beth Mabry, PhD, holds a Doctorate in Sociology and is also an Associate Professor of Sociology. Candice-Potts Henry, MSW, was a McNair Scholar and presented the findings from this study at the annual national McNair Research Conference in 2008.

This article begins with a history of the Children's Advocacy Center (CAC) movement and points to the differences in service provision to victims of child sexual abuse before and after the advent of CAC's. The authors point out that it is not clear, however, how nonoffending caregivers perceive the parts of the investigative and prosecutorial processes and the performance of various members of the Multidisciplinary Team (MDT). The objective of this study was to examine nonoffending caregiver perceptions of whether CAC and MDT members accomplish their functions satisfactorily and how these perceptions relate to overall satisfaction with the CAC experience.

The authors employed three strategies in the development of the survey: (1) The executive director and program coordinator at the CAC were consulted on program goals, objectives and desired outcomes; (2) they studied similar surveys that had been used by other CAC's and resources in the field; and (3) they reviewed the evaluation literature on CAC's with regard to nonoffending caregivers' perceptions of the different MDT entities singularly, and how they these perceptions affect overall satisfaction. The authors make the salient point that consumer

satisfaction plays a potential role in (1) generating referrals to CACs by clients and other agencies, (2) determining the reputation of CACs across various constituent groups, and (3) cultivating donors and organizational resources.

The nonoffending caregivers surveyed for this study were served by a two-year-old CAC program in a rural community in the eastern United States. All cases had already passed through the forensic interview and investigative process. The methodology is explained thoroughly, with emphasis on the measures taken to insure anonymity. One hundred and twenty nonoffending caregivers were mailed surveys, those who had more than one child victimized received only one survey, and cases in which child welfare held guardianship were not surveyed. Due to the sensitive nature of the respondent's connection with the CAC, the authors only had two mailings of the survey. The final sample of 26 who responded represents a 24.1% response, and they were compared with nonrespondents on key characteristics using the data provided by the CAC to help identify differences that might contribute to bias in the results. All the questions on the survey were quantitative except for the final question, which asked respondents if there was anything else they would like to share about their experiences with the CAC.

Each of the Tables in the article is explained thoroughly and the data is illustrated in an easily comprehensible manner. Table 1 illustrates the sociodemographic and case statistics for the sample, and shows the comparison between those who did respond versus the nonresponders. The victims were slightly older (10.9 vs 9.0 years of age), and were more likely to have been referred by law enforcement and less likely to have been referred by child welfare in the sample respondent group as compared to the nonrespondent group. Table 2 reports the distribution of the study variables in the sample. For satisfaction with CAC services, three aggregates were measured: (1) information and logistical coordination; (2) responsiveness and providing for clients' comfort; and (3) staff courteousness and helpfulness. Satisfaction with MDT entities was measured for (1) child welfare services, (2) law enforcement services, (3) district attorney services, (4) medical evaluation services, and (5) victim advocacy services. The final quantitative measure of overall satisfaction with CAC experience is also provided. Table 3 shows the correlations among study variables. Caregivers' overall satisfaction with services received through the CAC is significantly and positively related to the three individual CAC satisfaction measures as well as satisfaction with child welfare services, law enforcement, and victim advocacy. Overall satisfaction with CAC services was not related, however, with either satisfaction with the district attorney's office or with medical evaluation services. Table 4 reports the results of two regression models of overall satisfaction with services received through the CAC on other indicators of satisfaction.

In the authors' discussion they point out the fact that their findings are consistent with other studies which found satisfaction with the coordinated services provided by CAC's. However, they emphasize that insufficient communication from the district attorney's office after the

forensic interview left nonoffending caregivers feeling frustrated and uninformed about the prosecution of the case. With the CAC studied, the district attorney's office made changes based on this finding. Implications for practice were provided, with recommendations for other researchers and CAC's to consider when assessing caregiver satisfaction with not only with the CAC as a whole, but also each entity of CAC services. The authors also devote a section of the article describing the "study driven" changes in protocol that occurred at the CAC researched. This is very useful information, particularly for the Victim Advocate at a CAC. Overall, this article provides a valuable addition to the literature as it provides insight from the consumer's point of view in predicting their overall satisfaction with a CAC, based not only on the separate entities of the MDT, but also the interrelation among these various entities.

Fortney, T., Baker, J., & Levenson, J. (2009). A look in the mirror: Sexual abuse professionals' perceptions about sex offenders. *Victims and Offenders*, 4, 42-57.

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Do professionals who work with sexual offenders or victims of sexual abuse hold many of the same misperceptions as the general public concerning sexual abuse? The authors posited that it is very important for these professionals to be aware of these misperceptions for the following reasons: (1) inaccurate information and attitudes may impact their effectiveness in therapeutic and psycho-educational interventions with clients, (2) professions will not be as strong or effective advocates for their clients if they have false beliefs, (3) professionals may misrepresent research and facts when educating the public, thereby strengthening attitudes and core beliefs that lead to injustice, discrimination, inefficient laws, and compromised community safety, and (4) the credibility of the field of mental health is harmed when professionals do not correct myths which are the basis for core beliefs and thus do not advocate for rationality and justice.

This study investigated the knowledge and perceptions of professionals who work with sexual offenders or their victims in five areas: (1) who commits sexual offenses, (2) the rate at which offenders come to the attention of authorities, (3) the rate at which offenders were sexually victimized in childhood, (4) recidivism rates, and (5) treatment efficacy. A brief review of the literature was provided for these five areas, with particular emphasis given in the areas where public perceptions contrast with empirical evidence.

Sexual abuse professionals attending four different conferences during the summer of 2007 were surveyed. Details of these conferences are provided, and Table 1 illustrates the demographic characteristics of the sample as well as whether they worked with offenders or victims. The professionals who worked with victims were more likely to be female and more likely to work with adolescents and children than those who work with offenders. Details of the survey utilized are explained and the procedure for survey distribution at the conferences as well. Table 2 lists seven of the survey questions and how the professionals' responses compared to published data. This table also illustrates the differences in the responses of the professionals who work with offenders versus those who work with victims. Table 3 illustrates the responses to survey questions pertaining to beliefs about sex offender treatment, again illustrating the differences between the two groups of professionals. The authors also provide a narrative which references published data concerning the areas between questioned.

In the closing discussion, the authors pointed out how the professionals' responses differ from the general public, and highlight the differences found between those who work with offenders and those who work with victims. They provided possible explanations including empathy, desensitization, and cognitive dissonance. The limitations of the study were discussed and the authors call for professionals working in this area to also examine their own core beliefs, to insure that their perceptions and attitudes are based upon evidence-based practice and prevention policies, not misperceptions held by the general public. This article is very relevant for victim advocates, since they have a responsibility to understand the misperceptions held by the general public and professionals working with sexual offenders and victims of sexual abuse, as prepare victims for their encounters with the criminal justice system.

Kouyoumdjian, H., Perry, A. R., & Hansen, D. J. (2009). Nonoffending parent expectations of sexually abused children: Predictive factors and influence on children's recovery. *Journal of Child Sexual Abuse, 18*(1), 40-60.

Haig Kouyoumdjian, PhD, graduated from the clinical psychology program at the University of Nebraska-Lincoln, where he was part of the Child Maltreatment Research Team. This article was based on his doctoral dissertation. He completed his post-doctoral fellowship at Kaiser Permanente in Martinez, CA, and is currently an Assistant Professor at Mott Community College

in Flint, Michigan. He co-authored the well-known textbook *Introduction to Psychology*, currently in its 9th edition. Dr. Kouyoumdjian's primary areas of research focused on child maltreatment and Latino mental health, resulting in several publications in the literature.

Andrea R. Perry, PhD, received her doctorate in clinical psychology from the University of Nebraska-Lincoln where she was a member of the Family Violence and Injury Lab. She completed her predoctoral internship at the Palo Alto Veterans Affairs Health Care System in Palo Alto, California. She has co-written several articles in the literature, contributed to the Encyclopedia of Domestic Violence and co-authored the chapter on Child Physical Abuse and Neglect in the *Comprehensive Handbook of Personality and Psychopathology*. David J. Hansen, PhD, is Chair of the Department of Psychology. His primary research area is child maltreatment (sexual abuse, physical abuse, neglect, and witnessing domestic violence), including factors related to identification and reporting, assessment and intervention with victims and families, and the correlates and consequences of maltreatment. An additional area of research is social-skills assessment and intervention with children and adolescents. His research emphasizes procedures for enhancing the effectiveness of clinical interventions, through assessing and improving adherence, generalization, maintenance, and social validity. Dr. Hansen is the Co-Director of the Family Interaction Skills Clinic (with Dr. Mary Fran Flood) and Director of Project SAFE, a clinical treatment program for sexually abused children and their families. Dr. Hansen's teaching interests include clinical psychology, psychological assessment and intervention, clinical supervision, and family violence.

The first goal of this study was to examine the impact of parental expectations to account for variance in children's emotional and behavioral functioning as children presented for treatment after sexual abuse. The second goal was to investigate the ability of parental expectations at pretreatment to account for variance in children's emotional and behavioral functioning at posttreatment. Participants in this study included 67 sexually abused children (16 boys and 51 girls) and 63 nonoffending caregivers who participated in Project SAFE (Sexual Abuse Family Education), a curriculum-led cognitive-behavioral group treatment program. All children were between 7 and 16 years of age and Child Protective Services has substantiated the abuse. Parent-Report measures utilized were a demographic questionnaire designed specifically for this study which sought relationship status, ethnicity, employment status, family income, educational level, and age; the Child History Form (CHF); Child Behavior Checklist (CBCL); Parental Expectancies Scale (PES); and the Post Sexual Abuse Expectations Scale (PSAES). Child-Report Measures utilized were Children's Depression Inventory (CDI) and Revised Children's Manifest Anxiety Scale (RCMAS). The authors explain the methodology well and also provide detailed demographical information on nonoffending parents and victims. The first two tables illustrate the alleged perpetrator's relationship to the child and abuse characteristics categorized by pre- and posttreatment. Then three tables were given which illustrated (1) Parental expectations measures (pretreatment) predicting Children's Internalizing Problems Scale,

externalizing problems scale, and total problems scale on CBCL (Pretreatment), (2) Changes in Children's Mental Health Functioning between Pre- and Posttreatment, and (3) A summary of hierarchical multiple regressions with CBCL internalizing problems scale and total problems scales (posttreatment) as the criterion variables. The authors provided a narrative which explains the various relationships studied and results found. In their discussion they emphasized that parental expectancies of children's future functioning were not predictive of children's functioning scores, either pre or post treatment, yet parental expectations of how sexual abuse will affect children were predictive of children's functioning scores at pre and post treatment. Thus, the influential role that the sexual abuse label has on shaping parental perceptions of children's functioning cannot be overlooked. Also, the positive changes in the children's mental health symptoms from pre to post treatment suggest that Project SAFE was effective.

The authors address the limitations of this study, including the homogenous nature of the sample, and the assessment measures and analyses utilized. They provide areas for further research and point to three specific areas where interventions can be improved: (1) provision of psychoeducation for children, parents, and professionals about CSA associated symptoms, (2) encouragement of the child to engage in rewarding activities or helping parents provide optimal support the child, and (3) teach adults to acknowledge their bias and behaviors on an ongoing basis. Victim support and advocacy services at a CAC play an integral role in successful implementation of each of these suggestions.

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.

Each of the four authors was affiliated with the Crimes against Children Research Center (CCRC) at the University of New Hampshire, when this article was written. Lisa M. Jones, PhD, is a Research Assistant Professor of Psychology at the CCRC. She has over 10 years' experience conducting research on sexual crimes against children with a focus on analyzing and evaluating national, state, and community-level responses to victims. Dr. Jones has authored or co-authored several influential papers on national trends in sexual victimization of children and youth. She helped to direct a five-year, quasi-experimental Multi-site CAC Evaluation Project, funded by OJJDP. Dr. Jones is the recipient of a grant from the National Institute of Justice to conduct a process evaluation of four of the most prominent Internet safety prevention programs. Theodore P. Cross, PhD, was the director of the Multi-Site Evaluation of Children's Advocacy Centers at CCRC. He is now a Visiting Research Specialist in Quantitative Analysis at The Children and Family Research Center, University of Illinois, Urbana-Champaign. Wendy A. Walsh, PhD, is a Research Assistant Professor of Sociology and Monique Simone, MSW, is Research Associate at the CCRC.

This research has relevance for established CAC's interested in improving service delivery; developing CAC's interested in further clarification of the model; MDT members; CAC funders; other researchers and evaluators. While there is tremendous value in assessing satisfaction with the services provided at a CAC this particular research posed that question but in a limited context. The questions were almost exclusively restricted to the investigation component; questions referred to the interview, the actions of law enforcement and CPS investigators and the physical setting for the interview. One question seemed to venture outside the investigation/interview realm: "Was it clear to you who you were supposed to go to if you had questions about the investigation?" In their interpretation of the data, the researchers considered some of the reasons why children and caregivers might have indicated a high level of satisfaction with their experiences; these statements alluded to the involvement of other CAC staff but as previously mentioned, the interview questions did not explicitly seek information about experiences with other team members or CAC staff. Some significant findings included (1) As with children, parental satisfaction with investigations appears to increase with the perceived supportiveness of the involved professionals and when they have good access to information about what is happening with the investigation, and (2) "Caregivers reported higher rates of satisfaction when their case was investigated through a CAC compared to cases investigated in communities without a CAC. The difference was not due to the number of interview or a specific case outcome per se, but was based on more intangible aspects of investigations, such as support from investigators and a greater sense of comfort and safety during interviews." The research on client satisfaction and the discussion it generates clearly helps programs to evaluate their current practices and make adjustments when warranted, however, this research should not be considered the definitive source on client satisfaction. Based upon the findings, the researchers pointed to the need for further inquiry that is broader in scope and explores other components of the CAC model.

Finkelhor, D., Cross, T. P., & Cantor, E. N. (2005). The justice system for juvenile victims: A comprehensive model of case flow. *Trauma, Violence & Abuse*, 6(2), 83-102.

David Finkelhor, PhD, is Director of the Crimes against Children Research Center, Codirector of the Family Research Laboratory, and Professor of Sociology, University of New Hampshire. He has been studying the problems of child victimization, child maltreatment, and family violence since 1977. He is a noted author and researcher in the field of child maltreatment and received the Distinguished Child Abuse Professional Award by APSAC in 1994 and the Significant Achievement Award from the Association for the Treatment of Sexual Abusers in 2004.

Theodore P. Cross, PhD, is a Visiting Research Specialist in Quantitative Analysis at The Children and Family Research Center, University of Illinois, Urbana-Champaign. He was Director of the Multi-Site Evaluation of Children's Advocacy Centers in the CCRC at the University of New Hampshire when this article was written. Elise Cantor Pepin, PhD, received

her Doctoral degree in Developmental Psychology at the University of New Hampshire and is now an Associate Professor in Psychology at Southern New Hampshire University.

In addition to CAC staff and team members, this article could be used to draw attention to the need for increased funding for advocacy and crisis intervention. The authors conducted a literature review and review of statistics and laws to offer a new perspective on the overlapping systems that they call the “juvenile victim justice system” suggesting that the fragmented system is not widely understood by professionals working with child victims. The authors offered a case flow model that integrated the child protection system and the criminal justice system, identifying key points on the continuum where child victims interact with the various agencies and institutions of the juvenile victim justice system; the case flow model also attempted to highlight those points in time when intervention and support are critically important for child victims. Figure one provided an excellent visual description of the flow of the juvenile victim justice system, including a timeline which illustrates the process from investigation to disposition. Narratives were also provided for each of the steps in the process.

From the analysis, the authors argued that more professionals are needed who understand the system in its entirety, not just their own agency role. It is important to know who can help guide victims, families and other professionals through the system. The authors identified several areas for improvement, including the need for professionals to recognize how stressful certain aspects of the system can be for child victims. In making these recommendations, the authors were again painting a vastly different picture of what occurs in the CAC model, suggesting that each child victim would greatly benefit from the services provided by someone who stays connected to a case for the duration of the child’s involvement with the system. This article is also a good primer on the legal system for persons new to the child maltreatment field.

Jackson, S. L. (2004). A USA national survey of program services provided by Child Advocacy Centers. *Child Abuse & Neglect*, 28(4), 411–421.

Shelly L. Jackson, PhD, is an Assistant Professor in the Department of Psychiatry and Neurobehavioral Sciences and Director of Grants and Program Development at the Institute of Law, Psychiatry and Public Policy at the University of Virginia. She holds a doctorate in developmental psychology and completed a NIMH Postdoctoral Fellowship in Law and Psychology. She developed *A Resource for Evaluating Child Advocacy Centers* while a Fellow at the National Institute Justice. Her work over the past 13 years has focused on family violence.

This research was one of the earlier efforts to evaluate the CAC model and based on the anecdotal information available at that time regarding compliance with the NCA standards.

Interviews were conducted with 117 CAC directors to assess the variations in the application of the NCA standards for accreditation. When the interviews took place, the CAC's were still operating under the original standards. Jackson developed survey questions that focused on the eight standards that she felt directly impacted child victims (Organizational Capacity was omitted because it primarily addresses operations and board functions). In her introduction, Ms. Jackson stated that as a community develops a CAC, they may make adjustments to the model to meet the unique needs of their community. The goal of this research was to assess the extent of these variations without any judgment on the efficacy of these variations. Valuable information in this article included the author's conclusion that at the point in time of publication, no one had produced any data that examined which CAC components are "absolutely necessary for reducing child stress and facilitating prosecution" (p. 420). This may open the door for research on the role victim advocates play in reducing trauma for child victims and their non-offending caretakers. This research draws attention to some concerns that bear further review. First, the author's depiction of the role of the advocate was somewhat narrow and minimized the rather extensive scope of responsibilities generally assigned to the CAC advocate.

Anderson, L. E., Weston, E. A., Doueck, H. J., & Krause, D. J. (2002). The Child-Centered social worker and the sexually abused child: Pathway to healing. *Social Work, 47*(4), 368-378.

The authors are all clinical social workers. Lorie Elizabeth Anderson, MSW, is in private practice in Cheektowaga, NY. Elisabeth A. Weston, PhD, is a Professor of Human Services at Niagara County Community College, Sanborn, NY. Howard J. Doueck, PhD, is a Professor and Associate Dean of Academic Affairs at the University of Buffalo in the School of Social Work. Denise J. Krause, MSW, is a Clinical Professor at the University of Buffalo in the School of Social Work and Associate Dean for Community Engagement and Alumni Relations.

The intended audience of the article was most likely students considering working with sexually abused children. Due to the absence of any mention of the CAC model, this article did not reflect how most children experience the criminal justice system though many of the roles assigned to the "child-centered social worker" are very similar to those of a CAC advocate. Additionally, most CAC advocates are not clinical social workers. It is also noteworthy that the majority of the articles reviewed by these authors were written in the 80's and 90's, prior to any evaluation or studies of CAC's. Had they explored the CAC model the authors might have discovered that the "generalist" approach is very much the practice of victim advocates working in a CAC. Through their literature review, the authors explored the role of the social worker in child sexual abuse cases, offering support for the expansion of the role to better assist children navigating the criminal justice system. This expansion, the authors proposed, would ideally integrate the

traditional clinical role of the social worker (treatment provider) with the victim witness social worker, creating a generalist approach to advocacy. The authors suggested that the current practice results in a gap in services for child victims; it is their perception that there can be a significant delay from the point when a child begins working with a clinical social worker to the point when the victim witness social worker is introduced to the family. The authors' efforts to improve the system's response to child victims are commendable but they may be missing key information which would have provided a more accurate picture of current practices. The child-centered social worker concept is indeed a more victim-sensitive approach but the authors are proposing a model that already exists in many communities. This article was useful in its description of the complexity of child sexual abuse cases and the importance of providing a client-centered approach when working with child victims and their non-offending caretakers. The suggestion to combine multiple roles is efficient but not realistic in a CAC; therapists are often called as expert witnesses and therefore, excluded from the courtroom. Victim advocates have historically served in the "court advocate" role, providing primary support for the child throughout the court process.

Corcoran, J. (2002). The transtheoretical stages of change model and motivational interviewing for building maternal supportiveness in cases of sexual abuse. *Journal of Child Sexual Abuse*, 11(3), 1-17.

Jacqueline Corcoran, PhD is professor in the School of Social Work at Virginia Commonwealth University. Her research efforts are focused upon family treatment, evidence-based practices, and solution-focused therapy. Dr. Corcoran's practice experience has been in family treatment, sexual abuse, and crisis intervention.

This article reviews both the Transtheoretical Stages of Change Model and Motivational Interviewing (MI) and suggests the use of these in conjunction with one another to motivate ambivalent mothers of sexually abused children to become supportive. The paper begins with review of literature establishing the importance of maternal support following a child's disclosure of abuse. This support is composed of both belief and protection. The author selected mothers as the focus of this study because they are, for the most part, the main non-offending caregiver of abused children with the understanding that other persons may be serving in this capacity. Corcoran posits that a problem occurs when mothers themselves are suffering from severe distress as a result of the disclosure. Corcoran reviews the Transtheoretical Stages of Change Model as it was developed for use in the areas of smoking or substance abuse. The stages of the model include levels of motivation in this order: precontemplation, contemplation, determination, action, and maintenance. Corcoran explains that at each stage, mothers are at risk for becoming stuck and not moving forward to the next level. Therefore, the CPS worker or other

professional provides motivation to continue and advance through the stages while strategies for coping and action are taught at each stage. If relapse occurs, the cycle begins again. Motivational Interviewing is proposed to motivate mothers as they progress through each stage. Corcoran provides support from the literature of the efficacy of MI when used in interventions for substance abuse and dependence. Techniques employed in MI include listening reflectively, eliciting self-motivational statements, and implementing strategies to handle resistance. A section of the paper describes a case example in which MI was used. A transcript of interactions between a social worker and a mother is provided as an example of how the mother moved through stages of problem recognition, concern, intention to change, and optimism. The author asserts that the transcript demonstrates how the worker's handling of client resistance, as well as the client's motivation to move forward. Corcoran concludes by stating that further research is needed to examine how the Transtheoretical Stages of Change Model and Motivational Interviewing works with non-offending caregivers of abused children.

Grosz, C. A., Kempe, R. S., & Kelly, M. (2000). Extrafamilial sexual abuse: Treatment for child victims and their families. *Child Abuse & Neglect*, 24(1), 9-23.

Candace A. Grosz, LCSW, is the Women's Health Director of the Colorado Department of Public Health and Environment. Ruth S. Kempe, M.D., recently deceased, was Emerita Professor of Psychiatry and Pediatrics at the University Of Colorado School Of Medicine. She and her husband, C. Henry Kempe, M. D., are recognized for their efforts in bringing child abuse into the national spotlight, and promoting prevention and treatment programs. The C. Henry Kempe Center is known internationally for its groundbreaking work in the field of child maltreatment. Michele Kelly, PsyD, is a psychologist on the child protection team at the Kempe Center.

The foundation of the program under consideration in this article was the belief that a crucial element in recovery for a child victim is his or her family's response to the disclosure and their ability to provide ongoing support. Through individual treatment and support groups, parents revealed how they felt about what had occurred, often blaming themselves. The results of the pilot project can be useful for CAC's in general and victim advocates in particular as an educational tool that underscores the array of emotions experienced by families and the child victims following a disclosure.

The goal of this research was to better understand the effects of extrafamilial sexual abuse on child victims and their families. Child victims and their families were evaluated following investigative interviews by law enforcement. Based on clinical assessments to determine the most effective treatment modalities, families participating in the ReCap Program (Recovery for Children and Parents) were offered crisis counseling, individual treatment for the child victim

and/or the parent, treatment groups for children and support groups for parents. The pilot project was conducted in an outpatient child abuse center affiliated with a university medical facility. The authors indicated that the pilot program was developed in response to numerous phone calls from parents seeking counseling for their children following an incident(s) of extrafamilial sexual abuse. Children under age seven were considered the priority demographic based on the lack of community resources for this age group. Key findings from the interviews including (1) The betrayal by the perpetrator was felt sharply by both the parents and children. They had trusted someone who had tricked them and abused them. The betrayal of trust left parents and children blaming themselves, doubting their judgment in choosing caretakers and friends, and questioning their competence in many areas, (2) Child victims wanted the sexual abuse to stop but they were not prepared to deal with the upset of their families and the stress of the investigation and prosecution that followed disclosure, and (3) It seemed as if the disclosure by the child victim was the problem rather than the sexual abuse by the perpetrator. Child victims worried that they were to blame for the distress of their parents and siblings, the disruption of the family routines and relationships, and “trouble” for the perpetrator.

Although the emphasis of the research was upon crisis intervention and treatment, there are several key points which support the victim advocacy standard. In the follow up survey with families, Grosz, Kempe and Kelly asked for feedback regarding the experience in the ReCap program. Parents were asked to identify the three most important factors in recovery for child victims and themselves. The authors indicated that a significant factor in recovery was the parents’ capacity to diminish their own distress and provide ongoing support for the child victim. To achieve this type of outcome, the authors suggest that a Child Advocacy Center is an ideal setting for intervention that extends beyond the ReCap program; families receive supportive services throughout their involvement in the system, all within a child friendly environment.

Doueck, H. J., Weston, E. A., Filbert, L., Beekhuis, R., & Redlich, H. F. (1997). A child witness advocacy program: Caretakers’ and professionals’ views. *Journal of Child Sexual Abuse*, 6(1), 113-132.

Howard J. Doueck, PhD, is a Professor and Associate Dean of Academic Affairs at the University of Buffalo in the School of Social Work. Elisabeth A. Weston, PhD, is a Professor of Human Services at Niagara County Community College, Sanborn, NY. Lynda Filbert, MSW, is now director of Child Welfare Services at Family and Children’s Services Niagara (FACS) in Ontario, Canada. Ruth Beekhuis is president of the Ontario Association of Social Workers, and was a Social Worker with Family and Children Services in St. Catharines when this article was written. Heidi F. Redlich Epstein, JD, MSW, was the staff attorney for the Child Advocacy Unit of the Legal Aid Bureau of Baltimore, and is now part of the ABA Permanency

Barriers Project, which helps children move through the foster care system into permanency and helps states save foster care dollars.

The authors conducted a qualitative evaluation of a child witness advocate program established in 1988 in Ontario, Canada. Similar to CAC's, the program was developed to improve the judicial system's response to child victims by coordinating the efforts of child protection, law enforcement and the Crown Attorney's office (the equivalent of the prosecuting attorneys in the US). Unlike the CAC model, the services are not provided within an agency setting but rather in direct contact with the victim and victim's nonoffending caretakers (usually within the child's home). Using a "psycho-educational model" the victim advocate provides case information and support as needed. The authors indicate that the goal of their research was to examine the "salient" issues that are common for children and families who are involved in the criminal justice system. Identifying that information would be useful for front-line workers, team members and specifically, victim advocates. The day-to-day activities of the advocates involved in the study were very similar to the functions within a CAC setting: court prep, court accompaniment, assistance with transportation when necessary, and most importantly, assessing the child's ability to testify, both emotionally and cognitively. CAC directors could also benefit from the insights gained from the insights and feedback provided by families who participated in the study.

This was a very small sample size of 12 caretakers, representing 14 children; and 14 professionals: five law enforcement from the child abuse unit, five prosecuting attorneys and four judges). In their interviews, the caretakers identified five sources of "system induced trauma": (1) The abuse investigation, (2) The child facing the accused in court, (3) The inadequate provision of protective devices for the child, (4) The process of providing testimony, and (5) The eroding emotional effect of the overall court process. It is conceivable that the five system-induced traumas identified by the Canadian survey participants would be similar to those experienced by families involved in our criminal justice system. Therefore, it could be advantageous and instructive for CAC staff to examine these considerations when developing a new advocacy component or strengthening an existing program. The authors also provided comments from the nonoffending caretakers, prosecutors, and team members, and they indicate that in most cases, the child's advocate was considered a "protective device" and this was considered by families as helpful. They did note that the local law enforcement unit specializing in child sexual abuse cases, the child victim witness program, and the attorney assigned to the cases had worked together for a significant amount of time and their history of coordination could have increased the likelihood that the families' experiences were more often positive than not.

Medical Evaluation

Adams, J. A., Starling, S. P., Frazier, L. D., Palusci, V. J., Shapiro, R. A., Finkel, M. A., & Botash, A. S. (2012). Diagnostic accuracy in child sexual abuse medical evaluation: Role of experience, training, and expert case review. *Child Abuse & Neglect*, 36(5), 383-392.

Joyce A. Adams, MD, is a Clinical Professor of Pediatrics, University of California, San Diego, School of Medicine, and she is also affiliated with the Chadwick Center for Children and Families, and Rady Children's Hospital. Suzanne P. Starling, MD, is a Professor of Pediatrics, Eastern Virginia Medical School. She is the Division Director of Child Abuse Pediatrics at the Children's Hospital of The King's Daughters in Norfolk, Virginia, and a member of the Ray E. Helfer Society. Lori D. Frazier, MD, is the Medical Director, Child Protection Team Center for Safe and Healthy Families Primary Children's Medical Center in Salt Lake City, and a member of the Ray E. Helfer Society. Vincent J. Palusci, MD, is the Medical Director of the Children's Protection Team at DeVos Children's Hospital, Grand Rapids, Michigan, and an Associate Professor at the Michigan State University College of Human Medicine in East Lansing. Robert A. Shapiro, MD, is the medical director of the Child Abuse Team at Children's Hospital Medical Center and director of the Child Abuse and Forensic Pediatrics Fellowship and Professor of Clinical Pediatrics, University of Cincinnati College of Medicine. Martin A. Finkel, D. O., FACOP, is affiliated with the Child Abuse Research, Education and Service Institute, of New Jersey-School of Osteopathic Medicine and Dentistry. He is also a Professor of Clinical Pediatrics and Medical Director and Founder of the Center for Children's Support at the University of Medicine and Dentistry. Ann S. Botash, M. D., is a Professor of Pediatrics and Vice Chair for Educational Affairs at the State University of New York Upstate Medical University. She is Director of the University Hospital's Child Abuse Referral and Evaluation (CARE) program in Syracuse, New York.

The first purpose of this study was to assess abilities of medical professionals to recognize normal and abnormal examination findings, ability to interpret medical and lab findings by using published guidelines, and to apply knowledge from research. The second purpose was to determine which factors in education, experience and expert review are associated with greater accuracy in recognition and interpretation of findings. Previous studies have found that persons with little experience in performing examinations were more like to mistake normal variations as signs of abuse. Other studies have found that when shown photographs of findings in girls, interpretations of medical findings changed when a clinical history was provided. Other research has shown that physicians in training programs performed poorly at recognizing normal prepubertal genital anatomy from labeled photographs. Still further research has found that physician knowledge of genital anatomy increases with additional training. A survey was constructed by a panel of ten physicians with expertise and extensive experience in medical evaluation of children for suspected sexual abuse. The panel also chose the photographs to be used with the questions. The survey contained images and information for 20 cases and 40

questions. Invitation to complete the survey was sent via several professional listservs. A total of 197 complete surveys were returned from 118 physicians, 43 SANEs, 33 Advanced Practice Nurses (APN), two nurses and one physician's assistant. Results showed that; 1) Similar to previous research, the total number of sexual abuse evaluations performed and the average number of evaluations performed monthly was significantly associated with higher scores, 2) Other factors that were associated with higher scores were having cases reviewed by an expert at least quarterly, self-identification as a Child Abuse Pediatrician, and reading *The Quarterly Update*, a newsletter summarizing and reviewing research in child abuse medicine, 3) Similar to previous research, Pediatric Emergency Medicine Physicians scored significantly lower than Child Abuse Pediatric Specialists, while the two groups had very low agreement on identification and interpretation of findings suggestive of abuse, 4) Scores across disciplines were higher for those who had review of cases at least quarterly by a recognized expert in child sexual abuse medical evaluation. The last finding has not previously been shown to increase diagnostic accuracy. The authors noted that scores on an examination such as used in this study may not reflect actual clinical proficiency. They further noted that although this study reinforced the importance of correct interpretation of physical findings, the obtaining of the detailed medical history in a developmentally appropriate manner is also of importance. In this study, training, clinical experience, and discipline were significantly associated with accurate identification of medical findings and ability to apply medical knowledge to correctly interpret findings. Furthermore, expert case review, keeping up with the medical literature, and ongoing practice appeared to render additional accuracy.

Gavril, A. R., Kellogg, N. D., & Nair, P. (2012). Value of follow-up examinations of children and adolescents evaluated for sexual abuse and assault. *Pediatrics*, 129(2), 282-289. <http://pediatrics.aappublications.org/content/129/2/282.full.pdf>

Amy R. Gavril, MD, is in the Division of Child Abuse and Neglect, Department of Pediatrics, University of Texas Health Science Center, San Antonio, Texas. Nancy D. Kellogg, MD, is in the Division of Child Abuse and Neglect, Department of Pediatrics, University of Texas Health Science Center, San Antonio, Texas. Prakash Nair, MS, is in the Department of Epidemiology and Biostatistics, School of Medicine, University of Texas Health Science Center, San Antonio, Texas.

This research is the first to examine impact of follow-up examinations in the diagnosis and treatment of children and adolescents evaluated for sexual abuse. The authors noted that previous research on injury and infection have been reported from initial examinations, and had not been collected from follow-up examinations. The purpose of this study was to determine whether follow-up examinations affect medical diagnosis or treatment. Data was collected by

retrospective chart review of charts of patients who were initially examined by a trained pediatric SANE in a children's hospital emergency department and who had follow-up examinations conducted by an experienced SANE of child abuse physician at a CAC. Two of the study authors independently reviewed the documented findings for initial and follow-up examinations for all patients (N=727, 13% male, 87% female). Changes between the two examinations were classified. Changes that were expected such as healing were classified as "no change in likelihood of trauma." Change classifications were: change in likelihood of trauma, increased likelihood of trauma, and decreased likelihood of trauma. Results of the chart review showed that 598 (82%) of the sample had no change, 82 had findings that reduced the likelihood of trauma, and 47 (6.5%) had findings that increased the likelihood of trauma, and 82 (11%) had findings on follow-up exam that decreased the likelihood of trauma. There were 24 patients who had new findings that either increased or decreased likelihood of trauma. There were 130 STIs diagnosed from examination 1, while there were 47 STIs diagnosed from follow-up examinations. The researchers summarized these results as: follow-up examinations changed the interpretation of trauma likelihood in 129 (17.7%) of cases and identified STIs in 47(6.5%) of cases, thus 23.2% of the study population was affected. The authors noted that similar results have been found in studies of follow-up examinations for physical abuse cases. The researchers state that the results suggest that there is an important role for follow-up examinations in confirming treatment and completing assessment for STIs resulting from sexual abuse. Limitations of the study are lack of generalizability to other programs conducting pediatric sexual abuse evaluations and the study group may have differed in results from victims who did not have follow-up examinations.

Adams, J. S. (2011). Medical evaluation of suspected child sexual abuse: 2011 update. *Journal of Child Sexual Abuse*, 20(5), 588-605.

Joyce A. Adams, MD, is a Clinical Professor of Pediatrics, University of California, San Diego, School of Medicine, and she is also affiliated with the Chadwick Center for Children and Families, and Rady Children's Hospital. She specializes in adolescent medicine and child abuse evaluation and expert case review and has been involved since 1986 in providing health care to children with suspected sexual abuse. She is a member of the Ray E. Helfer Society and has testified in over 250 court cases, both in the United States and internationally.

This article contributes a review of the approach to interpreting medical findings and suggestions for further needed research. Adams provides a review of the evolution of the list of findings for child sexual abuse over the previous 20 years, beginning with the first publication in 1992 by Adams, Harper, and Knudson, as well as subsequent revisions based upon newly published research. Adams describes the 2001 publication including the "Overall Assessment of the Likelihood of Sexual abuse" with category ratings from no evidence to definitive evidence.

Adams further describes how the overall assessment section came to be used in many instances as a checklist approach replacing a more thorough clinical assessment. Upon consultation with medical colleagues to clarify the instruments purpose, it was subsequently decided that the table should be removed. Adams explains that there was still disagreement among physicians with medical expertise in child sexual abuse upon the list of findings. Research data was not sufficient to justify some diagnoses as diagnostic of trauma. At the same time, Adams explained that some experts remained skeptical of any approach that did not emphasize the importance of the child's statement in the overall medical examination. After a process of review of research findings, a consensus among experts developed and resulted in the publication (Adams et al., 2007) providing guidelines on medical evaluation including a table describing an approach to interpretation of findings. In 2010, Adams published a review of new studies and made suggestions for updating the interpretation of findings table. In the next section of this article Adams reviews more recent studies published after the 2007 publication of guidelines. Major topics include healing of acute trauma in prepubertal girls, importance of the child's history, evaluating data from research, conditions mistaken for abuse, herpes simplex virus and genital warts, and the importance of accurate interpretation of medical findings. Adams then examines the issue of how well experts agree on the list of findings published in 2007. A survey of experts found no consensus as to the interpretation of findings with respect to trauma or abuse. Adams concluded with the suggestion that a systematic review of published research and expert opinion are still called for to help determine the diagnostic significance of specific acute and nonacute findings as well as specific sexually transmitted infections. Adams stated that following the completion of further studies and reviews of previous studies, further revisions of the approach to interpretation table may be necessary.

Christian, C. W. (2011). Timing of the medical examination. *Journal of Child Sexual Abuse*, 20(5), 505-520.

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Christian presents the arguments for both immediate medical examination and delay of examination. She posits that proper timing is dictated by several factors including forensic evidence implications, acuity of most recent assault, age and medical condition of victim, and other factors. Discussed is the fact that some argue that not all sexually abused children require a physical examination while others may argue that all sexually abused children should have a medical exam immediately following disclosure. Christian presents arguments for both immediate and delayed examination. Listed in chart form and reviewed as reasons for immediate examination include; 1) the need for forensic evidence collection, 2) identification of genital

injury as a corroborator of disclosure, 3) pregnancy testing and prophylaxis, and 4) evaluation and prophylaxis for sexually transmitted diseases. Listed in the chart and discussed as reasons for delaying a medical examination are; 1) unavailability of a qualified examiner, 2) the child's emotional state (fear or anxiety) argues against conducting the exam, and 3) in cases of delayed disclosure, conducting the exam would have limited value in proving abuse. Following presentation of these arguments including the research base for each argument, Christian concludes with the statement that the medical examination rarely proves that sexual abuse has occurred, yet it does often provide reassurance to children and families, and occasionally identify problems that require medical attention.

Finkel, M. A., & Alexander, R. A. (2011). Conducting the medical history. *Journal of Child Sexual Abuse, 20*(5), 486-504.

Martin A. Finkel, D. O., FACOP, is affiliated with the Child Abuse Research, Education and Service Institute, of New Jersey-School of Osteopathic Medicine and Dentistry. He is also a Professor of Clinical Pediatrics and Medical Director and Founder of the Center for Children's Support at the University of Medicine and Dentistry. Randell Alexander, MD, PhD, is professor of pediatrics in the Division of Child Protection and Forensic Pediatrics at the University of Florida-Jacksonville, College of Medicine. He is chief of the Division of Child Protection and Forensic Pediatrics.

Finkel and Alexander present in-depth discussion of issues regarding taking the medical history or sexually abused children. They also present suggested scripts and examples of best practice for asking questions and addressing issues. This article contributes a very practical guide to medical history taking. Their primary premise is that careful questioning about all aspects of the child's medical history should be conducted by skilled, compassionate, and objective clinicians who understand how children are abused as well as their reactions to it. The authors suggest that many clinicians feel ill-equipped to obtain thorough medical histories from children alleging sexual abuse. They suggest that this is due in some part to the dearth of publications on taking the medical history of children at various developmental ages. They further argue that physicians who allow their involvement to be focused solely upon the physical examination, they diminish their therapeutic value for the child and family. They stress that the medical examination should be therapeutic for the child and family because it should address any concerns or worries about the child's body. Finkel and Alexander emphasize that a physician's understanding of sexual victimization is essential to ability to form age and developmentally appropriate questions and to facilitating continuing dialogue. From this perspective, the authors present a series of six steps of sexual victimization. This is followed by a discussion of several important aspects involved with medical history taking including relevance of the medical history, timing of the history taking, purpose of the physical examination, addressing immediate concerns such as trauma and disease,

and assuring the child and family with regard to any fears. They provide a list of examples of bodily concerns expressed by children. The authors also discuss other aspects related to the medical examination. These include areas of concern to address during the history taking with the caregiver, the detailed review of the child's systems, and the history of alleged sexual contact, and the consideration of alternative explanations for physical complaints. The paper concludes with an emphasis upon the reasons for detailed documentation of the medical history that will resolve a possible claim of physician bias. This paper contributes practical, hands-on approaches to understanding of child sexual victimization and developing skills and confidence in conducting medical examinations and history taking.

Finn, C. (2011). Forensic nurses' experiences of receiving child abuse disclosures. *Journal for Specialist in Pediatric Nursing*, 16(4), 252-262.

Cris Finn, MS, PhD, is assistant professor of nursing at Loretto Heights School of Nursing at Regis University in Denver Colorado. Dr. Finn's areas of research include child abuse, violence, and community health. Her clinical expertise is in forensic and emergency nursing.

This study contributes to the literature an examination of experiences of expert forensic nurses receiving child abuse disclosures. The author posits that the human connection between the nurses and the child victims seemed to be the major stimulus resulting in disclosures. This research adds to the body of knowledge concerning circumstances of children's disclosures. The primary focus of the study was to describe the forensic nurses' perceptions of the contexts in which children disclose to them. The method of study was face-to-face interviews with 30 expert forensic nurses attending a professional conference in 2007. The context of the interviews focused only upon initial/first time disclosures. Five major themes were identified from the interviews: child friendly environment, connecting with and rapport building, engaged listening, believing the child unconditionally, and the potential for false disclosure. In depth examination of the interviews found that all participants felt that the child friendly environments created a feeling of comfort and safety for the children. Finn cites research emphasizing the importance of this issue. All participants also placed great emphasis on building rapport which included trust, empowerment, age-appropriate communications and unconditional acceptance. Building rapport was the factor most emphasized by the participants. Also emphasized by the participants and supported by the research cited by Finn was the concept of engaged listening. The nurses discussed the use of open-ended questions and the concept of limitless time. Finn reports that this concept of the child having limitless time to talk is missing from the literature. Finn emphasized that there is very scarce literature on unconditional belief in what the child is saying however, the study participants believed that this aspect was quite important to the process. The participants did express their concern about false disclosures and the need to be mindful of this potential.

Finn noted limitations to the study including the fact that most participants had completed higher degrees of education than most registered nurses and the fact of potential biases, selective memory, and recall issues. Finn suggests that further study should include both initial and secondary subsequent disclosures received by nurses. The author reported no actual or potential conflicts of interest.

Girardet, R., Bolton, K., Lahoti, S., Mowbray, H., Giardino, A., Isaac, R.,... & Paes, N. (2011). Collection of forensic evidence from pediatric victims of sexual assault. *Pediatrics*, 128(2), 233-238.
<http://www.pediatricsdigest.mobi/content/128/2/233.full>

Rebecca Girardet, MD, is associate professor in the Division of Community and General Medicine at the University of Texas at Houston Medical School. Kelly Bolton, RN, is in the Department of Pediatrics in the Division of Community and General Medicine at the University of Texas at Houston Medical School. Sheela Lahoti, MD, is associate professor in the Division of Community and General Medicine at the University of Texas at Houston Medical School. Hillary Mowbray, MD, is assistant professor in the Division of Community and General Medicine at the University of Texas at Houston Medical School. Angelo Giardino, MD, is Clinical Professor of Pediatrics in the Department of Pediatrics at Baylor College of Medicine. Reena Isaac, MD, is assistant professor in the Department of Pediatrics at Baylor College of Medicine. William Arnold, MBA, is with the Crime Laboratory in the Houston Police Department. Breanna Mead, MS, is with the Institute of Serology and Forensic Genetics at the University of Denver. Nicole Paes, MS, is a research assistant at the University of Texas Health Science Center.

The major goal of this research was the determination of the time period after child sexual assault that specimens may provide evidence using DNA amplification. Two secondary goals were to determine laboratory yields of body swabs versus other specimens (clothes and linens), and to determine the correlation between physical findings and laboratory test findings. This research adds to the research literature concerning length of time after assault that specimens taken from child victims may yield evidence. The researchers noted that the American Academy of Pediatrics recommends that forensic evidence be considered for up to 72 hours after assault. However, since the use of DNA amplification has increased in recent years, some jurisdictions have requested that evidence be collected in sexual assault cases beyond 72 hours. The authors cited a previous study that found that for children under 10, no evidence was found after 13 hours after assault. A second study cited also found no evidence in young victims 24 hours after incident. In both studies the majority of evidence was found on clothing or linens. The researchers emphasize the point that both of these previous studies were conducted with pre-

DNA amplification methods. The data for the current study was collected from a retrospective review of case information and laboratory results from evidence-collection kits. The study analyzed results from 277 kits from children age 13 and under and processed according to standard laboratory protocol. Of the kits examined, time from assault to evidence collection was within 24 hours for 40% of cases, between 25 and 48 hours for 9% of cases, between 49 and 72 hours for 3% of cases, and beyond 72 hours for 3% of the cases. Time interval was not known in 45% of cases. 55% of all cases were children under the age of 10. A full explanation of all results is provided and displayed in tables, including proportion of cases with positive DNA within age groupings, and number of cases with positive DNA from a body source according to site and age, findings according to type of laboratory test. 56 (20%) of kits tested positive by DNA. For these 56 that tested positive, 30 (54%) were from the before 24 hour interval group, 9 (16%) were from the between 25 and 48 hours interval group, 3(5%) were from the between 49 and 72 hour interval group, and 2 (4%) were from the beyond 72 hour interval group. Twelve (21%) were from the unknown interval group and thus were not considered for analysis. The majority of the children with positive DNA result had normal, non-specific or indeterminate acute anogenital findings. The results of this study are congruent with previous studies finding that the majority of children with positive biological findings are examined within 24 hours of assault. The second finding similar to previous studies is that the majority of evidence is found in clothing and linens. However, in this study it was found that five children under age 10 had a positive DNA test collected between 7 and 95 hours. Another important result according to the researchers was the high proportion of cases with normal or on-specific anogenital findings among those who had had DNA evidence from a body swab. The researchers point to the significance that the collection of forensic specimens after a disclosure is appropriate even when a physical finding is normal or nonspecific. The study was limited by the retrospective design, and by the fact that the time interval from assault to examination was unknown in 45% of the cases studied. There are no apparent conflicts of interest or possible gain from the researchers due to study results.

Newton, A. W., & Vandeven, A. M. (2010). The role of the medical provider in the evaluation of sexually abused children and adolescents. *Journal of Child Sexual Abuse*, 19(6), 669-686.

Alice Whittier Newton, MD, is a pediatrician on the Child Protection Team at Massachusetts General Hospital for Children. Her clinical interest is in child abuse and neglect. Andrea Marie Vandeven, MD, is Director of *Ready, Set, Grow*, and Assistant Professor in the University of Missouri-Kansas City School of Medicine. Her specialty is child abuse.

This paper reviews the changing roles of physicians and nurses over the past few decades in care and treatment of suspected victims of child sexual abuse. The contribution to the literature includes an historical overview, comments on the major literature, and consideration of major issues and the research literature on them. Issues evolving and covered include the response and

changes due to research showing that the majority of victimized children have no definitive medical findings. Another area of important change reviewed by the authors is the understanding of long-term consequences of abuse upon physical health. Newton and Vandeven devote attention to how and where children present with possible sexual abuse. Issues and concerns related to presentation at primary care offices, emergency departments, and hospital-based child protection teams. The third section is devoted to covering the literature supporting the need for medical experts in child sexual abuse as well as the response to the literature among child maltreatment practitioners. The following section reviews how clinicians conduct sexual abuse evaluations and the role of the medical provider in the forensic interview. Review of and commentary on many issues related to the medical evaluation of prepubertal children and adolescents is covered. The final sections touch on medical evaluation concerns in child advocacy centers and with regard to cultural issues. This review provides a broad review of the literature and how it has affected evolving consensus and disagreement among professionals who conduct medical evaluation of suspected victims of sexual abuse.

Syrjänen, S. (2010). Current concepts on human papillomavirus infections in children. *APMIS* 118(6-7), 494-509.

Stina Syrjänen is a Professor of Oral Pathology and Head of the Department of Oral Pathology and Oral Radiology at the Institute of Dentistry and MediCity Research Laboratory, University of Turku, Finland. Internationally recognized for her work on the human papillomavirus infection (HPV), she has co-authored over 300 articles and six books, and presented at conferences around the world on this subject.

In this invited review, Syrjänen summarized what was in the literature on HPV infections in children, their risk factors, natural history and potential modes of transmission (peri-conceptual, prenatal, perinatal, horizontal, autoinoculation and sexual abuse). Skin and anogenital warts, oral papillomas, and recurrent respiratory papillomatosis are discussed, as well as asymptomatic HPV infections in the genital tract, oral mucosa, and tonsils. While sexual abuse may cause childhood genital warts, sexually abused children usually have other signs of abuse, and the medical evaluation should include identification of other physical indications of abuse and microbiological assessment of other sexually transmitted diseases. However, the predictive value of HPV for possible sexual abuse does increase with age, 36% among children 4 to 8 years of age, and 70% in children over eight years of age.

American Academy of Pediatrics. Committee on Child Abuse and Neglect. (2010). Policy Statement-Child abuse, confidentiality, and the health insurance portability and accountability act. *Pediatrics*, 125(1), 197-201.

This report provided an overview of the Health Insurance Portability and Accountability Act (HIPAA) regulations with regard to the role of the medical professional worker releasing or reviewing patient health information when the patient is a child who is a suspected victim of abuse or neglect. The review stated that medical professionals who are employed by covered entities, including governmental organizations, but who work at a facility that may not be a covered entity, such as a Children's Advocacy Center, may still be required to comply with HIPAA regulations. The report discussed some specific exceptions to HIPAA regulations related to child abuse, stating that in general, HIPAA allows disclosure of information without legal guardian authorization in matters which affect the treatment of and medical intervention for, the child and the investigation of matters that relate to abuse or neglect. If a medical professional suspects abuse or neglect, as it is defined within state statutes, then he is required to disclose information to the appropriate investigative agencies (usually CPS and law enforcement agencies). However, section 164.512(f) puts limitations on the information released to law enforcement but not to CPS agencies. When the medical professional is not the reporter, he may still disclose information about a suspected child victim without parent authorization if: (1) the information is permissible by state law in order to conduct the investigation; (2) the information is deemed to be necessary to prevent further harm to the child or others; and (3) the information is limited to that relevant only to the case. HIPAA does permit disclosure either under court order or by subpoena, or other legal processes. In cases where state laws do not override HIPAA, the medical professional is required to receive a written notice from the party sending the subpoena information that the child's guardian has been informed that the physician will be disclosing information. Disclosure of a child's health information during child fatality reviews is an allowable HIPAA exception relating to public health matters. Such information may also be disclosed to multidisciplinary teams.

Adams, J. A. (2010). Medical Evaluation of Suspected Child Sexual Abuse: 2009 Update. *APSAC Advisor*, 22(1), 2-7.

Joyce A. Adams, MD, is a Clinical Professor of Pediatrics, University of California, San Diego, School of Medicine, and she is also affiliated with the Chadwick Center for Children and Families, and Rady Children's Hospital. She specializes in adolescent medicine and child abuse evaluation and expert case review and has been involved since 1986 in providing health care to children with suspected sexual abuse. She is a member of the Ray E. Helfer Society and has testified in over 250 court cases, both in the United States and internationally.

This article describes the results of research, and systemic reviews of older studies that have occurred since the Adams, et al, paper appeared in 2007. The “Approach to Interpretation of Medical Findings in Suspected Child Sexual Abuse” Table is revised to reflect this new information. Eight conditions mistaken for abuse have been added. Two revisions regarding genital and anal lesions are made in the “Indeterminate Findings” section. Also discussed were the findings that many injuries to the hymen and other genital tissues heal very quickly, often leaving no sign of the previous injury on follow-up examination. The importance of a complete medical history and call for more research and review of published research studies reporting medical examination findings where other types of injury have occurred, not just those involving the hymen, is made by the author. Photo-documentation is recommended as the standard of care and the author stresses the importance of peer review. Description of the TeleHealth Institute for Child Maltreatment’s (THICM) is given, with the disclaimer that it is not intended for initial diagnostic or treatment purposes or to serve as a second opinion. THICM is strictly for educational and quality improvement purposes. The author conducted a short survey of 100 members of the Ray E. Helfer Society, physician experts in child sexual abuse medical evaluation. The results were displayed in tabular form; they show that there is still a consensus among physicians about the indeterminate findings listed in the Table “Approach to Interpretation of Medical Findings in Suspected Child Sexual Abuse” in 2007. The author closed with an invitation for medical providers to contact her with comments and suggestions.

Bechtel, K. (2010). Sexual abuse and sexually transmitted infections in children and adolescents. *Current Opinion in Pediatrics*, 22(1), 94-99.

Kirsten Bechtel, MD, is an Associate Professor of Pediatrics in the Department of Pediatrics at Yale University School of Medicine, New Haven, Connecticut and Attending Physician, Department of Pediatric Emergency Medicine, Yale-New Haven Children's Hospital.

In this article, Bechtel reviewed the demographics of sexual abuse, the prevalence of specific sexually transmitted infections (STIs) and which children and adolescents are at highest risk for contracting such infections. The review covered the findings of studies collecting information on children with STIs including human papillomavirus (HPV), HIV, and herpes simplex virus. Review of the studies for HPV found that vertical transmission (mother-child) is uncommon while the best way to identify possible sexual abuse as the cause of horizontal transmission is by the history, family assessment, and physical examination. Studies concluded with varying results including a finding that 31% of children with HPV reported a history of sexual abuse with risk of sexual abuse increasing with age. Studies found that victims with possible exposure to HIV should be given preventative treatment within 72 hours of the abuse with one hour being the

optimal time for treatment. This research looked at five studies which found that just over half of reported cases of genital herpes in children had evidence suggesting a sexual mode of transmission. Evidence of sexual transmission increased with age. Among the conclusions of this research were that a careful history should be obtained to exclude sexual abuse as the mode of transmission of STIs.

Leventhal, J. M., Murphy, J. L., & Asnes, A. G. (2010). Evaluations of child sexual abuse: Recognition of overt and latent family concerns. *Child Abuse & Neglect*, 34(5), 289-295.

Each of the authors of this article is affiliated with the Yale Child Sexual Abuse Clinic (YCSAC). John M. Leventhal, M.D. is a Professor of Pediatrics and Medical Director of YCSAC. His research interests include child abuse prevention; distinguishing accidental from abusive injuries; and epidemiology of child maltreatment. He is a member of the Helfer Society and a noted author in child maltreatment literature. Janet L. Murphy, MSN, APRN, is the Associate Medical Director of YCSAC, and Andrea G. Asnes, MD, MSW is an Assistant Professor of Pediatrics and Medical Associate Director of YCSAC and was previously the Medical Director of the Child Protection Team, The Children's Hospital at the Cleveland Clinic. Cumulatively, the authors of this article have had over 50 years of clinical experience in treating children who are suspected victims of child abuse.

This article sought to address the special concerns of child victims and their parents and how clinicians should respond to these concerns based on their professional experiences, particularly through peer review. The authors' premise was that since sexual abuse can have potentially damaging long-term psychological effects, medical examiners need to address the concerns of parents and children, and not only focus on the forensic aspect of the evaluation. Ten major concerns, six for parents and four for children, are given. The authors then offered suggestions regarding a clinical approach for each of these concerns. These suggestions are given in context of five variables: (1) the child's age; (2) intra-vs. extra-familial sexual abuse; (3) a parent's own experience of sexual abuse; (4) support of the non-offending parent(s) to the child; and (5) the family's strengths and weaknesses and previous involvement with Child Protective Services. Also, to address these special concerns of the parents and children, the authors suggested expansion of the normal scope of the medical history that would be obtained during the medical evaluation to include the following: (1) how the family has responded to the child's statements; (2) whether the parents have discussed the allegations with each other; (3) who is most upset with what has happened with the child; and (4) what are the parents' and child's concerns; (5) what the parents have discussed with the child; and (6) what the parents' plans for counseling are. By addressing these concerns, families can focus on important issues, including ensuring the

safety of the child, acknowledging family members' feelings, and arranging counseling for the child and parents.

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

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The objective of the authors was to evaluate the association of definitive hymenal findings with the number of reported episodes of penile-genital penetration, pain, bleeding, dysuria, and time since assault for girls presenting for nonacute, sexual assault examinations at a Children's Advocacy Center during 2004-2007. The medical evaluations were conducted by a physician, nurse practitioner, and a sexual assault nurse examiner, each with experience in more than 500 child sexual assault interviews and examinations. Charts of all girls 5 to 17 years of age who provided a history of nonacute, penile-genital, penetrative abuse were reviewed. Characteristics of the histories provided by the subjects were examined for associations with definitive findings of penetrative trauma. Although 960 charts were identified, 454 of the patients were unable to quantify the number of penetrative events, leaving 506 patients for inclusion in the study. Of the 56 children with definitive examination results, 52 had no history of consensual penile-vaginal intercourse and all were at least ten years of age. All of the definitive findings documented were healed hymenal transections.

The authors' methodology was thoroughly explained, and outside reviewers, each having more than 20 years of experience in evaluating pediatric sexual abuse victims and each having performed more than 2,500 sexual abuse examinations, were used to verify their findings. Numerous tables which show the characteristics of the study population and agreement of outside reviewers were provided. Photographs illustrating hymenal transaction and deep notch in prone knee-chest position are provided with detailed verbal descriptions. Analysis was unable to

detect an association between the number of reported penile-genital penetrative events and definitive genital findings. Eighty-seven percent of victims who provided a history of ten penetrative events had no definitive evidence of penetration. A history of bleeding with abuse was more than twice as likely for subjects with definitive findings. Children less than ten years of age were twice as likely to report more than ten penetrative events, although none had definitive findings on examination. Definitive findings of penetration for 10.7% of the subjects with no history of consensual were identified in the study. The authors discussed how their results compared to findings from previous studies and note that few previous studies have included expert review of colposcopic photographs. They noted the many limitations of this study: sample size, retrospectivity, and exclusion of children who did not disclose the number of penetrative events. They concluded that most victims who reported repetitive penile-genital contact that involved some degree of perceived penetration had no definitive evidence of penetration on examination of the hymen. Similar results were seen for victims of repetitive assaults involving perceived penetration over long periods of time, as well as victims with a history of consensual sex.

Lane, W. G., & Dubowitz, H. (2009). Primary care physicians' experience, comfort and competence in the evaluation and management of child maltreatment: Do we need child abuse experts? *Child Abuse & Neglect*, 33(2), 76-83.

Wendy G. Lane, MD, is Clinical Assistant Professor in the Department on Epidemiology and Preventive Medicine at the University of Maryland, School of Medicine. Her research is focused primarily on child maltreatment, with specific interests in abusive abdominal trauma, child abuse prevention, physician identification and reporting of maltreatment. Howard Dubowitz, MD, is Professor and Head of the Division of Child Protection in the Department of Pediatrics at the University of Maryland, School of Medicine. His research interest is in child abuse and neglect, with a special interest in child neglect and prevention.

This study provides additional evidence supporting the need for expertise in the evaluation and management of suspected child abuse and neglect. Lane and Dubowitz sought to fill a gap in the research on child maltreatment experts. They found that although the evidence to date supporting this need, focused on the pediatrician's role in medical evaluation and reporting of suspected abuse, there was little about general pediatricians' experience, comfort with and sense of competence in providing opinions of the likelihood of abuse, nor in providing testimony. They list reasons found in previous studies for physician discomfort as mandated reporters, including having to go to court, fear of losing patients, and misperceptions about the level of certainty necessary for reporting, and inadequate training in management of child physical and sexual abuse cases. This exploratory study sought to assess experience, comfort and competence of

primary care pediatricians in evaluating and managing child maltreatment cases and second, to assess pediatricians' need for expert consultation in such cases. The method of research was administration of a questionnaire to pediatricians randomly selected from the AAP membership list. The questionnaire contained three sections. The first section focused on pediatricians' experience with child abuse cases over the previous year. The second section used statements on a Likert scale examining knowledge, attitudes, level of comfort, and perceived confidence in handling child abuse cases. Section three reported collection of demographic information. One hundred forty-seven returned questionnaires were eligible for analysis. Years in practice of respondents averaged 14 years. Results showed that respondents generally had very little experience evaluating and reporting child abuse or neglect. Results also showed that the physicians reported about three fourths of suspected abused and about half of neglect cases to CPS. There was strong support for expert consultation among participants who had evaluated at least one patient for suspected maltreatment. The pediatricians who had evaluated at least one patient for physical abuse, referred an average of 64% of patients to an expert, while among those who had evaluated at least one patient for sexual abuse, 73% referred all patients to an expert. Pediatricians who had no expert available for referral expressed the desire to refer on average, 92% of patients suspected of sexual abuse. Length of time in practice was negatively associated with referral of cases to an expert. When asked about their feelings of competence in evaluation of child maltreatment, 76% felt competent about evaluation of physical abuse, 47% felt competent about evaluation of sexual abuse, and 69% felt competent about evaluation of neglect. Overall, the majority of respondents had little experience evaluating and reporting suspected child abuse. They felt competent in conducting the medical examination but much less competent in giving a definitive opinion or testifying in court. The results are similar to previous studies finding that primary care pediatricians have little training and experience in conducting examinations for child maltreatment. Previous studies also found that feelings of discomfort and lack of competence were common among primary care physicians. The study was limited by the fact that the AAP membership list from which participants were drawn did not supply information about physicians' subspecialty practice. A second limitation was the reliance upon self-report data and therefore, verification of data supplied by participants could not be verified. The significance of this study is the additional evidence supporting the need for expertise in the evaluation and management of cases of suspected child abuse and neglect.

Berkoff, M. C., Zolotor, A. J., Makoroff, K. L., Thackeray, J. D., Shapiro, R. A., & Runyan, D. K. (2008). Has this prepubertal girl been sexually abused? *JAMA*, 300(23), 2779-2792.

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Pediatrics at UNC-Chapel Hill. She is the director of the UNC-Chapel Hill Beacon Program's Child Abuse services and the Child Evaluation Clinic, the Beacon Program's outpatient child abuse specialty clinic and is also the medical director of the NC Child Medical Evaluation Program, a statewide program providing NC DSS with medical consultation for cases of alleged child maltreatment. Dr. Runyan is professor and past chairman of the Department of Social Medicine and professor of pediatrics at UNC and has researched child abuse for over 30 years. He co-founded a comprehensive child abuse center and has been appointed to the sub-board of child abuse pediatrics at the American Board of Pediatrics. Internationally, he has worked with International Clinical Epidemiology Network medical school faculty in Egypt, India, the Philippines, Brazil, and Chile to increase child abuse knowledge among medical schools. He worked with ISPCAN, WHO, and UNICEF to study of child abuse epidemiology. In collaboration with 120 scientists from 40 countries, he helped develop a new set of instruments to measure child abuse and neglect. He is a member of the Ray E. Helfer Society. Dr. Zolotor does population-based and longitudinal research into the causes and consequences of abuse and neglect. Kathi L. Makoroff, MD, is Training Director and Assistant Professor with the Center for Safe and Healthy Children, Cincinnati Children's Hospital Medical Center. She is a member of the Ray Helfer Society. Jonathan D. Thackeray, MD, is Clinical Director of the Child Assessment Center at the Center for Child and Family Advocacy at Nationwide Children's Hospital in Columbus, Ohio and Assistant Professor of Clinical Pediatrics at The Ohio State University College of Medicine. He is editor of the American Academy of Pediatrics' Section on Child Abuse and Neglect's newsletter and past -president of the Ohio Chapter of APSAC and is a member of the Ray E. Helfer Society. Robert A. Shapiro, MD, is the medical director of the Child Abuse Team at Children's Hospital Medical Center and director of the Child Abuse and Forensic Pediatrics Fellowship and Professor of Clinical Pediatrics, University of Cincinnati College of Medicine. He is Board Certified in Pediatric Emergency Medicine and does research in the area of child abuse diagnostics. He is a member of the Ray E. Helfer Society.

The authors published literature from 1966 through 2008 addressing this topic and identified ten research studies of prepubertal children selected for non-abuse and one case control study of girls ages three to eight with and without a history of penetration. The review was completed to determine the diagnostic utility of the genital examination in prepubertal girls for identifying nonacute sexual abuse. The authors suggested that many studies have shown that inexperienced examiners should have abnormal findings confirmed by an experienced examiner and all findings should be photodocumented, if possible. Due to the rate of normal examinations in victims, the study found that each case requires a thorough history with attention to recent behavioral problems and a complete physical examination. The studies found among the children having been recently sexually abused (less than 72 hours) and have had forensic evidence collected, up to 25% may have had acute anogenital injury. Therefore, the agency should be prepared to evaluate for symptoms of illness, administer emergency prevention against infection, and collect forensic evidence. The authors suggested that care should be made to avoid multiple

interviews by different medical professionals; preparation should be in place to refer children for an interview by a professional trained and experienced in the evaluation of child abuse. The researchers pointed out that previous research has determined that the majority of girls with a history of abuse will have a normal examination. Further conclusions drawn from this review suggested the accuracy of most genital findings used in isolation to predict nonacute sexual abuse among prepubertal girls is poor; therefore, allegations made by a child should not be disputed, allowing for a careful investigation by law enforcement and child protection agencies.

Hibbard, R. A., Desch, L. W., and the Committee on Child Abuse and Neglect and Council on Children with Disabilities. (2007). Maltreatment of children with disabilities. *American Academy of Pediatrics*, 119(5), 1018-1025.

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This article updated the 2001 policy statement from the American Academy of Pediatrics Committee on Child Abuse and Neglect and Committee on Children with Disabilities. The authors noted that because states use different definitions of child abuse and neglect as well as disability, it is difficult to determine how much more disabled children are likely to be maltreated. However, they listed studies which occurred after The Child Abuse and Prevention, Adoption, and Family Services Act of 1988, which mandated the study of the incidence of child maltreatment among children with disabilities. Not only did these studies show that disabled children were more likely to be maltreated, but also that maltreatment can also cause disability. Other limitations of research in this area are described, with calls for more research and collaborative team-approach training of CPS workers in the area of maltreatment of children with disabilities. The authors provided a detailed narrative describing the many factors that make children with disabilities be at a higher risk for maltreatment. These included the higher emotional, physical, economic, and social demands on their families; lack of support for the additional child care responsibilities that may be involved; and inappropriate medical care or education. Foster parents may not be sufficiently or educated or prepared to deal with a child with special needs. Children with disabilities often have no access to sexual prevention information and they may be more accustomed to adults touching them as they depend on them

for their physical needs and may not know how to discriminate or be able to communicate that they have been abused.

The pediatrician's role in caring for children with disabilities is to be aware of the natural history of disorders that may mimic child abuse to prevent the misdiagnosis of child maltreatment and to be aware of injury patterns from inflicted versus noninflicted trauma. Reporting to the appropriate CPS agencies when child maltreatment is suspected must occur, as well as a structured interview with the child, if possible, and consultation with other pediatric specialists as indicated. Treatment should include a multidisciplinary team plan, which involves both the child and family. Pediatricians should be educators for all those involved in providing care for children who are maltreated. This includes CPS workers, law enforcement and health care professionals, child care providers, early childhood educators, teachers, judges, parents, medical residents and students, and their peers. Pediatricians should also recommend parenting skills programs and support groups, and other resources which are important in preventing maltreatment. Finally, the pediatrician should be a strong advocate for influencing public policy which protects children with disabilities from maltreatment. Ten items for guidance for pediatricians treating children with disabilities who have been maltreated are given:

1. Be capable of recognizing signs and symptoms of child maltreatment in all children and adolescents, including those with disabilities.
2. Be familiar with disabling conditions that can mimic abuse or pose an increased risk of accidental injury that can be confused with abuse.
3. Because children with disabilities are at increased risk of maltreatment, remain vigilant not only in assessment for indications of abuse but also in offerings of emotional support and provision of equipment and resources to meet the needs of children and families.
4. Ensure that any child in whom maltreatment has been identified is evaluated thoroughly for disabilities.
5. Advocate for all children, especially those who have disabilities or special health care needs, to have a medical home. (Medical Homes Initiatives for Children with Special Needs Advisory Committee & American Academy of Pediatrics, 2002) If a child is hospitalized and does not have a medical home, the inpatient attending physician can help the family secure one before discharge, preferably as early as possible in the hospital course. (Percelay & American Academy of Pediatrics, 2003)
6. Be actively involved with treatment plans developed for children with disabilities and participate in collaborative team approaches.
7. Use health supervision visits as a time to assess a family's strengths and need for resources to counterbalance family stressors and parenting demands.
8. Advocate for changes in state and local policies in which system failures seem to occur regarding the identification, treatment, and prevention of maltreatment of children with disabilities.

9. Advocate for the implementation of positive behavioral supports and elimination of aversive techniques and unnecessary physical restraints in homes, schools, and other educational and therapeutic programs (both public and private), institutions, and settings for children who have disabilities.
10. Advocate for better health care coverage by both private insurers and governmental funding.

Adams, J. A., Kaplan, R. A., Starling, S. P., Mehta, N. H., Finkel, M. A., Botash, A. S., Kellogg, N. D., & Shapiro, R. A. (2007). Guidelines for medical care of children who may have been sexually abused. *Journal of Pediatric and Adolescent Gynecology*, 20(3), 163-172.

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Resource Center, a regional medical child abuse evaluation program at Children's Hospitals and Clinics in St. Paul and Minneapolis. First, as a social worker and then as a pediatrician, he has been working with child abuse victims for over 30 years and was a 2003 recipient of the United States Department of Health and Human Services Commissioner's Award for Outstanding Service in the Prevention of Child Abuse and Neglect. He is a member of the Ray E. Helfer Society. Suzanne P. Starling, MD, is a Professor of Pediatrics, Eastern Virginia Medical School. She is the Division Director of Child Abuse Pediatrics at the Children's Hospital of The King's Daughters in Norfolk, Virginia, and a member of the Ray E. Helfer Society. Dr. Starling is also a founding member, American Board of Pediatrics Subboard on Child Abuse Pediatrics and was also awarded Outstanding Professional by the American Professional Society on the Abuse of Children. Her research includes analysis of child abuse training and knowledge among pediatric, emergency medicine and family medicine residents and analysis of child abuse medical knowledge among professionals involved in child abuse investigations. Neha H. Mehta, MD, is a practicing pediatric emergency medicine physician at Sunrise Hospital and Medical Center, Las Vegas, Nevada. She was the first Insuring the Children Fellow at Cincinnati Children's Medical Hospital. Martin A. Finkel, D. O., FACOP, is affiliated with the Child Abuse Research,

Education and Service Institute, of New Jersey-School of Osteopathic Medicine and Dentistry. He is also a Professor of Clinical Pediatrics and Medical Director and Founder of the Center for Children's Support at the University of Medicine and Dentistry. Dr. Finkel was the first clinician to introduce colposcopy on the east coast for the evaluation of the sexually abused child and authored the first paper in the medical literature on the healing chronology of acute anogenital trauma as a result of sexual abuse. He is a member of the Ray E. Helfer Society. Ann S. Botash, M. D., is a Professor of Pediatrics and Vice Chair for Educational Affairs at the State University of New York Upstate Medical University. She is Director of the University Hospital's Child Abuse Referral and Evaluation (CARE) program in Syracuse, New York, and a founder and Medical Director of the McMahon/Ryan Child Advocacy Site. Dr. Botash created and is Director of the Child Abuse Medical Provider (CHAMP) Network to educate healthcare professionals in the identification and management of child sexual abuse cases. She has authored a primer for medical providers, *Evaluating Child Sexual Abuse: Education Manual for Medical Professionals* (Johns Hopkins Press; 2000), and many research articles. Dr. Botash is a recipient of the Ambulatory Pediatric Association's award for Public Policy and Advocacy and President of the Ray Helfer Society. Nancy D. Kellogg, MD, is a Professor of Pediatrics University of Texas Health Science Center, San Antonio. She is the medical director of the Alamo Children's Advocacy Center and a consultant and trainer for the Texas Department of Protective and Regulatory Services and the San Antonio Police Department. Dr. Kellogg is also part of the medical staff at Christus Santa Rosa Medical Center and University Hospital. She is a member of the honorary Ray Helfer Society. Dr. Kellogg has authored over 70 publications. Robert A. Shapiro, MD, is the medical director of the Child Abuse Team at Children's Hospital Medical Center and director of the Child Abuse and Forensic Pediatrics Fellowship and Professor of Clinical Pediatrics, University of Cincinnati College of Medicine. He is Board Certified in Pediatric Emergency Medicine and does research in the area of child abuse diagnostics. He is a member of the Ray E. Helfer Society.

These guidelines were developed collaboratively over a four-year time period by some of the most well-known physicians involved in the child sexual abuse field. The intended audience was organizations, communities, and individuals who are responsible for the provision and oversight of medical care provided to children presenting with suspected sexual abuse. Groups of 10-40 physician experts met at child abuse conferences from January 2002-2005 to revise the table summarizing the interpretation of physical and laboratory findings in suspected child sexual abuse and to develop guidelines for medical care of child victims of sexual abuse. Then, additional literature reviews were completed and input from other physicians, nurse practitioners, and nurses who are involved in examining and treating abused children was requested through Cornell University's Special Interest Group on Child Abuse electronic mailing list. Under Results and Guidelines, the following topics were covered: medical evaluation; medical history; timing of the examination; documentation, examination techniques; sexually transmitted infections; interpretation of physical and laboratory findings; and medical testimony. Baseline

professional standards for the Child Sexual Abuse Medical Provider or Nurse Examiner were also given, addressing training, experience, continuing education, and relationships with consultants. A detailed table provided guidance for interpreting physical laboratory findings in suspected child sexual abuse. This table listed findings documented in newborns or commonly seen in non-abused children and commonly caused by other medical conditions as well as indeterminate findings, where insufficient or conflicting data from research studies exists. The authors noted that while the medical evaluation is only one component of the overall assessment of child sexual abuse, it can provide important reassurance to the child and family that may assist in the child's recovery, or be instrumental in establishing that a problematic physical sign or symptom was actually caused by something other than abuse.

Jenny, C. and the Committee on Child Abuse and Neglect. (2007). Recognizing and responding to medical neglect. *Pediatrics*, 120(6), 1385-1389.

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While medical neglect accounts for only 2.3% of all substantiated cases of child maltreatment in the United States, it is noted that this probably only the “tip of the iceberg” because only the most egregious and intractable cases are likely to be reported to authorities. The authors suggested that the child must be seen as the center of an ecological framework within which lack of medical care may result from interactions among a variety of interdependent factors, including patient, parent and physician. Medical neglect usually occurs when caregivers fail to heed obvious signs of serious illness or they are non-compliant with a physician's orders after medical advice has been sought. Five factors must be considered necessary for a diagnosis of medical neglect: (1) A child is harmed or is at risk of harm because of lack of health care; (2) The recommended health care offers significant net benefit to the child; (3) The anticipated benefit of the treatment is significantly greater than its morbidity, so that reasonable caregivers would choose treatment over nontreatment; (4) It can be demonstrated that access to health care is

available and not used; and (5) The caregiver understands the medical advice given. Often “net benefit” may be disagreed upon by parents and physicians; this should be discussed and documented in the record. A hospital’s ethics committee might be helpful in resolving these types of conflict. Ten suggested intervention options were listed, ranked from least restrictive to most restrictive. There is also a discussion of medical neglect in children with special health care needs and the added responsibilities that treatment of these children place upon the physician. Concerning religiously motivated medical neglect, the authors refer to the US Supreme Court Case, *Prince v Massachusetts*. Parents do not have the right to deny their children necessary medical care based on their religious convictions. The authors summarized by emphasizing the several important roles of the physician in working on behalf of medically neglected children: engaging the family, understanding the family’s circumstances, explaining the need for therapy, and collaborating with other professionals and utilizing resources within the community to ensure that the best care is provided for the child.

Walsh, W. A., Cross, T. P., Jones, L. M., Simone, M., & Kolko, D. J. (2007). Which sexual abuse victims receive a forensic medical examination? *Child Abuse & Neglect*, 31(10), 1053-1068.

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The analysis utilized in this article was part of the quasi-experimental study, the Multi-Site Evaluation of Children's Advocacy Centers, which evaluated four CAC's relative to within-state non-CAC comparison communities in South Carolina, Pennsylvania, Texas and Alabama. The article began with a brief introduction of the research supporting the importance of forensic medical examinations. A review of 1,220 case records was conducted for the purpose of determining which sexual abuse victims received forensic medical examinations. Characteristics considered were gender, age, and race of victim, whether penetration or physical injury occurred, whether the child disclosed and how supportive the non-offending caregiver was. A table showing these characteristics of the four CAC and the comparison sites was provided, as well as tables and figures illustrating the other findings. Suspected sexual abuse victims at CAC's were two times more likely to have forensic medical examinations than those seen at comparison communities. Girls, children with reported penetration, victims who were physically injured while being abused, white victims, and younger children were more likely to have forensic medical examinations. A discussion of the results was provided with many references made to previous studies regarding the importance of forensic medical evaluations. The authors concluded that CAC's are helping to increase the rate of medical involvement in sexual abuse cases.

Frazier, L. D., & Makoroff, K. L. (2006). Medical evidence and expert testimony in child sexual abuse. *Juvenile and Family Court Journal*, 57(1), 41-50.

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The authors reviewed the development of the medical knowledge and clinical expertise in child sexual abuse by examining the relevant literature of the previous 25 years. The study indicated that the majority of children who give a history of sexual abuse have no evidence of anal or genital injury. The literature revealed that only four percent of girls alleging penetration had abnormal genital examinations. Other studies have corroborated this by finding that only six percent of pregnant adolescents had definite findings of penetrating injury upon examination. The conclusion drawn from the research is that it is very important that both medical and non-medical professionals understand that a child's credible history of abuse should not be discounted due to a normal physical examination. Further studies have shown that physicians, even board certified pediatrician are not necessarily experts in child abuse. Studies have shown that many pediatricians lack sufficient knowledge of basic prepubertal anatomy. The researchers

concluded based upon the research, that specialized training or extensive clinical experience along with ongoing continuing medical education in the field of child sexual abuse should be a “prime factor in judicial determination of expert qualifications”. The study also concluded that except under circumstances where children refuse imaging, every examination should be recorded either by photograph, video, or digital imaging. This must be done in order to preserve the evidence from the examination, allow for peer review of examinations, and allow the opposing counsel to secure their own expert review. From the review of the literature the authors further concluded that all examiners should have a method for oversight and peer review, due to the weight that abnormal examination can carry as evidence and the risk of cases being lost or won upon the basis of medical findings. The researchers concluded by stressing that continual and ongoing research concerning medical examinations is needed.

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

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The authors evaluated 190 cases of children less than 13 years of age urgently referred to a community child advocacy center. The study compared them to those non-urgently referred with regard to their physical examination findings, sexually transmitted infections and other variables. This study collected information about all patients seen at a community CAC for the medical evaluation of child sexual abuse or assault. The researchers' premise was that although the history obtained from the child is essential, the diagnosis of CSA is augmented by physical findings and other forensic evidence in a small but important number of cases and is affected by the child's age, gender and stage of sexual development. The researchers conceded that although the American Academy of Pediatrics had recommended immediate medical examinations for children after recent sexual contact, the immediate need for evaluation may sometimes preclude the use of child-friendly settings. Forensic specimens were analyzed through standard techniques by a group of five forensic scientists at the regional state police forensic laboratory. The proportions of children with disclosures, positive physical examination findings, STI, and positive forensic evidence were compared in the urgent and non-urgent groups.

The proportion of children with positive results varied widely during the 72 hours since last reported sexual contact. Analysis was conducted to better understand which factors best predicted positive examinations and forensic evidence. The study found that children seen urgently were younger and had less frequent CPS involvement. They also had more disclosures, more positive physical examinations and more contact with older perpetrators than those seen non-urgently. Questions for further study involve which case characteristics can be used to schedule a medical assessment after sexual abuse. The authors found that the current study agreed with previous studies that boys had fewer findings and fewer disclosures than girls, and that female victims had fewer injuries than male victims.

Hornor, G. (2005). Physical abuse: Recognition and reporting. *Journal of Pediatric Health Care*, 19(1), 4-11.

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This article provided an overview of physical assessment for children who present with various physical injuries. The goal of the article was to provide medical providers, including nurse practitioners, with a framework for recognizing physical abuse injuries. Horner reviewed the literature emphasizing the importance of obtaining complete history and a complete timeline of the injury, noting any delay in seeking medical attention. Following a thorough examination documentation should be done in objective and specific terminology. Horner reviewed best practices when examining and documenting bruises, bite marks, burns, coetaneous mimickers, skeletal injuries, abdominal injuries, and head injuries. The literature revealed implications for practice including the need for early recognition and reporting of further abuse.

Heger, A., Ticson, L., Velasquez, O., & Bernier, R. (2002). Children referred for possible sexual abuse: medical findings in 2384 children. *Child Abuse & Neglect*, 26(6-7), 645-659.

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The purpose of this study was to compare rates of positive medical findings in a prospective study of 2,384 children who were referred for evaluation of possible sexual abuse in the Child Advocacy Center at Los Angeles County and the University of Southern California between 1985 and 1990. These children were referred after they disclosed sexual abuse, because of behavioral changes or exposure to an abusive environment, and because of possible medical conditions. A total of 96.3% of all children referred for evaluation had a normal medical evaluation; 95.6% of children reporting abuse were normal, and 99.8% who were referred for behavioral changes or exposure to abuse were also normal. Of the 182 children referred for evaluation of medical conditions, 8% were diagnosed with sexually transmitted diseases, acute or healed genital injuries, and were 17% of the total cases found to have medical findings diagnostic of abuse. The authors concluded that history of the child remains the single most important diagnostic feature in concluding that a child has been sexually abused, since only 4% of all children referred for medical evaluation of sexual abuse have abnormal examinations at the time of evaluation.

The authors began the article with a brief, well-referenced, overview of the research in the medical literature regarding the diagnosis of child sexual abuse. They acknowledged that studies found in the literature have led to recommendations for diagnostic criteria or standards as well as the development of classification schemes by APSAC and the American Academy of Pediatrics Committee on Child Abuse and Neglect. They noted that the first decade of research on CSA covered a wide range of clinical findings but lacked a consistency in terminology, methods, and results. However, since 1989, most of the published research has relied on photodocumentation, and this has enhanced the potential for consistency and peer review. Table 1 in the article showed a comparison, from 1979 to 2000, of research comparing abnormal genital findings in children referred for possible sexual abuse. Table 2 illustrated the evolution of classification scales from Muram's in 1989, to Adams in 2001.

The methodology was thoroughly explained and a table was provided of medical findings and patterns of referral which categorizes the children by whether or not they disclosed. Another table looked at abnormal medical findings in disclosures of severe and non-severe forms of abuse by gender. The authors pointed out the limitations of the study, most notably they were unable to

include the 358 children who were evaluated in the Pediatric Emergency Room by trained staff but without photo-documentation. The authors compared their findings with previous studies, and pointed out that they were still surprised that such a small percentage of children had genital findings diagnostic of prior trauma from sexual abuse. They noted that only one published study had a higher frequency of normal examinations, 97.5% (Berenson, 2000). However, in the Berenson study, the median length of time since the last episode of abuse was 42 days, in this study most children were evaluated with seven days of the last event. In the conclusion, the authors emphasized the importance of the medical examination in the healing of the child and the reassurance of the child and family. They urged the medical professional to prevent the focus from shifting from the child to the presence or absence of medical findings diagnostic of penetrating trauma. They lamented the fact that medical evidence is often the most significant factor in the progress of a case through the legal system, since most exams are normal.

Mental Health

Cary, C. E., & McMillen, J. C. (2012). The data behind the dissemination: A systematic review of trauma-focused cognitive behavioral therapy for use with children and youth. *Children and Youth Services Review*, 34(4), 748-757.

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The purpose of this study was to systematically review the evidence supporting the efficacy of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in reducing symptoms of post-traumatic stress, depression, and behavior problems. Previous to this work there were no such published systematic reviews of the research on TF-CBT efficacy. Background information about TF-CBT is provided, including details about the branded version (Cohen, 2006) and other versions using the same components. Cary and McMillen explained that the value of the systematic review is the inclusion of all the eligible trials conducted to date and the assessment of the quality of the research studies. Other advantages include the weighing of the results of some studies over others, providing a more complete picture, and revealing inconsistencies across studies. The process of determining studies to be included in the review was as follows: database search resulting in 1621 items, review of all abstracts resulting in 58 items retained, 58 articles read and 23 retained, inclusion criteria applied and 10 studies retained for analysis. Inclusion criteria were: used a randomized trial design with a non-TF-CBT comparison condition, included study participants who were under the age of 18, included study participants that had survived at least one traumatic event, assessed symptoms of posttraumatic stress disorder, and was published between 1990 and 2011. Quality of studies was determined by assessing (1) study design, selection bias, unaccounted for confounders, data collection, handling of missing data, intervention integrity, and analysis. Study quality was high for all 10 studies. In seven of the 10 studies there was a significant difference between the TF-CBT condition and the comparison conditions in reducing symptoms of PTSD at immediate post. Three studies showed no significant difference. Four studies showed medium to large effect size for reduction in depression symptoms and three studies showed medium effects for reduction of behavior problems. The pooled estimates across the studies strongly suggested that TF-CBT was more effective than attention control, standard community care and waitlist control conditions at reducing symptoms of PTSD, both immediately and 12 months after the termination of treatment. The pooled estimates across the studies also strongly suggested that TF-CBT was

more effective than other conditions at reducing symptoms of depression and behavior problems at immediate post, although children receiving other treatments often made the same gains at t 12 month follow up. Limitations of this research include 1) sample sizes in some studies were small, 2) no studies were designed to examine mediating and moderating effects, and 3) the review was unable to account for treatment length and session length among the 10 studies. The authors suggest that future research should include an analysis of the isolated effects of each component. This review did identify TF-CBT as an effective treatment for PTSD and one that may speed recovery from depression and behavioral problems. The authors obtained no apparent personal gain from the results of this research.

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

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This study adds to a limited amount of research on mental health screening, referral and follow-up in CACs. This study reports on the implementation of a new mental health screening for children seen in Child Advocacy Centers with results from the first year of implementation reported. Introductory material included is the history of Child Advocacy Centers and mental health services in the CAC model. A substantial review of the literature and attending gaps in the literature are discussed. The authors refer to three previous studies that have examined the mental health referral process in the CAC model. Previous studies have examined the rate of therapy initiation following a mental health referral. The authors stated that most of the research has focused upon identifying whether centers provided mental health services. They additionally assert that the extent of the need for mental health services, the rate of referrals, aspects of therapy success, and family characteristics related to not seeking services or remaining in services following a referral should be examined. This study attempts to fill this void by reporting on a new protocol of mental health screening for children seen in Arkansas CACs. The

Arkansas Building Effective Services for Trauma (AR BEST) was developed through the following process. A review by team members and collaborators of current practices of 13 Arkansas CACs related to screening of mental health issues, referral and follow up on services. This review found that screening and referral practices were inconsistent and undocumented. The next step involved identification of key areas of information that would be needed to benefit the CACs and children. These included demographic characteristics, appropriate emotional/behavioral screening for mental health issues, follow-up information regarding status of mental health services. Several questions were developed for use by CAC staff. CAC advocates were asked to complete a short electronic client registration form with demographic data and information about the trauma and alleged perpetrator for each child evaluated at the CAC. Follow-up forms to be completed at one week, one month, and three months after child's initial visit to the CAC were also to be completed. These forms were designed to gather information about services received, barriers to service, and needs of the family. Follow-up information was gathered from caregivers by phone or in-person. A brief screening tool for emotional/behavioral problems consisting of eight questions (4 internalizing and 4 externalizing) was developed for use by CAC staff. To evaluate success of this new protocol the researchers examined the number of records entered into the data collection system by CAC staff. Second, they surveyed CAC staff one year later to obtain feedback on the new process. The review of records submitted in the new system determined that of the 2,165 children seen in the CACs in

Fiscal Year 2010, 1,685 (77.8%) were entered into the AR BEST data collection system. Advocates were successful in completing at least one follow-up screening with close to half of registered clients. The one year follow up survey was sent to 22 advocates with 17 responding. Before the system was implemented, 57.1% of advocates had reservations about the data collection process, while at one year, 71.5% reported having fewer concerns. Consistent with previous literature, many children were not experiencing significant externalizing or internalizing symptoms, while a small number had higher scores. Also similar to previous literature, predictors of more severe internalizing problems were age, parent or step-parent offender, and removal from the home. At one week follow-up, about half of those interviewed had entered counseling or had a scheduled appointment. Percentage was slightly higher at one month follow-up. The reason given most often for not seeking treatment was that caregivers did not perceive that the child was in need of treatment. Removal from the home or having a parent offender increased the likelihood of services by the one month follow-up. Limitations to the study included 1) data collection was completed by CAC staff instead of by trained data collectors, 2) a small number of mental health screening items were utilized, and 3) no comparison group was assessed. The authors state that the results suggest that implementation of a consistent approach to mental health screening in a CAC may be possible, and may be beneficial in helping staff more readily understand the needs of their clients. They suggest that future research in CAC settings should examine organizations factors, such as staff training and facility characteristics that may affect mental health screening and referral process.

Mannarino, A. P., Cohen, J. A., Deblinger, E., Runyon, M. K., & Steer, R. A. (2012). Trauma-focused cognitive-behavioral therapy for children: Sustained impact of treatment 6 and 12 months later. *Child Maltreatment*, 17(3), 231-241.

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This study provides additional support to the existing strong empirical evidence of the durability of TF-CBT for maintaining positive treatment effects over time. This study reports on the findings from assessments conducted at 6-month and 12-month follow-up after TF-CBT treatment for victims of child sexual abuse. Results are discussed in the context of previous literature on TF-CBT efficacy. The authors provide a short overview of TF-CBT as well as rationale for conducting this research based upon results from previous research. In a previous study by these researchers, four conditions were used to examine efficacy of TF-CBT: 16 week treatment with Trauma Narrative (TN), 16 week treatment without TN, eight week treatment with TN, and eight week treatment without TN. Sixteen week treatment was found to be more effective than eight week treatment for reducing symptoms of PTSD. The No TN condition was found to be more effective at improving parenting practices and more effective in reducing externalizing behavior problems. The current study postulated that all of the improvements attained at posttreatment would be maintained at 6-month and 12-month follow up. The study sample involved 158 children ages 4-11 (mean age 7.6) and 144 parents. 62% were female and 38% were male. Five parent report measures and five child report measures were used to assess outcomes. Children were randomly assigned to the four conditions, and siblings were assigned to the same condition. Four therapists provided all treatment in 90 minute sessions. Follow-up assessments were conducted with two weeks of the 6-month and 12-month time periods following treatment completion. Data analysis was conducted upon all outcome measures and displayed in tables. Consistent with previous research, results for hypothesis one showed that 6-month and 12-month follow-ups of TF-CBT treatment gains were sustained in both the eight-session and 16 session conditions. Second, although all four groups continued to improve during treatment, the differences between gains among them at post-treatment were not sustained at 6-

month and 12-month follow-up. A third finding was that two dependent variables, parental emotional distress which was quite lower at 12-month follow-up than at post-treatment, and children's self-report of anxiety which was also significantly lower at 12-month follow-up than at post-treatment, continued to decline during post-treatment period. The researchers point to three limitations to the study. First, there was small number of children in each study conditions. Second, some of the child self-report instruments were not administered to the children under age seven, thus full assessment of anxiety and depression was not possible for younger children. Third, most of the children were living in stable home settings, differentiating them from children without a consistent supportive adult. The authors assert that given these limitations, the lack of outcome differences between the No TN and TN conditions should not deter clinicians from including TN in treatment. The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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

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The researchers' purpose for this study was two-fold. The first was to evaluate the linkage to and the successful completion of trauma treatment for victims of child sexual abuse. The second purpose was to describe differences between children who do access treatment versus those who do not, and to identify predictors of treatment completion for children and families. The study began with a review of previous research which found that although well-established treatments such as TF-CBT are widely available, studies have shown that between 65% and 69% of victims were successfully linked to treatment. Further studies have found that of those who do begin treatment, completion rates for adult and child patients was only 54%. Parental involvement had been found to have a significant impact upon beginning and completing treatment. The method for conducting this study was a retrospective chart review of a sample of children (N=490) evaluated at an Ohio hospital-based CAC and who were referred for trauma-focused mental health counseling. The main dependent variables were patient linked with counseling services and treatment goals achieved. Results showed that 52% of the children who were referred for treatment were linked to services, while 39% of those who began treatment successfully

completed therapy. Results also showed that patients were more like to complete treatment if caregivers also participated or, if they were referred to other mental health services. Enrollment in Medicaid or only one child victim in the family did not seem to affect completion rates. Contrary to previous studies, this study did not show SES as a significant factor in treatment participation. Furthermore, contrary to previous findings, this study did not find that ethnicity, severity and duration of abuse, or placement in foster care had a significant impact of rate of participation in treatment. The authors posit that this difference from previous research may be attributed to the model of service delivery for the medical and mental health components of evaluation and treatment. Previous studies did not evaluate mental health outcomes from a collocated medical/mental health treatment facility. The authors assert that referral to an in-house treatment program may prompt compliance with treatment recommendations, especially in a population at higher risk for dropout and noncompliance. Study findings that were consistent with previous research included 1) caregiver participation in treatment increased likelihood of treatment completion, and 2) engagement and support of caregivers increased likelihood of good mental health outcomes among patients. The researchers noted limitations to the study including the fact that patient records monitored for only six months after referral to treatment, and data were not collected on the 532 patients who began therapy prior to the medical evaluation for CSA. The authors declared no conflict of interest with respect to this research.

Berkowitz, S. J., Stover, C. S., & Marans, S. R. (2011). The child and family traumatic stress intervention: Secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*, 52(6), 676-685.

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This article contributes the findings of a four-session caregiver-child early intervention and secondary prevention model, the Child and Family Traumatic Stress Intervention (CFTSI), for children ages 7–17. This report reviews the key components of CFTSI and reviews the limited literature evaluating the treatment. This study specifically evaluates whether the CFTSI, was more effective in preventing the development of Chronic PTSD as compared to an Individual Child, 4-session intervention that provided supportive counseling and psychoeducation. A randomized pilot study was conducted with 112 youths ages 7-17 who had been exposed to a potentially traumatic event and who had at least one symptom of PTSD on the Posstraumatic Checklist within 30 days of the study. The Trauma History Questionnaire (THQ) was administered at baseline and follow-up to establish the number previous of PTEs. Other measures included the Parent Behavior Inventory, the Perceived Social Support-Family Scale, and others. Two related outcomes were examined: differences in TSCC symptom severity on the PTS, Anxiety and Dissociation indices, and PTSD diagnosis and severity of symptoms at the 3-month follow-up. Results of analyses of data at baseline, post treatment and at three month follow-up indicated that the CFTSI has promise as an early intervention designed to prevent the development of chronic PTSD and associated symptoms. Children who received the CFTSI were 65% less likely to meet criteria for PTSD at the 3-month follow up than children that received the comparison condition. CFTSI participants also showed a significant decrease in the Avoidance and Re-experiencing criteria. The authors reported that the study was limited by the fact that attrition from the initial phone screen to study consent was 64 families failing to attend their first appointment. The reasons for this dropout were not obtained. Another limitation was that the study did not evaluate which elements of the CFTSI were essential therapeutic mechanisms. The authors suggested that future research should disaggregate the various elements of the CFTSI for evaluation. There are no known benefits to the researchers based on study outcomes.

Kolko, D. J., Iselin, A.-M. R., & Gully, K. J. (2011). Evaluation of the sustainability and clinical outcome of alternatives for families: A cognitive-behavioral therapy (AF-CBT) in a child protection center. *Child Abuse & Neglect*, 35(2), 105-116.

David J. Kolko, PhD, is a Professor of Psychiatry, Psychology, and Pediatrics at the University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic. His work primarily deals with the study and treatment of disruptive behavior disorders and children's antisocial behavior, including sexually abusive (offending) behavior in youth, child maltreatment, and adolescent depression/suicide. Anne-Marie E. Iselin is a Researcher in the Center for Child and Family at Duke University. Kevin J. Gully, PhD, (deceased) was a psychologist who worked with the Safe and Healthy Families Program at Primary Children's Medical Center in Salt Lake City, Utah.

This study evaluated the use and impact of AF-CBT, in relation to four other EBTs. An initial efficacy trial examining AF-CBT's two main approaches, individual CBT and family therapy and some empirical studies showing the contribution of caregiver cognition and affect to child-directed aggression. In the present study, four key issues related to treatment dissemination were examined: 1) is there any evidence showing the sustainable use of AF-CBT and the other EBTs several, 2) what is the level of overlap between AF-CBT and the other four EBTs, 3) when the unique content of the other four EBTs is controlled for, is there evidence for the relative effectiveness of AF-CBT content (general or abuse-specific) on clinical outcomes, and 4) to what extent does the use of AF-CBT content vary by key patient background and clinical characteristics? The evaluation was conducted of 52 families receiving treatment for physical abuse from seven therapists in a child protection program from early 2005 through mid-2007. One objective of this paper was to simply document the use of AF-CBT practices by agency clinicians who had been trained in the model between three and five years earlier. Clinicians reported that they had "definitely used" 57% of all of the AF-CBT content items with this clinical sample and a high level of use per treatment practice item. The average use ratings per item for the other four EBTs was about the same. The results also provide information about the individual AF-CBT practices that were used the most or the least with physically abusive families. The two AF-CBT content scores (General, Abuse-specific) were moderately related and differentially associated with the four other EBTs. On standardized child clinical dysfunction measures, greater use of AF-CBT General content was related to a near-significant decrease in child ratings of the severity of the child's anger problems. Furthermore, greater use of AF-CBT Abuse-specific content was related to significant decreases in parent-reports of the child's externalizing behavior problems, child-rated anxiety and anger problems, and parent reports of child's social competence. The most significant improvement associated with AF-CBT Abuse-specific content was ratings indicating that the child had become less scared/sad and happier, and more safe from harm, therapist and parent ratings of the child being better able to have friends without harming them. Additional findings and implications are reported in the paper. Some limitations are identified. First, the study was not a clinical trial or a controlled evaluation of the use of a single EBT. There was no behavioral data on treatment fidelity. Lastly, the small number of cases used in the study should be taken into consideration and impetus for further investigation.

Kowalik, J., Weller, J., Venter, J., & Drachman, D. (2011). Cognitive behavioral therapy for the treatment of pediatric posttraumatic stress disorder: a review and meta-analysis. *Journal of Behavior Therapy and Experimental Psychiatry*, 42(3), 405-413.

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This research examines the efficacy of Cognitive Behavioral Therapy (CBT) for treatment of pediatric PTSD by preparation of an annotated bibliography and meta-analysis of eight studies. The paper begins with an introduction and review of PTSD including discussion of the limited amount of research on PTSD as applied to children compared to adults. Previous research has investigated TF-CBT finding efficacy in both individual and group therapy for children. This research sought to examine previous research to review the overall efficacy of CBT in the treatment of pediatric PTSD. The authors conducted a systematic search for publications from years 1966 through 2010. Twenty-one randomized controlled trials using CBT in the treatment of children were identified. Eight of the 21 studies were selected because they were randomized, compared to an active control group, utilized the CBCL for evaluation, and reported pre-and post-intervention scores. The researchers measured for effect size and heterogeneity because several of the studies had small sample sizes. Publication bias was also assessed. For all measures assessed (Total Problems, Internalizing, Externalizing, and Total Competence), substantial homogeneity was found among the eight studies. Assessment also determined that publication bias was unlikely to have affected findings. Annotated bibliography results were displayed in table form. Results supported the efficacy in general of CBT for pediatric PTSD. The meta-analysis of the eight trials showed favorable outcomes in the CBT treatment groups versus the control groups. Results for Total Problems and Internalizing indices supported the effectiveness of CBT in reducing symptoms and promoting significant positive change. This analysis was limited by the relatively low number of studies included and therefore, generalizability was also limited. The researchers also note inconsistencies in methodologies across the studies, further limiting results of the meta-analysis. The researchers suggested that future research should seek to examine the components of CBT to determine which symptoms of PTSD are most responsive to the treatment.

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 and Violent Behavior, 16*(3), 188-199. <http://tinyurl.com/ovkb8cm>

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is child maltreatment (sexual abuse, physical abuse, neglect, and witnessing domestic violence), including factors related to identification and reporting, assessment and intervention with victims and families, and the correlates and consequences of maltreatment.

This paper adds to the literature a review of mental health interventions provided at Child Advocacy Centers along with recommendations for future research and clinical practice. A review of the literature documents the need for mental health services for victims and caregivers. The authors point to literature that discusses CACs as increasingly used as initial access sites for mental health services either through on-site care or referral. In light of these increased needs, this paper presents a review of various types of mental health interventions and modalities available; and second, a review of rationale and recommendations for dissemination of these interventions on site at CACs. The review and supporting literature begins with types of crisis interventions for victims, caregivers, and non-abused siblings. Second, review and supporting literature is provided for time-limited interventions for victims, caregivers, and non-abused siblings. A large portion is devoted to studies of efficacy of TF-CBT. Group interventions for victims, caregivers, and non-abused siblings are also reviewed. The authors assert while many of the interventions are effective, there is often a need for long-term treatment. Literature cited supports the case that although group treatment has been shown to provide many benefits, it may be insufficient in meeting each child's individual needs. The researchers note literature supporting long-term effects such as anxiety, depression, and other more severe symptoms commonly associated with child sexual abuse for both victims and caregivers. They suggest the need for long-term treatments. Following review of available interventions, the authors summarize Project SAFE (Sexual Abuse Family Education), a cognitive-behavioral treatment program established by David Hansen and team members in 1996 at the University of Nebraska at Lincoln. In 2000, Project SAFE was established at the CAC of Lincoln/Lancaster County. The project offers four interventions that are selected to meet victim and family needs. The Project SAFE intervention group treatment is a 12-week CBT for victims ages 7-18 and their caregivers. It utilizes a parallel design for youth and parent groups to meet separately. The second intervention in the program is group treatment designed for non-abused siblings. Developed in 2004, the SAFE Group Treatment for non-abused siblings (ages 7-18) is a 6-week, parallel group treatment that meets for 90 minutes each week. The authors note that there is a dearth of literature on treatment for siblings and therefore, a need for study of treatment efficacy. Project SAFE Crisis Intervention was developed in 2002 to provide a single crisis session to help with coping and immediate issues that arise following a disclosure. These sessions vary from one to three hours. The fourth intervention in Project SAFE is Brief Family Intervention, developed to provide short-term, one hour sessions over three to four meetings. This treatment is individualized for families who are already taking advantage of group treatment, yet need more specific, individual treatment. Tavkar and Hansen list benefits and treatment gains of the SAFE Program as 1) greater ability to begin care as soon as possible based on individual needs, 2) free multiple-session therapy, 3) education tailored to help prevent revictimization, 4) flexible

scheduling for appointments, 5) addressing needs of non-abused siblings, and 6) child care for younger children. Project SAFE is continually monitored and assessed. The authors believe that considering the varied needs of persons needing mental health services on-site at CACs, Project SAFE may be a model program implementable throughout CACs. The final section of the paper provides recommendations. First, the authors suggest that CACs should continue to be used for initial access point for provision of services. Second, they suggest that the collaboration between mental health professionals at CACs and other agencies should be strengthened. Third, they assert that more research is needed to identify impact of CSA on non-offending caregivers and non-abused siblings. Finally, they suggest that more research is needed to better understand what outcomes may result from more effective treatment.

Montoya, L. A., Giardino, A. P., & Leventhal, J. M. (2010). Mental health referral and services for maltreated children and child protection evaluations of children with special needs: A national survey of hospital- and community-based medically oriented teams. *Child Abuse & Neglect*, 34(8), 593-601.

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The purpose of this study was to explore challenges faced by hospital and community based medically oriented child abuse teams when (1) arranging for mental health services for all children evaluated for suspected maltreatment and (2) serving children with special health care needs (CSHCN). The authors began the article with the recognition of the limited availability, access, funding and reimbursement of mental health services for maltreated children. They also point out studies which have shown that CSHCN are more likely to be maltreated than children without special needs and acknowledge that more research and training is needed to address this problem.

The authors conducted a self-report survey in 1999 with 45 questions. The results from 28 of these questions were described in a previous article (2004), which focused on staffing and financial characteristics. This article focused on the responses to the other 17 questions and Table 1 lists these questions. A narrative description of the question design is also provided. This survey was mailed to 528 medically oriented child protection teams, whose listings who were identified by the American Academy of Pediatrics' Executive Committee on Child Abuse and Neglect, the National Association of Children's Hospitals and Related Institutions, the National Children's Alliance, and the National Center on Child Abuse and Neglect. Responses were received from 320 organizations, which is a 67.8% rate. However, criterion for inclusion was that the teams have at least one physician or nurse practitioner, so this narrowed the sample to 153 teams. These teams adequately parallel the population rates and disability rates of children five years of age and older by geographic region, as shown in Table 2. There were 91 hospital based teams (HBT) and 62 community based teams (CBT). Half of the CBT's were based in children's advocacy centers.

Table 3 illustrates the team's self-rating of competence in working with specific needs populations across 14 special needs, including congenital, developmental, and behavioral disorders, as well as those caused by traumatic injury. There were five key findings related to how medically oriented teams managed CSHCN: (1) both HBT's and CBT's reported working with a large number of CSHCN; (2) over two-thirds of teams did not have a specialized program or staff to serve CSHCN; (3) over 80% of the teams said more time was needed to evaluate CSHCN; (4) over two-thirds of teams identified the increased difficulty in mental health planning and referral for CSHCN; and (5) while most medically oriented teams reported evaluating deaf children and children of deaf parents, a significantly smaller number reported that they used a professional sign language interpreter or sign fluent staff. 19.5% of respondents reported using family members or school personnel to interpret child protection evaluations involving deaf children or deaf parents, and the authors note that the practice of using family members for interpretation is specifically prohibited by the Americans with Disabilities Act and many state laws. They make recommendations considering evaluation of deaf children and children with deaf parents and note other federal laws which are relevant to this issue.

The authors list the three major limitations of this study: (1) its currency, (2) inability to identify all medically oriented child maltreatment teams in the US, and (3) that the respondents may have overstated their capabilities and competencies. The conclude that medically oriented child maltreatment teams and mental health service providers for maltreated children would improve gaps in services by: (1) recruiting and training bilingual professionals, (2) ensuring that children or family members who are deaf receive professional ASL services, and (3) ensuring that training is provided related to the needs of CSHCN.

Cohen, J. A., and the Work Group on Quality Issues (2010). Practice parameter for the assessment and treatment of children and adolescents with posttraumatic stress disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(4), 414-430.

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While the primary intended audience for these Practice Parameters was child and adolescent psychiatrists, the information contained in these practice parameters is also very useful for other mental health professionals treating children (17 years of age and younger) who are being assessed and/or receiving treatment for Posttraumatic Stress Disorder (PTSD). It was an update of the last such Practice Parameter which was published in 1998. Since the diagnosis of PTSD requires the passage of at least one month after exposure to an index trauma, this parameter did not address the immediate psychological needs of trauma-exposed children and adolescents.

A thorough literature search of MEDLINE, PsycINFO, and the PILOTS databases was conducted in 2007. The search covered 1996-2006. The specific methodology of this literature search was given, as well as other resources that were considered such as programs listed on the National Child Traumatic Stress Network (NCTSN) Web site, those nominated by expert reviewers, and recently accepted publications in peer-reviewed journals. A thorough description of the clinical presentation of PTSD in children was provided, including the requirement of a known traumatic event, either by child report or compelling evidence; caution in diagnosis of PTSD; referral for a forensic evaluation without evidence of a traumatic event when PTSD symptoms are present; treatment issues immediately after the traumatic event; and comorbid conditions. The three distinct PTSD symptom clusters are described and the authors discuss the debate about the validity of the DSM-IV-TR diagnostic criteria for children. The many adversarial outcomes of childhood PTSD, including cognitive impairment, high-risk sexual risk taking, depression, substance abuse, anxiety disorders, and poor relationship skills. Studies which have looked at the overall lifetime prevalence of PTSD were discussed, including those

which show a gradual improvement over time; however, studies have also shown that victims may continue to meet the criteria for chronic PTSD for long periods of time. The authors emphasize the need for research on whether younger children are more vulnerable to PTSD and whether or not earlier treatment would result in better outcomes. Risk factors for childhood PTSD included: female gender, previous trauma exposure, multiple traumas, greater exposure to the index trauma, presence of a preexisting psychiatric disorder, parental psychopathology, and lack of social support. Protective factors included parental support, lower levels of parental PTSD, resolution of other parental trauma-related symptoms, and genetic factors. The evidence base for best treatment practices were categorized by Minimal, Clinical guideline, Option and Not endorsed. The specifics of each of these categories are provided, including how the strength of the empirical evidence was rated. Then 11 recommendations are provided for screening; evaluation; treatment; and prevention and early screening. Each recommendation was also supported by a detailed evidence-based narrative. Table 1 is an abbreviated UCLA PTSD Reaction Index. The authors provided a detailed description of the trauma-focused psychotherapies that have proven most efficacious with childhood PTSD, and state that there is growing support for trauma-focused therapies that (1) directly address children's traumatic experiences, (2) include parents in treatment in some manner as agents of change, and (3) focus not only on symptom improvement but also on enhancing functioning, resiliency, and /or developmental trajectory.

Kolko, D. J., Hurlburt, M. S., Zhang, J., Barth, R. P., Leslie, L. K., & Burns, B. J. (2010). Posttraumatic stress symptoms in children and adolescents referred for child welfare investigation: A National sample of in-home and out-of-home care. *Child Maltreatment*, 15(1), 48-63.

David J. Kolko, PhD, is a Professor of Psychiatry, Psychology, and Pediatrics at the University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic. His work primarily deals with the study and treatment of disruptive behavior disorders and children's antisocial behavior, including sexually abusive (offending) behavior in youth, child maltreatment, and adolescent depression/suicide. His current research is devoted to dissemination and implementation efforts designed to adapt and then transport effective interventions for these clinical problems to various community settings or systems serving children, youth, and families, including pediatric primary care, juvenile justice, child welfare, public health/safety, and mental health. Michael S. Hurlburt, PhD, is an Assistant Professor, University of Southern California School of Social Work and an assistant research scientist at the Child and Adolescent Services Research Center, Rady Children's Hospital, San Diego. His current work concentrates on using technologically-supported behavioral measurements to improve prediction and prevention of unplanned foster placement disruptions. He has published widely in the areas of child welfare

and mental health services research, including two recent chapters, one addressing racial/ethnic differences in mental health service use patterns across age in child welfare and another on parent training services in child welfare that was the highlighted publication in the recent Brookings Institution volume titled *Child Protection: Using Research to Improve Policy and Practice*. Jinjin Zhang, MS, is at the Child and Adolescent Services Research Center, Rady Children's Hospital, San Diego. Richard P. Barth, PhD, is a Professor and Dean of the School of Social Work at the University of Maryland. An internationally renowned scholar and innovator in the area of children's services research and programs, Barth has authored more than 150 peer research papers, written 11 books, and presented expert testimony before the U.S. House of Representatives on adoption, child welfare, and substance abuse. Laurel K. Leslie, MD, MPH, is an Associate Professor at Tufts University School of Medicine, with a primary appointment in the Department of Medicine and holds a secondary appointment in Pediatrics. She is an active faculty member in the Sackler School of Graduate Biomedical Sciences. She is also the Director of the Program for Aligning Researchers and Communities for Health within the Tufts Clinical and Translational Science Institute (CTSI). Her expertise in behavioral and developmental pediatrics is recognized nationally and her work with the American Academy of Pediatrics (AAP) and National Initiative on Children's Healthcare Quality (NICHQ) includes development of an ADHD toolkit; the eQIPP interactive, web-based CME module on ADHD; and efforts on the Task Force on Foster Care. She is also principal author of two nationally recognized websites on child development. Barbara J. Burns, PhD, is the Director of the Services Effectiveness Research Program and Professor of Medical Psychology, Duke University School of Medicine. A nationally recognized mental health services researcher, she has co-authored over 250 publications and was the lead author for the review of effective treatment for mental disorders in children and adolescents for the 1999 U.S. Surgeon General's Report on Mental Health. She also has had a key role in the SAMHSA Implementing Evidence-Based Practices Project. Dr. Burns is currently investigating the effectiveness of an enhanced model of long-term treatment foster care, best practices for child trauma, the effectiveness of group homes, and mental health services for children in the child welfare system.

The objective in this study, which was funded by the National Institute of Mental Health and the Administration on Children, Youth, and Families, U. S. Department of Health and Human Services, was to document the prevalence of heightened Posttraumatic Stress Symptoms (PTS) in a nationally representative sample (NSCAW) of children in the child welfare system (CWS). 1,848 children and adolescents ages 8-14 placed in out-of-home care (OHC) and those who stayed in their original homes (IHC) were studied. Of these, 88.4% were living at home. The authors hypothesized that level of violence exposure in the home would be a more powerful predictor of elevated PTS than the specific type of maltreatment for which study referral was made and that these predictors would increase the rate of reported PTS.

In the introduction, the authors provided a review of several small studies which reported the rates of PTS among children or youth exposed to violence or abuse are much higher than those

found among the general population of children or youth. They also pointed to studies that have identified risk factors for heightened PTS symptoms or actual PTSD in children or youth, and emphasize the lack of research as to whether or not neglect causes PTS. Research on other possible contributing factors to PTS, such as child's developmental stage, exposure to violence, and placement setting was provided.

The methodology was explained well, including the NSCAW sample design. For this study, the sample was divided into two age groups, children 8-10 years of age, and youth aged 11-14. Gender, race/ethnicity, placement status, family risk factors, types of maltreatment, perpetrator status, and violence exposure were the primary variables considered. The children completed the PTS scale of the Trauma Symptom Checklist for Children (TSCC) to determine the severity of their PTS symptoms. Child Depression was assessed using the Children's Depression Inventory (CDI). Table 1 illustrated the mean TSCC PTS Scores and Rates of heightened PTS (T score above 64) by age group within placement setting. Table 2 illustrated the relationship between putative risk factors and heightened PTS status in children and adolescents separately, and Table 3 showed the relationship between all proposed predictors and elevated PTS symptoms in the overall sample. Figure 1 showed the prevalence of heightened PTS symptoms as a function of alleged perpetrator relationship to child as well as type of abuse. All of the Tables and Figures are very detailed as is the accompanying narrative. The discussion of the findings was quite comprehensive and references are made to previous studies which reported similar findings. The overall reported prevalence of heightened PTS symptoms was 11.7%. This rate was lower than expected, however, and the authors give many plausible explanations for this. Younger age, alleged abuse by a non-biological parent perpetrator, violence victimization in the home, and child depression were contributing factors to heightened PTS symptoms. They also pointed out the limitations of this study, particularly that the CWS investigations were not necessarily substantiated.

Shipman, K., & Taussig, H. (2009). Mental health treatment of child abuse and neglect: The promise of evidence-based practice. *Pediatric Clinics of North America*, 56(2), 417-428.

Kimberly Shipman, PhD, is an Assistant Professor in the Department of Pediatrics and Program Director for the Kempe Child Trauma Clinic, University of Colorado School of Medicine. She holds a Doctorate in Clinical and Developmental Psychology and completed a National Institute of Mental Health postdoctoral fellowship in Developmental Psychology at the University of Denver. Her current research focuses on development and dissemination of evidence-based, culturally appropriate mental health treatment to children who have experienced trauma and their families. Dr. Shipman trains on evidence-based treatment (EBT) for child trauma throughout the country. Heather Taussig, PhD, is the Program Director of Fostering Healthy Futures and is a

clinical psychologist with extensive clinical and research experience working with school-age children placed in foster care. She currently serves as the Doctoral Faculty Representative for the Department of Pediatrics, University of Colorado Denver School of Medicine. She served on the U. S. Department of Justice's Executive Panel on Mentoring, examining the science associated with mentoring programs. She has been honored for her work on child abuse and neglect from the International Society for the Prevention of Child Abuse and Neglect.

The authors began this article by providing the statistics on child maltreatment of children investigated by child protective services during 2006. They listed the prevalence by type of abuse, as well as age, gender and ethnicity. They pointed out that these children are at a risk for experiencing many mental health problems, regardless of whether or not they are placed in out-of-home care. However, many children were not receiving the mental health services that they need, although children in out-of-home care are receiving these services at higher rates than children who are not in out-of-home care. In the past, the lack of EBT available for maltreated children also compounded this problem. During the last decade there has been rigorous testing of EBP interventions for the mental health problems associated with child maltreatment, and the authors provide a succinct description of EBP and highlight some of the most promising EBP interventions for the treatment of child maltreatment.

Two of the primary projects that have addressed the need for identifying EBPs for treating abused children and their families have been the 2003 project funded by the U. S. Office for Victims of Crime (OVC), which developed guideline for treatment of child physical and sexual abuse; and the Kauffman Best Practices Project, which followed up on the OVC guideline project. The authors explained the criteria utilized by experts from across the nation in these projects: strength of empiric support, soundness of theoretical foundation, potential for harm, clinical utility and acceptance, and transportability to clinical settings. For the OVC project, only TF-CBT received the highest rating. In the Kauffman project, the three best practices identified were TF-CBT, Parent-Child Interaction Therapy, and Abuse-Focused-Cognitive Behavioral Therapy. The authors pointed out the importance of the National Child Traumatic Stress Network (NCTSN) as an excellent resource for identifying evidence-based practices and qualified practitioners when treating maltreated children.

Ten of the most promising EBPs in the treatment of child maltreatment are briefly described with references to articles in the literature about each of these practices. These are broken down into three types: (1) Parenting Interventions: Parent-Child Interaction Therapy and Abuse-Focused Cognitive Behavioral Therapy; (2) Interventions for Child Trauma: Trauma-focused cognitive-behavioral therapy, Child—Parent Psychotherapy; and (3) Interventions for Children in Out-of-Home Care: Multidimensional Treatment Foster Care, Early Intervention Foster Care, Attachment and Biobehavioral Catch-Up, Incredible Years Adaptation, Wraparound Services, and Fostering Healthy Futures. Future directions for research in EBP for child maltreatment are

addressed and the authors call for specific goals for ongoing efficacy research including: addressing common methodological challenges, evaluating culturally competent intervention effectiveness, and developing strategies which enhance already promising and efficacious interventions. They also call for more research on adapting and evaluating current EBP for use with additional types of trauma, different developmental levels, and co-morbid conditions. The dire need for research on treatment efficacy for neglected children was mentioned as was the SafeCare Program, an intervention that directly addresses problems associated with child neglect as well as other types of child maltreatment and enhances positive parenting behaviors. SafeCare has shown positive results in nonrandomized research trials. In closing, the authors noted that the collaborative challenges of EBP adoption at community, organizational, and clinician levels must be a priority for researchers, community mental health agencies and those involved in child welfare.

Bai, Y., Wells, R., & Hillemeier, M. M. (2009). Coordination between child welfare agencies and mental health service providers, children's service use, and outcomes. *Child Abuse & Neglect*, 33(6), 372-381.

Yu Bai, PhD, is a statistician whose Doctorate is in Health Policy and Administration. Currently he is with the Center of Child and Family Policy at Duke University. He is working with his colleagues on two projects, America's Promise Alliance and the Child and Family Support Teams Initiative. Dr. Bai is interested in using advanced methodology to answer difficult research questions. Rebecca Wells, PhD, holds a Doctorate in Health Services Organization and Policy and is an Associate Professor of *Health Policy and Management* at the University of North Carolina at Chapel Hill. Her research focuses on how health and human service organizations improve health services access for marginalized populations. Marianne M. Hillemeier, PhD, earned her Doctorate in Population Studies/Demography and holds Masters degrees in Nursing and Public Health and is a frequent author in peer-reviewed literature. She is an Associate Professor, The Pennsylvania State University, Department of Health Policy and Administration and Demography. She holds joint appointments in Department of Public Health Sciences, Department of Obstetrics and Gynecology, and School of Nursing.

The authors used multilevel modeling of data from a 36-month period in the National Survey of Child and Adolescent Well-Being (NSCAW), to attempt to answer the following questions about interorganizational relationships (IORs): (1) do IORs between child welfare agencies and mental health service providers increase the use of mental health services for the children they serve? and (2) do IORs improve children's mental health status?

Interorganizational relationships not only occur at the case level, but also through additional information sharing, cross-training of staff, collective development of service delivery policies,

and even joint budgeting. The authors noted that insufficient provision of mental health services to emotionally disturbed children in the child welfare system has been well documented, and the authors hypothesize that inadequate IORs may partly account for the substantial gap between needs and use of mental health services by these children. In their literature review they pointed to two previous studies that suggest that IORs can improve mental health service use, including decreased differences in service use between white and African-American children. However, there was less evidence that IORs improve children's psychosocial functioning, and the authors provided their opinions on why this has been the case.

Figure 1 in this article applied the health services utilization model to mental health utilization and psychological outcomes for children in child welfare. Agency level factors were intensity of IORs and medical care resources. Child level factors included numerous predisposing characteristics, enabling resources, and need. The characteristics of children who were part of the sample are provided in Table 1, a clinical Child Behavior Checklist score of 64 or greater at baseline was the clinical cut-off point. All children were aged two or older. This provided a sample of 1,613 children from 75 different child welfare agencies. In Table 3 the use of mental health services is broken down into child-level and child and agency-level variables and Table 4 uses the same breakdown, but is illustrating mental health status improvement.

In the discussion of the results, the authors stated that agency-level factors accounted for significant variance in the probability of service use and improvement in the children's psychosocial functioning. Greater intensity of IORs was associated with higher likelihood of both service use and mental health improvement, controlling for a variety of predisposing, enabling, and need factors. The authors pointed out that the association found in this study between the intensity of IORs and children's clinical status contrasts with results in previous large scale studies of care (Bickman, 1996). They posited that this may be because of the difference in the populations studied, and that certain types of interagency ties matter more than others, particularly between CPS and mental health service providers.

De Arellano, M. A., Ko, S. J., Danielson, C. K., & Sprague, C. M. (2008). *Trauma-informed interventions: Clinical and research evidence and culture-specific information project*. [Adobe Digital Version]. http://www.nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf

Michael Andrew deArellano, PhD, holds a Doctorate in Clinical Psychology and is an Associate Professor at the National Crime Victims Research and Treatment Center, Director of the NCVC Community Outreach Program – Esperanza (COPE), Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston. He specializes in serving children and adults who have been victimized by crime and other types of traumatic events. His research

focuses on evaluating and adapting evidence-based treatments for ethnic minority populations. Dr. de Arellano has developed several clinical programs that provide evidence-based practices to trauma exposed children and families from traditionally underserved populations (e.g., ethnic minority, rural/remote, inner city, economically disadvantaged). He also runs a specialized program for Hispanic women and men that have experienced domestic violence, sexual assault, or stalking. Dr. de Arellano has received national recognition for his work with traditionally underserved populations, and he continues to develop clinical programs and research to address disparities in mental health. Susan J. Ko, PhD, also holds a Doctorate in Clinical Psychology and is Director of Service Systems Program at the National Center for Child Traumatic Stress. She is also a staff Clinical Psychologist at Sacramento State University, maintains a private clinical practice, and is a consultant on trauma in juvenile justice settings and diversity and cultural competence. She specializes in cross cultural counseling, Asian mental health, women issues and training and development problems. Her research interests include therapeutic working alliance and outcome research as it relates to brief therapy. Cally Sprague, MA, is pursuing a Doctorate in Clinical Psychology at the University of California, Santa Barbara, where she is part of the Kia-Ketting Research Lab. She was the Service Systems Program Coordinator at (NCTSN) and also worked on numerous initiatives geared towards enhancing culturally competent practices, including the evaluation of evidence-based interventions for diverse cultural groups. Her research interests include developmental trauma and identifying specific risk and protective factors for children and adolescents exposed to trauma.

This project resulted from a collaboration between the National Crime Victims Research and Treatment Center in the Department of Psychiatry at the Medical University of South Carolina and the National Center for Child Traumatic Stress (NCTSN) and was developed to assist mental health practitioners, policy makers, researchers, educators and clinicians. The foundation for this work was the *Child physical and sexual abuse: Guidelines for treatment (Revised Report; April 26, 2004)*, published by the National Crime Victims Research and Treatment Center. The primary goals of the 2008 project were:

- (1) To collect information on interventions that are currently being used for a broad array of diverse cultural groups of youth affected by trauma;
- (2) To provide descriptions of existing clinical and/or research evidence for each of these interventions;
- (3) To encourage practitioners and intervention developers to summarize practice-based and anecdotal evidence in written form so that treatments can be more widely disseminated and more thoroughly evaluated;

(4) To create a formal comprehensive report which documents our systematic process and describes the interventions that were identified and submitted by treatment developers. The report can then be used by practitioners when selecting treatments for the diverse communities they serve;

(5) To develop a web-based, searchable database describing the existing clinical and research evidence for the use of trauma-informed interventions with various cultural groups of youth exposed to trauma. The database will help to facilitate the identification and use of treatments for diverse communities affected by trauma.

Culture was broadly defined to include ethnicity, sexual orientation, socioeconomic status, spirituality, disability, and geography. Culture-specific fact sheets on 22 different trauma-informed interventions which have been utilized with children and families who have exposed to a variety of different traumas were provided. These fact sheets included the components of interventions, engagement strategies, clinical and research evidence, types of trauma and populations with which the intervention has been used.

The methodology for this project, which took three years of collaboration, was explained well. A standardized template was completed by each treatment's developer. They provided a description of the treatment and listed information about target population and essential treatment components. They also provided information regarding clinical, anecdotal, and research evidence, implementation requirements and readiness, training materials and clinics, requirements for training, and outcome measures. Each treatment description provided several pages of culture-specific information. This included a description of engagement, language challenges, culture-specific symptom expression, assessment, cultural adaptations, and intervention delivery method. Three Appendices were included which illustrate the templates completed by the treatments' developers: General Information Intervention Template, Culture-Specific Information Intervention Template, and Treatment Protocol Classification System. However, descriptions of how to deliver treatment were not provided. This resource should not be considered a treatment manual; rather, it is a valuable tool for determining treatment options, particularly with children and families from diverse cultures.

In conclusion, the authors state that culturally competent trauma-informed therapies should include some, or all, of the following principles listed below, and offer suggestions for enacting these policies.

- (1) Engagement with the child, the family, and the community.
- (2) Sensitivity to the family's cultural background when building a strong therapeutic relationship.
- (3) Consideration of the impact of culture on symptom expression.

- (4) Careful use of interpreters, when necessary.
- (5) Understanding that differences in emotional expression exist among cultures.
- (6) Assessment of the impact of cultural views on cognitive processing or reframing.
- (7) Construction of a coherent trauma narrative using culturally congruent methods.
- (8) Highlighting ways in which culture may be a source of resiliency and strength.

Gully, K. J., Price, B. L., & Johnson, M. K. (2008). Increasing abused children's access to evidence-based treatment: Diffuse via parents as consumers. *Child Maltreatment, 13*(3), 280-288.

Gully, Kevin J. PhD, recently deceased, was the manager of Safe and Healthy Families, Primary Children's Medical Center, in Salt Lake City, Utah. He held dual Professorships in Clinical and Educational Psychology at the University of Utah and was a Diplomate in Forensic Psychology with the American Board of Professional Psychology (ABPP). Dr. Gully developed two important psychological evaluation tests, the "Social Behavior Inventory" and the "Expectations Test". Brittany L. Price, PhD, completed her pre-doctoral internship with Safe and Healthy Families, Primary Children's Medical Center, in Salt Lake City. She is a psychology resident at The Children's Center in Salt Lake City, a nonprofit community mental health center that provides treatment to preschool-aged children and their families. Marilyn K. Johnson, RN, is the Clinic Coordinator for Safe and Healthy Families, Primary Children's Medical Center, in Salt Lake City.

The authors began this article with a description of the need for evidence-based mental health treatment (EBT) for victims of child abuse. They posited that forensic medical examinations offer a unique point of contact during which there may be an opportunity to empower parents so they can access EBT for their children. The authors designed this study to measure whether a protocol employed by nurses during forensic medical examinations would empower parents to increase access to EBT for their children. This protocol was based on social learning theory about parent-empowering approaches, as well as literature emphasizing the importance of a collaborative relationship between parents and health-service professionals providing services. Two studies were completed. The first was a quasi-experimental design and the second was a randomized controlled trial. Methodology, procedures, outcome measures and results were explained in detail. Tables which illustrate the effect/components of the protocol measured through the parental questionnaire and results of the questionnaire are provided. The authors discussed the limitations in this study and call for future research in specific areas regarding promotion and access of EBT for children who are victims of abuse. They concluded that both studies demonstrate that a simple protocol employed by nurses during the forensic medical examination can increase reported access to EBT for children and parent-reported satisfaction

with their child's care. Also, the authors believed that this protocol was sustainable because nurses who implemented it viewed the protocol favorably and were not unduly burdened by it.

Cohen, J. A., Mannarino, A. P., & Knudsen, K. (2005). Treating sexually abused children: One year follow-up of a randomized controlled trial. *Child Abuse & Neglect*, 29(2), 135-145.

Judith Cohen, MD, is Medical Director of the Center for Traumatic Stress in Children & Adolescents at Allegheny General Hospital in Pittsburgh, Pennsylvania, and Professor of Psychiatry at Drexel University College of Medicine. Since 1983, Dr. Cohen has been funded by more than a dozen federally-supported grants to conduct research related to the assessment and treatment of traumatized children. With her colleagues, Anthony Mannarino, PhD, and Esther Deblinger, PhD, she has developed and tested Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based treatment for sexually abused and multiply traumatized children and their non-offending parents. Dr. Cohen has served on the Board of Directors of the American Professional Society on the Abuse of Children, and received its Outstanding Professional Award in 2000. She is currently a member of the Board of Directors of the International Society for Traumatic Stress Studies (ISTSS), and is Associate Editor of its *Journal of Traumatic Stress*. She also served as the first author of the ISTSS published guidelines for treating childhood PTSD. Dr. Cohen is the principal author of the Practice Parameters for the Assessment and Treatment of Childhood PTSD published by the American Academy of Child & Adolescent Psychiatry (AACAP). In 2004, AACAP awarded her its 2004 Rieger Award for Scientific Achievement. Anthony P. Mannarino, MD, is currently Chairman, Department of Psychiatry, and Director of the Center for Traumatic Stress in Children and Adolescents at Allegheny General Hospital, Pittsburgh, Pennsylvania. He is also Professor of Psychiatry at the Drexel University College of Medicine. Dr. Mannarino has been a leader in the field of child traumatic stress for the past 25 years. He has been awarded numerous federal grants from the National Center on Child Abuse and Neglect and NIMH to investigate the clinical course of traumatic stress symptoms in children and to develop effective treatment approaches for traumatized children and their families. Dr. Mannarino has received many honors for his work, including the Betty Elmer Outstanding Professional Award, the Most Outstanding Article Award for papers published in the journal, *Child Maltreatment*, given by the American Professional Society on the Abuse of Children (APSAC), and the Model Program Award from the Substance Abuse and Mental Health Services Administration for "Cognitive Behavioral Therapy for Child Traumatic Stress". Dr. Knudsen is a mental health services researcher with the Office of Program Evaluation and Research, Ohio Department of Mental Health.

In the introduction of this article the authors provided a concise review of studies which have shown that TF-CBT is a superior treatment option when treating children who have been sexually abused. In this study, their objective was to show that TF-CBT is not only an efficacious

treatment for traumatized children, but how efficiently it works and how long the treatment effects after maintained after the treatment is completed. Subjects in this study were 82 children and adolescents 8-15 years of age who were referred to an urban outpatient child psychiatric program specializing in the treatment of traumatic stress in children. These children were referred from CPS, pediatric clinics, police, forensic investigative agencies, victim advocacy programs, community health agencies, rape crisis centers, the courts, and from patient- or family-initiated referrals. These children were from suburban and rural areas as well as the city where the outpatient clinic was based, and perpetrators were both intra and non-familial. The study evaluated the duration of treatment effects of two alternative 12-week treatments for these children over the course of the year following the end of treatment. TF-CBT was the index treatment and NST was the comparison treatment. The methodology was thoroughly explained and Table 1 illustrates the pretreatment to 1-year follow-up group by time interactions on outcome measures, of which there were 14, including CSBI CDI, and CBCL. The authors concluded that TF-CBT was superior to NST in producing durable improvement in depressive, anxiety, and sexual concern symptoms over the course of a year following treatment. They noted the limitations of the study, particularly that the measure used for PTSD was less than optimal, and the drop-out rate in the comparison group was high.

Burns, B. J., Phillips, S. D., Wagner, H. R., Barth, R. P., Kolko, D. J., Campbell, Y., & Landsverk, J. (2004). Mental health need and access to mental health services by youths involved with child welfare: A national survey. *Journal of American Academic Child Adolescent Psychiatry*, 43(8), 960-970.

Barbara J. Burns, PhD, is the Director of the Services Effectiveness Research Program and Professor of Medical Psychology, Duke University School of Medicine. A nationally recognized mental health services researcher, she has co-authored over 250 publications and was the lead author for the review of effective treatment for mental disorders in children and adolescents for the 1999 U.S. Surgeon General's Report on Mental Health. She also has had a key role in the SAMHSA Implementing Evidence-Based Practices Project. Dr. Burns is currently investigating the effectiveness of an enhanced model of long-term treatment foster care, best practices for child trauma, the effectiveness of group homes, and mental health services for children in the child welfare system. Susan D. Phillips, PhD, is an Assistant Professor, Jane Adams College of Social Work, University of Illinois, Chicago. Her work has focused on the well-being of children whose parents are incarcerated. Ryan Wagner, PhD, is an Associate Research Professor of Medical Psychology in the Department of Psychiatry and Behavioral Sciences at Duke University Medical Center. Currently, he has refocused his interests in psychiatric epidemiology and mental health services research. Richard P. Barth, PhD, is the Dean of the School of Social Work at the University of Maryland. An internationally renowned scholar and innovator in the

area of children's services research and programs, Barth has authored more than 150 peer research papers, written 11 books, and presented expert testimony before the U.S. House of Representatives on adoption, child welfare, and substance abuse. David J. Kolko, PhD, is a Professor of Psychiatry, Psychology, and Pediatrics at the University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic. His work primarily deals with the study and treatment of disruptive behavior disorders and children's antisocial behavior, including sexually abusive (offending) behavior in youth, child maltreatment, and adolescent depression/suicide. His current research is devoted to dissemination and implementation efforts designed to adapt and then transport effective interventions for these clinical problems to various community settings or systems serving children, youth, and families, including pediatric primary care, juvenile justice, child welfare, public health/safety, and mental health. Yvonne Campbell, MSW, is a past Director of Child Protective Services, San Diego County, California. John Landsverk, PhD, is a Professor Emeritus, San Diego State University School of Social Work and a Senior Scholar at George Warren Brown School of Social Work, Washington University in St. Louis. Dr. Landsverk also leads the National Institutes of Mental Health (NIMH) funded Child and Adolescent Interdisciplinary Research Network (CAIRN), a network of 25 researchers and service system managers from the disciplines of clinical and developmental psychology, anthropology, sociology, social work, health care, economics, and pediatrics. The principal focus of this network is to improve mental health services for children involved with child welfare systems, with particular emphasis on the use of evidence-based interventions that address externalizing problems. Since 1999, Dr. Landsverk has been the principal investigator of the NIMH funded study, Caring for Children in Child Welfare, that has examined the use of mental health and developmental services for children involved in the national child welfare study, National Survey of Child and Adolescent Well-Being (NSCAW).

The objective of this NIMH funded study was to identify factors related to the need for and use of mental health services among youths early in an episode with the child welfare system. This article specifically addressed (1) the clinical need and related characteristics, (2) the correlates of mental health service utilization, and (3) the rates and types of mental health service use. Data utilized was from NSCAW. Two cohorts of children, their caregivers and child welfare workers, were randomly selected between October 1999 and December 2000 to take part in this survey. The stratified two-stage sample survey design is explained, including analysis weights. The five measures used were described: (1) need for mental health services, (2) mental health service use, (3) types of alleged maltreatment, (4) types of placement, and (5) child welfare worker risk assessment. The methods of data analysis used were described and missing data on risk assessment and type of alleged maltreatment is noted. To measure the need for mental health services, the Child Behavior Checklist (CBCL), Youth Self-Report and the Teacher's Report Form were used. Data on the use of mental health services was based on an adapted version of the Child and Adolescent Services Assessment.

The authors began the article with a review of the existing literature on mental health need and mental health service use by maltreated youths. They pointed to previous studies that suggest that as many as 80% of youths involved with child welfare agencies need mental health intervention, which contrasts significantly with youth from the general population, at only 20%. They also pointed to studies that show that youths placed in non-relative foster care are more likely to use publicly funded mental health services than children who stay with their families. Studies which show that youth with the most severe problems appear to be the most likely to receive treatment are mentioned. Also, use of mental health services appears to be influenced by child welfare placement type, race/ethnicity, and type of maltreatment. Sexually abused youths were more likely to receive services, irrespective of their level of mental health need, when compared to children who have been physically abused or neglected.

Table 1 showed the sample characteristics, clinical range designation, and mental health service use of youths aged 2-14 years who were subjects of investigated reports of maltreatment. These sample child and family characteristics were extensive and categorized by age, race/ethnicity, gender, current placement, maltreatment type and parental risk factors. Table 2 categorizes the factors associated with mental health service use by youths who were subjects of investigated reports of maltreatment into three age groups. The authors noted that sexually abused preschool children were 3.7 times more likely to receive mental health services than preschool children who had suffered neglect. Figures were provided which illustrate the use of mental health services by clinical range CBCL score as well as type of mental health services based on whether or not their CBCL score placed them in clinical range.

The authors' discussion pointed out the gaps between need for and use of mental health services for maltreated youth, and they address both the causes for these gaps as well as potential solutions. They emphasized that maltreated youth have many factors working against them including family risk factors and frequent placement changes, and when these are combined with the severe emotional and behavioral problems often present, the critical need for mental health services cannot be overlooked.

Case Review

Jackson, S. L. (2012). Results from the Virginia Multidisciplinary Team Knowledge and Functioning Survey: The importance of differentiating by groups affiliated with a child advocacy center. *Children and Youth Services Review*, 34(7), 1243-1250.

Shelly L. Jackson is Assistant Professor, in the Institute of Law, Psychiatry and Public Policy in the Department of Psychiatry and Neurobehavioral Sciences, University of Virginia where she teaches among other subjects, *Family Violence Across the Lifespan*. Among Dr. Jackson's many professional publications and activities, she guided the development and implementation of a comprehensive evaluation of the Foothills Child Advocacy Center, was a member of the Federal Implementation Committee for a Multi-Site Demonstration of Collaborations to Address Domestic Violence and Child Maltreatment and the Federal Interagency Working Group on Child Abuse and Neglect.

The purpose of this study was to examine MDT knowledge and philosophy as well as perceptions of case review meetings. Jackson sought to fill a gap in the literature concerning evaluation of MDTs and specifically the role of the CAC director. The findings point to several areas in need of further research. A survey was administered to MDT members, including CAC staff from the 16 CACs in the state of Virginia. Respondents represented 13 disciplines, with the majority (63%) being frontline workers. Developing, associate, and accredited CACs were represented. Survey questions addressed 1) MDTs perception of how well case review was functioning, 2) MDT knowledge of team philosophy and procedures, and 3) attendance, length of, and frequency of case review meetings. Open ended questions asked about what was working well and what needed improvement. Several issues emerged from analysis of the survey data. First, differences were found among the professional groups. CAC staff, directors for the most part, reported attending all case review meetings. This group also perceived that case review meetings were not well attended, while other group reported this to a lesser degree. Jackson suggests that more training for CAC directors is needed concerning managing MDTs and case review. A second issue that emerged was the differences in perceptions between investigators and service providers. Investigators felt that case review meetings lasted too long and that they could obtain more information observing interviews, while service providers felt meetings were not too long and were a better venue for obtaining case information. Another emerging issue was the difference in perception between supervisors and frontline workers for several variables including frontline workers feelings of having less status in decision making, and service provision as the core function of the CAC. Jackson suggests ways to level the perceptions of status among MDT members including holding meetings in a neutral location and restricting group size. A further issue emerged with regard to differences between views of developing, associate, and accredited CAC staff members. Developing CAC MDT members identified struggling with financial and staffing issues as a pressing issue, while accredited CACs identified specific aspects of case review as in need of improvement and those from associate CACs

identified lack of attendance and participation in case review meetings as an issue needing improvement. Jackson stresses that these differences require different targeted resources to meet the varying needs. This research provides a contribution to the literature on MDTs by identifying differences among the various groups involved in MDTs as well as suggestions for tackling the issues. Jackson notes that the study was limited by comparison across CACs and voluntary participation. She suggests that future research should use within MDT comparison data and should strive to eliminate bias. Jackson further suggests that the field would benefit by examination of research on MDTs from other areas such as medicine.

Everson, M. D., & Sandoval, J. M. (2011). Forensic child sexual abuse evaluations: Assessing subjectivity and bias in professional judgments. *Child Abuse & Neglect*, 35(4), 287-298.

Mark D. Everson, PhD, directs the Program on Childhood Trauma and Maltreatment (PCTM) in the University of North Carolina at Chapel Hill Department of Psychiatry, an outpatient clinical program specializing in the assessment and treatment of abused, neglected, and psychologically traumatized children and adolescents. Jose Miguel Sandoval is a statistician working on the America's Promise Alliance evaluation. Sandoval formerly worked in the Injury Prevention Research Center at the University of North Carolina at Chapel Hill.

Everson and Sandoval sought to address the concern that evaluators examining the same evidence in assessments of child sexual abuse, often arrive at quite different conclusions. Their examination of the literature, primarily from the 1990s, found that subjectivity was a major component in the evaluation process. They further found that little was known about the specific subjective factors affecting professional judgments. Everson and Sandoval then identified three forensic attitudes that may contribute to disagreements in professional judgments. From Runyan (1998), they identified the concepts of sensitivity and specificity, both referring to indices of diagnostic accuracy. The third forensic attitude identified was skepticism toward child disclosures or the beliefs about the likely truthfulness of allegations. Previous research found CPS workers to be significantly less skeptical than law enforcement and the least skeptical among all groups assessed. This study was designed to determine whether the three forensic attitudes (specificity, sensitivity, and skepticism) influence professional judgment, thereby contributing to evaluator disagreements in cases of child sexual abuse. Development of an instrument for assessing the three attitudes and determining how forensic attitudes differ by professional position, years of experience and gender were also study objectives. Study participants were 1,106 professionals recruited from continuing education trainings and national professional conferences from 2005 to 2008. The researchers developed a 28-item Child Forensic Attitude Scale (CFAS): a self-administered and self-scored survey. Three decision exercises were also designed to assess the validity of the CFAS as a measure of forensic

attitudes. The exercises included a case vignette exercise, mock evaluation exercise, and record review exercise. The first major finding of the study was that the three attitudes could be quantified using a brief questionnaire. Statistical analyses confirmed that the four subscales in the CFAS were statistically distinct. The second major finding was that significant effects were found for all demographic variables. Victim advocates ranked highest among professional groups on sensitivity and specificity subscales. Women emphasized sensitivity while men emphasized specificity. The authors assert that this may explain results from previous studies in which women were more likely to view allegations as credible. The third major finding was that the influence of forensic attitudes was spread across all professional groups. Furthermore, attitudes were found to predict case ratings in all three decision exercises. The authors assert that this provides more evidence of the validity of the CFAS and for the hypothesis that individual differences in forensic attitudes can help explain evaluator disagreements. They further posit that high levels of these attitudes may bias a professional's view of a case. A significant difference from three previous studies concerned attitudes of CPS workers. CPS workers scored significantly higher on specificity than all other groups and significantly higher on skepticism than all but one group. The authors found this troubling because this pattern of scores is associated with a higher probability of disbelieving sexual abuse allegations. Due to the sharp contrast in findings for attitudes of CPS workers from this study to previous studies, the authors called for further research. Implications for practice included 1) the assessment of forensic attitudes can be used to build individualized trainings that address specific biases, 2) results suggest that strong case facts may weaken the influence of subjective factors, and 3) a team approach to assessment that emphasizes diversity in professional disciplines, gender, and experience levels may be helpful in balancing individual biases. The study was limited by the fact that the sample was recruited from workshops and conferences instead of by random selection. Other limitations included use of a new and untested scale as well as the fact that attitudes were assessed within classroom and conference settings rather than in the field. The researchers obtained no known benefits from results of this study.

Li, J., & Robertson, T. (2011). Physical space and information space: Studies of collaboration in distributed multi-disciplinary medical team meetings. *Behaviour & Information Technology*, 30(4), 443-454.

Jane Li is a research scientist at CSIRO ICT Centre's Information Engineering Laboratory based at Sydney. Her research interests are in the areas of Computer Supported Cooperated Work (CSCW), Human-Computer Interaction (HCI) and e-Health. Her research focuses on understanding work practices, human-computer interactions and usability issues that occur in emerging interaction technologies and how to use these field and lab understandings to design advanced collaboration technologies that fit well with particular work settings. Toni Robertson is

a Professor of Interaction Design at the University of Technology in Sydney, and a specialist in Human-Computer Interaction. Her work focuses on building an understanding of human practices, as situated, social activities, into technology design practices.

This research examined processes involved with multidisciplinary cancer teams in three hospitals in Australia using technology to conduct meetings. The examination focused upon organizational context, existing technology facilities, and use of available digital medical information systems. Emphasis was placed upon the roles played by differences in both physical and information-sharing settings. Data were collected via interviews of team members and observation of team meetings conducted via video conferencing and typically reviewing five to ten cases. Presentation of pathology slides and radiology images were usually shared for case discussion. Sketches were also made of the physical meeting spaces. Data collected led the researchers to conclude that the spatial arrangement of meeting participants in a room influenced interaction patterns. Participation was enhanced when participants were more visible to the remote team and had better view of the screen for viewing the remote team. Additionally, information sharing via technology needed to be set up in order to facilitate the space-function of each meeting room. Although room setups were constrained by organizational contexts, the researchers suggested that consideration should be given in each unique situation to the optimal setup for participation and sharing. This research contributes to understanding of how design of a collaborative workspace with appropriate configuration of physical space can support greater information sharing and participation. Room size, team size, seating arrangements, and other physical space issues were shown to clearly influence conversation and information sharing.

Smith, T. M. (2011). *Case studies of multidisciplinary child abuse case review teams and their leaders in Children's Advocacy Centers in Pennsylvania*. (Doctoral dissertation). Retrieved from Proquest Dissertations and Theses. (3453625.)

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The purpose of this research was to explore the roles and relationships of team leaders and team members on child abuse case review teams in Children's Advocacy Centers. The study informs about the benefits of team member and leader acceptance of diverse perspectives and open communication in how to best manage collaborative teams. The study also contributes to information for CACs regarding key components to be considered for ideal case review team interactions and relationships. Key components included: alignment of foundational documents,

leadership quality, meeting location, meeting attendance and participation, and leadership boundaries. Smith reviewed the literature and theory supporting multidisciplinary team case review and the literature on problems associated with cooperation among case review team members. The primary research question for this study was: How can the CAC team members and the team leader best interact to manage the case review team process to achieve the team's goals? The data for this research was collected from in-depth examination of the case review teams at five Children's Advocacy Centers in Pennsylvania. The case study included: 1) analyses of program documents including written mission statements, interagency agreements, and team protocols, 2) observation of one case review team meeting of each CAC participating in the study, 3) a team member self-report survey, 4) individual interviews with designated team facilitators, and 5) group interviews with case review team members. Sixty-seven percent of case review team members completed the survey. Six major themes were identified from the research: 1. Alignment of written documents with the operations of the CAC is important. 2. Trust was experienced at different levels between team members and team leaders. 3. Quality of facilitation and communication skills varied among team leaders. 4. Attendance at and participation in team meetings is highly valued. 5. CAC Director and team leader boundaries can become blurred. 6. Meeting locations may affect participation. From these themes Smith identified three major concepts essential for optimal team member and team leader interactions: 1) sense of trust in team members and the process, 2) respect for members and leaders as demonstrated by acceptance of each other's differences in beliefs, perceptions, and experiences, and 3) commitment to working as a multidisciplinary team and holding others accountable for their level of engagement in the case review process. Smith found these concepts were supported by previous research and by the theoretical framework. From this study Smith identified recommendations for practice including recognition of the importance of clear and aligned written documents that detail the intent and operations of an organization. A second recommendation was the development and/or coordination of team training on a regular basis. For future research, Smith recommended observations of and interviews with persons in administrative roles of relevant disciplines to determine if supervisors and administrators influence over direct service workers may impact attendance and participation on the case review team. Another area of recommended future research was examination of perceived power and authority of the team leader to affect team effectiveness. Study limitations identified by Smith include the possibility of Social Desirability effect whereby team members may have responded positively on the issues discussed as a result of wanting themselves or their Center to be seen in a positive light. Other limitations included the fact that the centers studied were not randomly selected and the fact that observations and interviews were limited to one session per team and individual. Although the author documents her previous experience with CACs, there are no known inherent conflicts of interest or benefits to research outcomes of this study.

Kistin, C. J., Tien, I., Bauchner, H., Parker, V., & Leventhal, J. M. (2010). Factors that influence the effectiveness of child protection teams. *Pediatrics*, 126(1), 94-100.

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The authors conducted this study with the objective of creating expert consensus on tasks that Child Protection Teams (CPTs) should perform and factors that contribute to effectiveness. The method used consisted of three rounds of self-administered surveys used to establish expert consensus among 29 professionals from 16 states who either consulted with or were members of a CPT. Round one used open-ended questions to generate a wide range of topics related to tasks that CPTs should perform. In the second round the participants used a Likert scale to rank their level of agreement with statements generated in round one. In the third round, participants were given the opportunity to compare their responses with the group average and to adjust their responses. In round four, participants were asked to rank the five most important tasks that CPTs should perform. After round three, a high number of statements related to CPT tasks and characteristics related to team effectiveness had reached consensus. The CPT tasks which ranked the highest included (1) providing Child Abuse and neglect (CAN) medical consultations, (2) facilitating accurate communication of CAN-related findings to appropriate agencies, (3) participating in multidisciplinary reviews of cases of possible abuse or neglect, (4) conducting forensic interviews of children, and (5) testifying in court. The experts believed that CPT performance should be evaluated on the basis of whether the involvement of the CPT resulted in more timely investigations of cases, the provision of more services to families and better CAN education of medical professionals. The variables that ranked as most important by the highest number of participants were active interdisciplinary collaboration (95%), a sense of team collegiality (75%), and mutual trust and respect (75%). The researchers concluded that CPTs should focus internal efforts upon improving member collegiality and encouraging active interdisciplinary collaboration.

Hyland, H., & Holme, C. (2009). Survey of health recommendations arising from 2006 working together chapter 8 serious case reviews. How to achieve better learning? *Child Abuse Review*, 18(3), 195-204.

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The authors conducted this study with the goal of promoting greater learning through audit. By analyzing the recommendations from serious case reviews, the study examined the suggested method proposed by Handley and Green of auditing which requires an inter-agency approach, thus providing a holistic picture of progress. The method for conducting the study was examination of 24 anonymous serious cases from the previous ten years. A total of 182 health recommendations were constructed from the cases. The health recommendations were then categorized under three headings: resources, professional actions, and professional knowledge/skills. Each recommendation was then analyzed to see if it was (1) specific or setting out exactly what should be done, (2) measurable, (3) achievable by the person the recommendation is addressed, (4) realistic, and (5) timely. The analysis found that of the 182 recommendations, 20 or 11% met all five criteria, 129 or 71% met three criteria, 107 met the "specific" criteria, 101 were rated realistic, 92 were rated as measurable, and just 21 were rated as achievable. These results were similar to previous studies, which determined that there has been a lack of clarity in the formation of recommendations while focus has been upon services and compliance with procedures. The 2002 study by Sinclair and Bullock revealed several concerns including inadequate sharing of information, poor assessments, ineffective decision making, lack of inter-agency working and poor recording. The primary conclusion from the review of the literature and this current study was that adequate assessment is vital and that appropriate training is essential to the understanding that information must be shared in the best interest of the child. The study did not examine the impact of the serious case reviews, however the researchers found that better "communication resulted in improved understanding of specific issue by practitioners and more trusting working relationships."

Goldbeck, L., Laib-Koehnemund, A., & Fegert, J. M. (2007). A randomized controlled trial of consensus-based child abuse case management. *Child Abuse & Neglect*, 31(9), 919-933.

The authors of this article are researchers in the Department of Child and Adolescent Psychiatry/Psychotherapy at University Hospital Ulm, Germany. Lutz Goldbeck, PhD, is a child and adolescent psychologist whose areas of research include psychosocial aspects of chronic pediatric conditions, coping, quality of life; psychiatric co-morbidity; development and evaluation of psychosocial interventions; evaluation of mental health services; and interventions for pediatric post-traumatic stress disorder. He is a noted teacher, researcher and Associate Editor of the journal *Child and Adolescent Psychiatry and Mental Health*. Anita Laib-Koehnemund is a research scientist and Jorg Michael Fegert, MD, is a recognized expert in Germany on the gaps in the child protection system.

This study evaluated the effects of expert-assisted child abuse and neglect case management in the German child welfare and healthcare system as perceived by the case workers themselves. From the review of the literature the authors cited Carter, Bannon, Limbert, Doherty, and Barlow (2006) who concluded that evidence suggests that procedural changes, such as checklists and structured protocols improve documentation and awareness by healthcare professionals' case management. They found a lack of evidence for the effectiveness of various risk assessment and case management procedures. Additionally, they cite Kirchhofer (1996) who described the need for more training and case-specific supervision for professionals dealing with alleged cases of sexual child abuse. The researchers posited that "The case workers' satisfaction with the perceived degree of child protection after intervention, their self-perceived certainty with case evaluation, risk assessment and intervention planning, their evaluation of the communication with other institutions that are involved in the case, and the involvement of the children and parents can be seen as relevant indicators of good practice." They hypothesized that compared to intra-institutional case management, expert-assisted case management would improve 5 areas: (1) case workers' satisfaction with the degree to which they felt the child would be protected, (2) case workers' certainty of decision-making on validation, risk assessment, and intervention planning, (3) the involvement of different institutions responsible for the security of the child, (4) the quality of inter-disciplinary communication, and (5) the involvement of the children and their caregivers in the process of diagnosis and intervention planning.

Social workers, physicians, psychologists, psychotherapists, and counselors from 12 different institutions in the German state of Baden-Wuerttemberg participated in this study. Eighty newly recognized or suspected cases of child abuse were used in the study. The cases were randomly assigned to the intervention group or to the control group. Follow up assessment was completed after six months in both groups. Intervention was done by experts with practical expertise in child protection from different professions and affiliations such as office and clinic-based physicians, psychologist, and social workers. Information on case-specific goal attainment was

taken from the protocols of the case reviews. At the six month follow-up assessment there were no significant differences between groups in risk assessment or proportion of closed cases. The interaction effect of time and group indicated a tendency toward better intervention planning in the intervention group compared to the control group. The results showed no support for the researchers' hypothesis that case workers perceived intervention as effective. The comparison of the involvement of children revealed some adverse effects of the intervention. The authors believed that performing case review without the child and/or the caregivers may have the side effect of excluding the child from decision making during the case management. The results were summarized by saying that expert-assisted case management was not generally effective according to the case workers' reports.

Lee, C. W., Li, C. H., & So, K. T. (2005). Going to the multidisciplinary case conference for child abuse: A review and guide to the medical practitioner. *Hong Kong Journal of Emergency Medicine*, 12(1), 50-58.

Each of the authors, Lee Chi Wai, Anselm, FHKAM (Paediatrics), Li Chak Ho, FHKAM (Paediatrics) and So Kwan Tong, FRCP, FHKAM (Paediatrics), is affiliated with the department of Paediatrics & Adolescent Medicine at Tuen Mun Hospital, Hong Kong.

The researchers focused primarily upon the medical practitioner as part of the case review team. This study includes review of the literature along with practical suggestions. The review included explanation of the fact that in times past the cost of case review, given the number of professionals involved and the time spent on meetings was considered substantial. However, case review has evolved into an important venue where professionals from various fields can contribute their expertise. From the review, the study found that success of case review depends on the knowledge and experience of participating members and the way in which the review is steered "when complicated issues or discrepant views emerge." Based upon review and experience the several suggestions for the medical practitioner are provided. First, the authors determined that preparation and familiarity are key. Documentation including written, photo, and any diagrams/drawings should be complete. Agenda: For successful case review the participants should be prepared to circulate reports prior to the meeting to save time in reading during the meeting. Participants should be respectful, objective, resourceful, and helpful to other professionals. A follow-up plan with objective assessment should be laid out including a decision whether the case will be reviewed again in possibly three or six months later. Although the focus of this study was upon medical practitioners, the suggestions apply to most professionals. The authors asserted that case review should not be regarded as the only means of inter-agency communication and decision-making.

Brandon, M., Dodsworth, J., & Rumball, D. (2005). Serious case reviews: Learning to use expertise. *Child Abuse Review*, 14(3), 160-176.

The authors are all lecturers at the University of East Anglia. Marion Brandon, PhD, is a Senior Lecturer in Social Work and Director of Post-qualifying Programmes, (Children and Families). She is a founder member of the International Association for Outcome-based Evaluation and Research on Family and Children's Services. Jane Dodsworth, PhD, is a Lecturer in Social Work at the UEA. She worked previously as the Inter-Agency Development Officer for Norfolk ACPC and is a former social worker with experience in the residential field and in children and family teams. Her current research interests are in child sexual exploitation and in the analysis of Serious Case Reviews. Daphne Rumball, PhD, is a senior lecturer in social work, and is also affiliated with Norfolk & Waveney Mental Health Partnership NHS Trust.

The authors performed an analysis of 20 serious case reviews studying them using a layered reading methodology to ascertain emerging themes. The authors come from the standpoint that expertise is not exclusive to professionals, meaning that children and their families are experts in their own lives. They posited that communicating effectively and developing common understanding is very difficult to achieve between professionals and even harder between policy-makers, professionals, and the children they are serving. This study of 20 case reviews was accomplished by reading and rereading all of the reports associated with the reviews. The same finding tended to recur among all cases: "inadequacies of assessment, agencies' inability to communicate with each other effectively, poor supervision arrangements, and lack of attention to the voice of the child." They also found that knowledge and experience from interconnecting groups was rarely brought together in a systematic way to construct strong analytical assessments. They found that a common barrier to rigorous assessment was professional insularity and reluctance to trust other professional groups. Additionally, in half of the cases studied there was inadequate or absent supervision as well as lack of formal support.

The conclusions of this study were in agreement with previous studies such as Stevenson (1989), Reder and Duncan (2003), and Munro (2002) which found that a more rigorous approach and clearer use of expertise as well as capacity to be more open-minded and less insular would foster better outcomes for clients. The role of the lead professional in case review was examined. The results suggested that the lead professional should have a key role in piecing information together, seeing gaps and coordinating expert knowledge. The lead professional should develop creative ways in which to seek specialist knowledge and incorporate it into assessment and planning. The study found similar to Reder and Duncan (2003), that an awareness of blocks caused by group dynamics is crucial to clear assessments and to the factors that "promote professional tension and cloud decision-making and actions." Limits to the study include the size of the sample.

Baglow, L. J. (1990). A multidimensional model for treatment of child abuse: A framework for cooperation. *Child Abuse & Neglect*, 14(3), 387-395.

Leonard John Baglow, BSW, G.D.U.R.P, Child Abuse Counsellor, presented a multidimensional treatment model for agencies and individuals to use to clarify roles and help professionals overcome liaison difficulties. At the time of this study little had been written about the ways different agencies can achieve better working relationships. Baglow pointed to five points where problems can occur: at the initial point of cross-referral, at the joint case conference, at the allocation of treatment responsibilities, during the process of the treatment modes, and at the point of joint periodic assessment.

Specifically during joint case conference or case review, potential problems in communication increase as the number of agencies increases. During review of the literature Baglow found that Hallet and Stevenson (1980) list five dynamics affecting the process: participants usually do not start as a group, confident in each other's roles and skills; participants are aware of their own responsibility, participants have several other cases they are working on; the participants do not have a common background in terms of education, experience, training, and agency structure; and the case review process is a more formal and public interaction than in many other professional meetings. Other than difficult personal dynamics, case review participants are often expected to address several complex issues of which no single agency has all the answers. Goal clarification is essential in order to prioritize the needs and to evaluate the resources available to meet those needs. Baglow found also that it is essential that any deviation from an agreed upon plan is discussed with the other participants. Proposed changes must be explained clearly along with how the change fits into the wider plan. Baglow also found that the most difficult question in case review is most often whether or not to close a case. He offered suggestions for avoiding problems rising from competing views. Participants should discuss (1) has the risk of further abuse been reduced? (2) have the treatment goals been achieved? and (3) does the family agree that it no longer needs the assistance of the agencies involved? Baglow pointed out that this study of abilities of agencies to cooperate as well as the dynamics of agencies working together on child abuse cases was in its infancy.

Case Tracking

AlEissa, M. A., Fluke, J. D., Gerbaka, B., Goldbeck, L., Gray, J., Hunter, N.,... & Tonmyr, L. (2009). A commentary on national child maltreatment surveillance systems: Examples of progress. *Child Abuse & Neglect*, 33(11), 809-814.

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The purpose of this commentary was to examine range, status, and goals of surveillance systems of ten countries. The paper contributes a sense of the wide range of developmental stage, capacity, and comprehensiveness of coverage of data collections systems. The authors stated that roles for most systems include raising societal awareness, enhancing use of resources, and monitoring overall progress toward policy goals. The authors defined a national specific child maltreatment data collection system as one that is based on information recorded as part of an intervention for maltreatment. Six of the ten examples included in this paper are based on data obtained by social service agencies. The remaining four are one each from the following sectors: justice, health, health social services, and undetermined. A brief description of data collection, obstacles, and dissemination for the ten countries is provided with the understanding that this is a self-selected scan rather than a representation of global status of the systems. The six countries included in the social service sector were Australia, Belgium, Canada, England, New Zealand, and the United States. Lebanon represents the justice sector. The Philippines represents the health service sector. Saudi Arabia represents the health and social services sector combination. Germany does not collect national level data on child maltreatment. The author reports that assessment of exposure to abuse and neglect were not included in a national child health survey. Germany does not have mandatory reporting laws and there is not an established collaboration between child welfare system and the healthcare system. Data protection laws are quite strict and many professionals, according to the author, fear that data collection may stigmatize families rather than assist children in danger. In conclusion, the authors assert that countries that do not

have well-resourced and systematically organized social service sectors may face substantial challenges in developing corresponding administrative systems. They further suggest that in countries with fragile social service sectors, it may be more feasible for health or judicial sectors to be the starting point for developing data collection systems. Recommendations for the future include general improvements such as implementation of standard assessment instruments, case definition, and documentation in order to improve validity and usefulness of data on a national level.

Gragg, F., Cronin, R., & Schultz, D. (2006). Processing and outcomes of child abuse and neglect cases in three sites. NCJ 210274.
<https://www.ncjrs.gov/pdffiles1/nij/grants/210274.pdf>

Frances Gragg, MA, has more than 25 years of experience in data analysis, research design, survey management, and research and evaluation methods. Gragg has conducted research in child abuse and neglect, commercially sexually exploited children, human trafficking, juvenile/criminal justice, and special education. Roberta Cronin, MA, is a private Research and Program Development Consultant with more than 20 years of experience in the field of juvenile justice. Dana Schultz, M.P.P., is a senior policy analyst at the RAND Corporation, where her research focuses on child welfare and children's exposure to violence.

The Safe Kids/Safe Streets (SK/SS) Program, sponsored by the U.S. Department of Justice, was designed to reduce child maltreatment in five demonstration sites. This report looks at the processing and outcomes of child abuse and neglect cases in three of the SK/SS communities—Burlington, Vermont; Huntsville, Alabama; and Kansas City, Missouri. The objective was to identify outcome for child and families in each of the three sites. Information on outcomes using a case tracking methodology was conducted. Case tracking was used to collect data on agency involvement for cases involving multiple agencies, service referrals and delivery, case processing, and outcomes. The paper provides information on methodology, sampling, measures, and outcomes for each of the three sites. The tracking method allowed for changes in case processing, changes in services, and changes in outcomes for children and families to be identified for each site. The researchers reported that the tracking method allowed each community to systematically examine case handling and outcomes across agencies and determine how procedures and outcomes at each stage match community or agency objectives and standards. This allowed for the Multidisciplinary Teams to better understand the impact of their individual services and identify potential areas for case improvement. Second, they stated that the method assists communities with assessing whether reforms in policies, practices and procedures, service enhancements, and other changes have intended effects as the MDT is constantly working to improve these outcomes. Findings from the case tracking study at site one included: 37 percent of the reports went through the Child Protection Center (CPC) for forensic interviews or medical assessments, the

Children's Division and/or the Family Court limited the perpetrator's access to victims in nearly one-half of the sampled reports, and the Children's Division closed nearly three-quarters of the reports studied within 2 years. At site two findings included: 48 percent of cases were closed and in 45 percent of those cases, families had either been reunited or the child(ren) had remained home during the process, 35 percent of the victims in open cases remained in the home or had been returned to parents, and in closed cases, at least 59 percent of the victims with permanency plans had reached their permanency goal. The case tracking study at site three examined safety and permanency and found no clear patterns of safety. Also, there was little change in permanency rates over the time of the study. The researchers stated the primary reason for this is that far fewer children were removed from home. Observed changes in services included a statistically significant change in substance abuse assessment, more families were identified as needing in-home visiting by a service provider, and decreased time from assessment of need to service delivery. The researchers offered four recommendations based upon study outcomes including lessons learned. First, they recommended that local and national partnerships for case tracking studies should be forged early in the process so that all parties can contribute to study design. Second, outcome evaluation efforts need to be developed and funded earlier. Third, communities should determine whether some case tracking data could be collected on an ongoing basis. The final recommendation was the development of a realistic timeline for change that should help schedule the research and reduce frustrations of those working on the reform.

Sedlak A. J., Schultz, D., Wells, S. J., Lyons, P., Doueck, H. J., & Gragg, F. (2006). Child protection and justice systems processing of serious child abuse and neglect cases. *Child Abuse & Neglect*, 30(6), 657–677.

Andrea J. Sedlak, PhD, is a social psychologist whose areas of research focus on troubled, vulnerable, and victimized groups of children and youth. She is a Vice-President at Westat in Rockville, Maryland. Dana Schultz holds her MPP from Harvard and is a policy analyst at the RAND Corporation. She has led or co-led several projects involving process and outcome evaluation design, implementation, and analysis. Her research focuses on child welfare and children's exposure to violence. She is the co-principal investigator for the National Evaluation of Safe Start Promising Approaches, which examines the effectiveness of school- and community-based mental health interventions aimed at reducing the harmful effects of children's exposure to violence. As principal investigator, she helped develop and implement a toolkit for an evidence-based school intervention for traumatized youth in foster care and conducted secondary data analysis on the relationship between protective factors and outcomes for children investigated for maltreatment using the National Survey of Adolescent and Child Well-Being data. Susan J. Wells, PhD is a professor with dual appointments in the Schools of Social Work & Psychology at the University of British Columbia, Ikanagan Campus. Peter Lyons, PhD is associate professor of Social Work and provost for institutional effectiveness at Georgia State

University. Howard J. Doueck is Professor and Associate Dean of Academic Affairs, School of Social Work, SUNY at Buffalo. Francis Gragg is Senior Project Director at Westat.

This study examined the trajectory of cases through four systems: child protection, law enforcement, the dependency courts, and the criminal courts. This study sought to understand more thoroughly the daily interaction of these systems and to identify how cases proceed through, or are diverted from, the court system. A review of the literature revealed that little was known about the decision making process of the four systems and the interconnectedness between them in situations of child maltreatment as well as the complexities of their roles. The literature also revealed that although a greater percentage of cases undergo dependency proceedings as opposed to criminal prosecution, the overall percentage of CPS cases in this category is also relatively small. The researchers pointed out that no study to date had so thoroughly attended to the multiple sources of case referral and tracking cases through the system including both juvenile and criminal court. Cases from both law enforcement and CPS were tracked from time of the original complaint through the final disposition. A mid-size county was selected for which all aspects of the systems' data collection appeared to be functional and in which all informants claimed that computerized systems existed to aid sample selection and data collection. 225 reported cases that met the criteria were identified for in-depth tracking. Results include that a total of 36% of cases in the original sample were filed in criminal court by the Prosecutor's office; almost 1/3 were filed as felonies and 4% as misdemeanors. Insufficient evidence was the most common reason the prosecutor decided to drop a case. Thirty-one percent of the CPS cases continued to the prosecutor's office and had completed criminal court proceedings. In over 1/4 of CPS sample cases, there was a guilty plea. Of the perpetrator cases that were filed as felonies, 34% reached criminal court and were completed. More than one quarter (28%) of the arrested perpetrators in the sample pled guilty in criminal court, 2% pled no contest to the charges. Other cases were dismissed, went to trial or were found not guilty. Nearly all of the perpetrator cases filed as misdemeanors (49 cases) were completed in criminal court. Of the cases that were filed as felonies, 34% reached criminal court and were completed. More than one quarter (28%) of the arrested perpetrators in the sample pled guilty in criminal court, 2% pled no contest to the charges. Other cases were dismissed, went to trial or were found not guilty. The researchers viewed the major findings of the study as the degree to which: (1) case processing mirrored prior studies in wide ranging jurisdictions, (2) physical abuse cases were prosecuted, (3) cases appropriate for CPS and known to law enforcement were not referred to CPS, (4) factors outside the case processing protocols affected actual referrals, and (5) case tracking across organizations was hindered by internal organizational systems. One difference between this and earlier studies was that the rate of prosecution represents almost 10 times the rate of filings found in studies ten years earlier. The authors further stated that systems which use cross-organizational case identification will need to develop more systematic methods for case identification. Without this ability, positive collaborative relationships will be meaningless.

The researchers noted that a limitation of the study was the use of a single site and the lack of a comparison site.

Tomison, A. M. (1995). Child abuse and other family violence: Findings from a case tracking study. *Family Matters*, 41(Winter), 33-38.

Adam Tomison, PhD is Director of the Australian Institute of Criminology; Associate Professor and Head of Child Protection Program, Menzies School of Health Research; and Adjunct Professor at Australian Catholic University.

Tomison began with the premise that there was a growing body of evidence to suggest that different types of abuse may occur simultaneously in the same family. This study had three goals (1) to examine the link between child abuse and domestic violence, (2) to discuss the inter-relationship between the two forms of violence, and (3) to identify issues in professional assessment and management of suspected child abuse cases. The data collection for the study was designed to evaluate the decision making of the various professionals involved in management of cases. Participants in the study were 110 professionals from major health, counseling and investigative agencies within a region. The study tracked suspected cases of physical, sexual, and emotional abuse and neglect identified by the professionals. The total number of cases in the study was 295 with about 70% assigned by the professionals as either sexual, physical, or emotional abuse or neglect. The other 30% were labeled as combination cases. Twenty-two percent of the cases were reported to occur in homes where domestic violence also occurred. The study found a number of significant differences found between child abuse cases which were combined with domestic violence cases and those child abuse cases not combined with domestic violence. It appeared that the presence of domestic violence indicated multiple family stressors or that domestic violence increased the likelihood of child abuse developing. Another finding from the tracking study was that domestic violence was often treated in a “manner similar to drug and alcohol problems, with other workers being expected to alleviate these stressors as part of an overall case management plan”. The study also found indications that caregivers known to be violent were often associated with child abuse cases likely to be rated as severe and in which the child was rated as at risk for further abuse. This study found similar to Hiller, Goddard, and Diemer (1989) that a violent, coercive environment was almost as like for sexual abuse cases as it was for physical abuse cases, especially in more severe cases. Several of the placement decisions for the children in the cases indicated a lack of understanding of the further risks to the children. The researcher concluded from the study that there was need for further education of professionals dealing with child abuse cases as to the risk to children in homes where domestic violence was occurring. Tomison also posited that some of the lack of attention by the professionals to identify domestic violence was similar to the acts of omission commonly associated with a neglecting parent. The researcher stated the main point

emerging from the study was that a significant proportion of the cases will coincide with domestic violence and that this will have implications for practice and inter-professional communication and collaboration.

McDonald, T. P., & Johnson, W. (1993). Tracking reported sexual abuse cases. *Journal of Child Sexual Abuse*, 2(2), 1-11.

Will Johnson, DSW, is a Supervising Management Analyst, Alameda County Social Services Agency, Oakland, California. His research includes risk assessment and efficiency in Child Protection Services in affecting behavioral change. Thomas P. McDonald is Professor/Assoc Dean, School of Social Welfare at the University of Kansas. His research interests are child welfare and children's mental health; research methods and statistical analysis; service delivery; use of information systems in policy and practice decisions.

The purpose of this study was to extend the understanding of what happens to reported sexual abuse cases in several ways. 157 sexual abuse reports received and investigated by the emergency response unit of an urban California county during a three-month period in 1985 were examined for this study. Close to 100 measures were used in relation to the recurrence of child maltreatment. The study found that 16% of the victims were reported for maltreatment a second time during the follow-up period. In 62% of the second reports the investigation no abuse/neglect. Therefore, the recidivism rate for the same was near ten percent. The authors point out that the findings of this study differ significantly from that of Faller (1991) which found a recidivism rate of 22%. They reported several factors affecting differences in the two studies. For example, the difference in sample selection procedures may have played a role. This study attempted to extend beyond merely reporting case tracking to searching for predictors of recurrence. One important finding was that neglect plays an important role in predicting recurrence. Another finding was that the caretaker's ability to engage positively with the agency was the only significant caretaker measure. The researchers pointed out that as a single study with a limited sample, the findings cannot be generalized to all situations and that case tracking should be studied longitudinally to provide a more complete picture.

Organizational Capacity

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

Marcus Lam, PhD, is Assistant Professor at the Columbia University School of Social Work. His research interests are in nonprofit finance, comparative organizational behavior, and effectiveness of nonprofit, for-profit, and public providers in the delivery of social, health, and human services. Sacha Klein, PhD, is Assistant Professor in the Michigan State University School of Social Work. Her research interests are in the areas of child abuse prevention, infants and toddlers in the child welfare system, and public policy analysis and advocacy. Bridget Freisthler, PhD, is Associate Professor in the Department of Social Welfare at UCLA Meyer and Renee Luskin School of Public Affairs. Her research focuses the spatial ecology of problems, particularly child maltreatment, and the development of environmental interventions to prevent problems. Robert E. Weiss, PhD, is Professor of Biostatistics at the UCLA School of Public Health. His research interests are in the areas of hierarchical models, longitudinal data analysis and Bayesian modeling.

This research examined the influence of child care center ownership structure: nonprofit, for-profit sole proprietors, for-profit companies, and governmental centers, on organizational stability. The study also included age and size of centers as a variable for stability. This study may have implications for stability of nonprofit children's advocacy centers. This study addressed the question: Are nonprofit childcare centers less likely to close compared to for-profit and governmental childcare centers? Following a review of the history of the childcare industry, the authors discussed theory including Trust Theory which forms partial basis for the study. The theory predicts that nonprofits are likely to have a competitive advantage over their governmental and for-profit counterparts. According to this theory, nonprofits are less likely to exploit consumers and donors because they are legally constrained from distributing profits to managers or directors for personal gain, and therefore, they are seen as more trustworthy. Data for the study was obtained from California State Department of Social Services records for the year 2007. The dependent variable of center closure was measured in terms of expired licenses. The primary predictor variable was ownership structure. The analysis found that nonprofit childcare centers older than four years were less likely to close. Further it was found that larger centers were less likely to close. Based upon Trust Theory it was hypothesized that nonprofits would have lower closure rates. However, results showed that nonprofits had the second largest proportion of closures, second only to for-profit sole proprietorships. This was not consistent with a 2005 Canadian study that found for-profit centers were more likely to experience closures than nonprofits. The authors discuss implications for policy and funding that may be applicable to Children's Advocacy Centers. Limitations include lack of generalizability, lack of data on

reasons for center closures, and no consideration of diversity of nonprofit centers. The researchers received no apparent personal or professional gain from study outcomes.

Barman, E., & MacIndoe, H. (2012). Institutional pressures and organizational capacity: The case of outcome measurement. In *Sociological Forum* (Vol. 27, No. 1, pp. 70-93). Blackwell Publishing Ltd.

Emily Barman, PhD, is Associate Professor in the Department of Sociology at Boston University. Her research focuses on the social organization of altruism and philanthropy. Heather MacIndoe, PhD, is Assistant Professor in the Department of Public Policy and Public Affairs, McCormack Graduate School at University of Massachusetts Boston. Her research applies theoretical frameworks from organizational and urban sociology to address questions concerning the organizational behavior of nonprofit organizations, patterns of public and private funding to nonprofit organizations, and the role of nonprofits in public policy.

This research, according to the authors, is the first to empirically test the salience of organizational capacity in respect to whether practices are adopted across an organizational field. To examine adoption of an organizational practice, the researchers focused on the use of outcome measurement (OM) by nonprofit organizations. An overview of OM, the process of quantifying the impact of programs or services upon clients, is provided. The dependent variable was OM. The independent variables were organizational characteristics, institutional explanations, and organizational capacity. Quantitative data were collected via a survey of executive directors of 600 Boston area service-providing nonprofit organizations. Organizational age was found to be a significant predictor of an organization's use of OM. Each year of experience made an organization less likely to use OM. A second finding was that being a nonprofit was not a significant predictor of use of OM. Also found was that organizations that implement OM are often subject to greater institutional expectations toward OM, while the likelihood of adoption of OM increased when nonprofits also have adequate organizational capacity to do so. Further, it was found that receipt of funding from United Way or government agencies did not impact rate of adoption of OM. Both administrative capacity and the presence of technical expertise in an organization were significant predictors of adoption of OM. Additionally, organizations with an accountant were significantly more likely to use OM than were those without an accountant. In conclusion, the authors argue that their findings add to scholarship that seeks to account for uneven diffusion of practices across and organizational field. They further posit that attention to organizational capacity does not mean a return to the old view of organizations as unconstrained in their pursuit of interests. The results suggest ways that the concept of organizational capacity may impact the adoption of practices. First, the amount of organizational effort required to implement a practice may determine the relevance of

organizational capacity. Second, the relevance of organizational capacity might differ based on a field's expectations of how both internal and external factors will result in implementation of a new practice. The researchers note study limitations as generalizability of results from a sample taken in the Boston area, as well as the collection of quantitative data only. They suggest that future research should include in-depth, qualitative data.

Brown, M. (2012). Enhancing and measuring organizational capacity: Assessing the results of the U. S. Department of Justice Rural Pilot Program evaluation. *Public Administration Review*, 72(4), 506-515.

Mitchell Brown, PhD, is Associate Professor in the Department of Political Science at Auburn University. Her broader research agenda focuses on the empowerment efforts of marginalized communities, particularly those enacted through organizations.

This article begins with a discussion of the different ways in which organizational capacity, service delivery capability, and sustainability may be enhanced. An overview of the Justice Rural Pilot Program (RPP) and its evaluation, how capacity was measured, and results from validating the self-administered assessment instruments. The RPP was designed to fill a gap in services to victims of domestic violence in rural areas by providing limited OVC funding to community or faith-based organizations. The evaluation of the RPP included a process evaluation, examination of the value added by the faith component, and a capacity study. The self-assessment of capacity was a survey with six major components including 58 elements. The paper presents information on capacity changes and sustainability within the program sites. Almost all participating organizations indicated that the influx of OVW funding increased the organizations' engagement with state and local funders, and almost half reported increased utilization of volunteers. The most significant changes that funded organizations experienced was increase in both staff size and technological capacity. Furthermore, the capacity of the organizations to sustain change increased during the grant period and did not diminish after the funding period. Brown found from the evaluation that the RPP was an example of the positive effects of policy innovation and diffusion. Further, it was substantiated that agencies must commit to longer-term funding to assure their programs show improvements in outputs and outcomes, as well as long-term sustainability.

Mosley, J. E., Maronick, M. P., & Katz, H. (2012). How organizational characteristics affect the adaptive tactics used by human service nonprofit managers confronting financial uncertainty. *Nonprofit Management & Leadership*, 22(3), 281-303.

Jennifer E. Mosley, PhD, is an assistant professor at the University of Chicago's School of Social Service Administration. Matthew P. Maronick is a Ph.D. student at the University of Chicago's School of Social Service Administration. Hagai Katz is director of the Israeli Center for Third-Sector Research, Ben Gurion University of the Negev, Beer-Sheva, Israel.

This research examined how structural, managerial, and financial characteristics affect the adaptive tactics used by human service nonprofits during times of financial stress. The literature review revealed that organizations should use adaptive tactics to respond to changing environments. This study builds on previous work in this area by looking at human service nonprofits and focusing on select variables more closely. The authors identified a gap in the research about how an organization's managerial, structural, or financial characteristics may affect what tactics it adopts. Therefore, this study assessed how size, age, strategic planning, use of performance measurement tools, professionalization of leadership, and financial challenges, both objective and perceived, affect adaptive tactics that are adopted by nonprofit organizations. The use of five adaptive tactics (dependent variables) that may be used by human service nonprofits when faced with economic uncertainty: (1) adding new programs, (2) discontinuing existing programs or reducing staff, (3) starting joint programs, (4) increasing earned income, and (5) starting or expanding advocacy involvement were investigated. The eight independent variables were structural, managerial, and financial. Longitudinal data were collected from a large sample of human service nonprofits in Los Angeles County, California. Executive directors of 667 agencies were surveyed by telephone and then asked to complete a short follow-up questionnaire 18 months later, following an economic downturn. For the tactic of adding new programs it was found that organizations that foresaw financial challenges were 74 percent more likely to start a new program than organizations that did not foresee such a challenge. For the tactic of discontinuing existing programs or reducing staff was significantly predicted by larger size. This tactic was also used significantly during both perceived and real funding difficulties. Organizations that had experienced financial stress during the prior eighteen months had a 90 percent higher likelihood of discontinuing programs or reducing staff. Two variables that predicted expanding or starting a joint program with another organization were having a strategic plan and not reporting funding as a future challenge. Organizations with a recent strategic plan were 81 percent more likely to expand or start a joint program, while belief that funding would be a future challenge reduced the odds of engaging in this tactic by 45 percent. The tactic of pursuing additional earned income was significantly more likely in larger organizations and in those with strategic plans. Larger size was the only one of the eight independent variables that was found to significantly predict increased advocacy involvement. The researchers assert that this is strong evidence that advocacy is tied to capacity. They conclude that larger size was a

significant predictor of nearly all the adaptive tactics. Size was more significant than other managerial and financial characteristics. On the other hand, use of performance managerial tools was unrelated to every tactic. Having a strategic plan appeared to provide organizations with the ability to carry out some complex new activities, such as joint programs or expanding earned income. Several additional results are discussed in detail. The authors suggest that this study has important implications for practice as well as research.

Besel, K., Williams, C. L., & Klak, J. (2011). Nonprofit sustainability during times of uncertainty. *Nonprofit Management and Leadership*, 22(1), 53-65.

Karl Besel, PhD, is Associate Professor at The University of Indiana at Kokomo. His research has focused upon nonprofit management and sustainability within the health and human services fields. Charlotte Lewellen Williams, PhD, Charlotte L. Williams is the associate professor and director of the Center on Community Philanthropy at the University of Arkansas Clinton School of Public Service. Joanna Klak is a researcher at the University of Arkansas Clinton School of Public Service.

This research sought to address the issue of substantial cutbacks in both federal and state funds in the current recession and declines in philanthropic giving and best practice strategies on sustaining nonprofit organizations. The authors built a theoretical framework for examining financial sustainability by combining the major points of institutional and population ecology theories. Further, the research sought to build upon previous studies in exploring the influences of networking with community leaders upon financial viability. This study focuses on twenty-six health, human services, and community and economic development organizations in the Mississippi River Delta area. Comparable areas in the Midwest and South were also chosen. All of the communities selected receive federal and state funds. Data was collected from three sources: surveys administered with agency directors, agency financial reports, including annual fiscal reports between 2003 and 2008, and interviews with key informants. Analysis of survey results along with interviews with key informants revealed that in general, the agencies exhibited more similarities than differences with regard to funding diversity, and reliance on government funding and contracts. Nonprofits serving areas receiving federal funds for urban or rural redevelopment were found to be generating revenue streams from a variety of nongovernment sources including fee-for-service programs, annual fund drives, and individual donations. Fifty-eight percent of agencies viewed government funding or contracts as their most dependable source of revenue. Most key informants viewed the current economic downturn and declines in philanthropic giving as the end of large gifts to local nonprofits. Most key informants had reservations about their organization's reliance on government funding. These reservations were concerned with considerable restrictions on how public funds can be utilized, and the relatively large amount of time and resources spent in complying with state and federal requirements.

Some of agency directors interviewed stated that a “formalized relationship with a government institution” was more important than the securing of government funds for their sustainability. Some differences were reported between urban and rural organizations. Participants were asked about board involvement in fundraising and other sustainability issues. Few agency directors reported utilizing board members to initiate or perpetuate government funding/ contracts, most nonprofit leaders that depended upon private sector funding reported specific strategies for board recruitment and retention. Many directors that required board member fundraising spoke about this volunteer responsibility as “increasing levels of shared governance.” Unlike some previous studies, results of this study showed that board members can contribute to the financial sustainability of a nonprofit for certain philanthropic endeavors such as soliciting donations from local residents. The authors report the small sample size as a limitation to this study. This study found similar to previous studies that most of the organizations examined were able to maintain and grow a diversified funding base, while still depending for the most part on government funding or contracts for long-term financial sustainability. There are no known benefits to the researchers based on study outcomes.

Bowman, W. (2011). Financial capacity and sustainability of ordinary nonprofits. *Nonprofit Management & Leadership*, 22(1), 37-51.

H. Woods Bowman, PhD, is Professor in the School of Public Service at DePaul University. His areas of expertise and interest are economics, ethics, and finance.

This study contributes a sustainability principle that gives managers short-term budget surplus targets needed to reach the objective of maintaining long-term financial capacity and sustainability through a rate of change that is sufficient to maintain assets at their replacement cost. The author proposes a model for the long term objective of maintaining services while meeting the short term objective of resilience in uncertain economic times. Following a review of the literature covering financial modeling, Bowman presents the model that gives nonprofits a framework for quantifying financial condition, setting financial goals and monitoring progress. The model addresses several issues related to both short-term and long-term capacity and sustainability issues. Formulas are included to demonstrate each point presented. Bowman suggests several issues for future research including reasons for greater variability in long-term capacity than in short-term capacity, effect of change in board chair or executive on capacity and sustainability.

Agatston, A. H., Kutulakis, J. R., Leclair, T. J., Smith, S., & Vieth, V. I. (2010). When a parent sues the CAC: Tips for Forensic Interviewers and Children's Advocacy Centers facing litigation. *Centerpiece*, 2(9), 1-5. <http://tinyurl.com/qh4fu4x>

Andrew Agatston is an attorney in Marietta, Georgia who has represented crime victims in civil litigation. Mr. Agatston has served on the board of directors of the Children's Advocacy Centers of Georgia. Mr. Agatston has written two books providing legal guidance to children's advocacy centers. Jason P. Kutulakis is an attorney in private practice in Carlisle, Pennsylvania. Mr. Kutulakis currently serves as president of the Pennsylvania Children and Youth Solicitors Association. Thomas Leclair is the Senior Resource Attorney for the Children's Law Office at the University of South Carolina. Stephanie Smith is a former prosecutor from Indiana who currently serves as Southern Regional Director, National Child Protection Training Center. Victor Vieth is the Director of the National Child Protection Training Center at Winona State University.

This paper provides general guidelines for forensic interviewers and Children's Advocacy Centers for assessing their liability. Tips are offered for preventing or minimizing the chance of a lawsuit. The authors focus upon two scenarios whereby a lawsuit could occur. First, an offending parent may sue when a child's disclosure results in filing of criminal charges or a civil protection action. The second possibility is the case when a child does not disclose during an interview and no action takes place. The authors offer four steps that should be taken to limit potential liability. First, as is supported and validated by research, is the videotaping and other documentation of the forensic interview. Case law is provided in support of the need for videotaping. The second step suggested it that a CAC must provide proper supervision of its forensic interviews and interview process. The author suggest that a record of properly trained and peer reviewed, as well as adherence to Standards of Best Practice can provide a powerful defense for the CAC. The third area is determination of state, national and professional standards under which they work. They further suggest that interviewers should be aware of court decisions that may impact their work. The fourth recommendation is that a CAC should have access to counsel for advice on liability issues. They suggest that the best case is for a CAC to have a longstanding relationship with legal counsel whose knowledge of the work of the CAC will better prepare him to assist were a lawsuit to occur. Five suggestions are offered in the event of a lawsuit, including abstaining from contacting the party filing the lawsuit, determining the legal basis of the lawsuit, determining the actual alleged misconduct, determining if the forensic interviewer or CAC has immunity, and educating the CAC attorney with research, case law, evidence, and contact information for national organizations that may be able to assist. Details for each of these suggestions are provided.

Yung, B., Leahy, P., Deason, L. M., Rischer, R. L., Perkins, F., Clasen, C., & Sharma, M. (2008). Capacity-building needs of minority health nonprofits. *Evaluation and Program Planning*, 31(4), 382-391.

Betty Yung, PhD, is a professor in the School of Professional Psychology, Wright State University in Dayton., Ohio. She is the Director of the Research and Evaluation Enhancement Program (REEP), an initiative directed to improving the evaluation capacity of organizations in Ohio that provide health services to minority communities. The remaining authors have all served on the REEP Evaluation Work Group panel since its inception in 2005. Peter Leahy, PhD, is a Professor and Interim Director at the Institute for Health and Social Policy, The University of Akron. Lucinda M. Deason-Howell, PhD, is an Associate Professor in the Department of Public Administration and Urban Studies at The University of Akron. Robert L. Fischer is a Research Associate Professor and Co-Director of the Center on Urban Poverty and Community Development in the Mandel School of Applied Social Sciences at Case Western University in Cleveland, Ohio. Fatima Perkins, MNO, is the Director of Adult Services at the Cuyahoga County Public Library in Parma, Ohio, and was formerly with United Way of Cleveland, Ohio. Carla Clasen, MPH, RN, is Co-Director of the Center for Health Communities and their Program Director of Research and Evaluation, at Wright State University Boonschoft School of Medicine. Manoj Sharma, MBBS, CHES, PhD, is a Professor in the College of Education, Criminal Justice, and Human Services at the University of Cincinnati. Dr. Sharma is a physician by initial training and also holds a Doctorate in Preventive Medicine/Public Health. He has worked in community health for more than 25 years at the local, state, national, and international level. Dr. Sharma's research interests are in designing and evaluating theory-based health education and health promotion programs, alternative and complementary systems of health, and community-based participatory research.

Most studies conducted on the capacity-building needs of nonprofits have been focused on larger nonprofits rather than those with more limited budgets. This study was designed to identify the capacity-building technical assistance needs of organizations providing health promotion services to ethnic minority consumers in Ohio. The study is relevant because many clients served by CAC's come from diverse ethnic backgrounds, and thus, capacity-building must include provisions of planning for their unique needs. A literature review was done which makes many references to "Building Nonprofit Capacity: A framework for addressing the problem" (De Vita, Fleming, & Twombly, 2001). The authors concluded that the nonprofit capacity-building literature provided conceptual definitions and operationalized dimensions of capacity building and identified strategies and models for building capacity. However, they found that few, if any studies used a mixed methods approach to directly assess the capacity-building needs of nonprofit organizations serving ethnic minority populations. This study consisted of two parts, a telephone survey and follow-up focus groups. The results were described in great detail and illustrated with several Tables. A very diverse group of organizations participated in the study,

such as neighborhood health clinics, substance abuse treatment centers, and rural community development corporations that provide health promotion or health education services for ethnic communities. Services provided by some of the participants included violence prevention and support groups.

The authors found that it was beneficial to have both the telephone survey and focus groups. The telephone survey indicated greater capacity-building needs while the focus groups provided a more in-depth understanding of the capacity-building needs and provided recommendations on the best delivery system for providing technical assistance services as well as specific suggestions on content needed in web-based venues. The focus group participants represented smaller organizations with fewer staff, and many staff members had both managerial as well as direct service delivery responsibilities. Organizations that primarily served a minority population were more interested in receiving technical assistance than organizations that served minorities as a secondary focus. Tables illustrated interest in technical assistance and ability to pay categorized by population served, primary service focus, geographic service area and annual budget. Technical assistance needs were broken down into 23 needs and the results from the surveys were labeled as urgent, helpful or no need. The most frequently identified primary need was researching grant funding sources, followed by writing grant proposals and creating fund-raising plans. Focus group themes were identified in the areas of sustainability and delivery of mission. Diversifying the funding base, staffing, governance, succession planning, and competition among community organizations for board members were a few of the sustainability issues identified. Another point that is not often mentioned in the literature, but a reality in the nonprofit human services sector, is the desire to have consumer representation on boards, even they know that these individuals might not have the knowledge and training needed to help with organizational survival. Challenges in mission delivery included marketing their agencies and services to policy makers, especially those nonprofits based in rural areas; and difficulty in identifying evidence-based best practice models. The authors called for more focused needs assessments; reduced cost or free capacity-building opportunities; resources listing capacity-building consultants and web-based resources for ethnic organizations; and assistance with revenue-enhancing activities. They noted that even though this study looked specifically at minority nonprofit health organizations, the assessment tools could be utilized by other domains in the nonprofit services arena to prioritize capacity-building content and delivery mechanisms most needed by organizations in their sector.

Vaughan, S. K., & Arsenault, S. (2008). Not-for-Profit advocacy: Challenging policy images and pursuing policy change. *Review of Policy Research*, 25(5), 411-428.

Shannon K. Vaughan is an Assistant Professor in the Department of Government and Justice Studies at Appalachian State University. Her research focuses on not-for-profit organizations,

public policy, and ethics. Shelly Arsenault, PhD, is an Associate Professor in the Department of Political Science at California State University, Fullerton. Her research interests are in the areas of Social Policy including poverty and welfare, health, non-profit organizations, organizational theory/behavior, and federalism.

The authors began with an overview of why not-for-profits are often an alternative to direct government action to promote the public interest. The purpose of this study was to analyze the role of two nonprofit organizations, National Children's Alliance (NCA) and National Alliance on Mental Illness (NAMI), in affecting policy change, excluding lobbying activities. These two grassroots organizations were chosen because each was formed to radically change public and professional perceptions of their respective issues and reform the way services are offered to those in need.

In their literature review, the authors discussed many of the terms commonly found in policy literature, such as image and framing, venue, problem, policy entrepreneur (change agents). They explained how the interaction of these elements leads to policy changes. They pointed to the dramatic increase in nonprofit service delivery and policy advocacy and put forth these two questions: How do these organizations bring about changes in policy images of public problems; and to what extent does the nonprofit provision of services designed to address a new definition of a policy problem affect public awareness and acceptance of the new policy image?

Historical overviews of NCA and NAMI were given, and important legislation regarding child abuse and mental health issues was discussed, as well as how media attention, celebrity disclosures, and high-profile court cases helped reshape the child abuse policy abuse image into a criminal justice issue. The founding of the first child advocacy center (CAC) in Huntsville, Alabama, and the social entrepreneurship of U. S. Representative Bud Cramer was highlighted. His advocacy efforts as a member of Congress reflected a change in public perception of the problem of child abuse away from merely a criminal justice issue to an emphasis on the well-being of the child. NAMI was formed by family members of the mentally ill, who sought to destigmatize those with "brain disorders" through education of federal legislation, current research and treatment options; mutual help/advocacy groups to improve the lives of the mentally ill and their families; and creation of a national organization of help/advocacy groups. Celebrity disclosures and the movie *A Beautiful Mind* also led to changes in public images of mental illness.

The authors used LexisNexis to perform content analysis of nationwide press coverage of NCA and NIMA. All major U. S. newspapers and at least one newspaper per state were included. These 234 newspapers were examined from 1980-2004. CACs were mentioned in approximately 4,000 articles. A time series plot of the annual ratio of CAC articles per newspapers searched in relation to nonprofit activity and subsequent policy change was presented. Twenty states,

between 1986 and 2003, adopted a total of 71 pieces of legislation that pertain directly and exclusively to CACs. The seven types of legislation that were adopted addressed multidisciplinary teams, confidentiality, minimum standards, state organization, funding, liability, and board compensation. An increase in NCA activity coincides with an increase in print media coverage, as well as a growing legislative record in favor of the CAC approach. The authors linked the growth in the number of CACs as instrumental in successfully promoting a new perception of child abuse and in changing public policy. Likewise, the authors linked the rapid growth of NAMI as an agent of change for parity legislation, research funding, and destigmatization of mental illness. In closing, the authors pointed to the impact that nonprofits can have on policy image change and change of venue, but called for further research on the impact of specific advocacy efforts by nonprofits.

Ostrower, F. (2007). Nonprofit governance in the United States: Findings on performance and accountability from the first national representative study. Washington, DC: The Urban Institute Center on Nonprofits and Philanthropy.
http://www.urban.org/UploadedPDF/411479_Nonprofit_Governance.pdf

Francie Ostrower, PhD, is Professor in the LBJ School of Public Affairs and the Department of Theatre and Dance, and Senior Fellow in the RGK Center for Philanthropy and Community Service. Prior to joining the University of Texas in 2008, she was Senior Research Associate at the Urban Institute Center on Nonprofits and Philanthropy. Prior to that, she was a sociology faculty member at Harvard University. Dr. Ostrower received her doctorate in Sociology from Yale University, where she also served as Associate Director of the Program on Nonprofit Organizations.

In 2005, the Urban Institute conducted the first-ever national survey of nonprofit governance and the results are reported in this article. This sample was drawn from a database of public charities that file IRS form 990, meaning that they had at least \$25,000 in annual receipts. The sample was stratified by organizational size and the survey was sent to the Executive Director of the nonprofit. Responses could also be e-mailed, and the response rate was 41%. A pie-graph shows the response rate of the Executive Directors based on their annual expenditures, which ranged from below \$100,000 (37.5%) to over \$40,000,000 (1.99%).

This survey was conducted for a number of reasons and these are reflected in the questions posed: How does public policy affect nonprofit governance? What factors associated with promoting or impeding boards' performance of basic stewardship responsibilities related to overseeing and supporting the organization's mission? Are nonprofits becoming less ethnically homogenous? The author explained how Sarbanes-Oxley, even though it has not been extended

to nonprofits, has affected them and lists six practices which are becoming more common in the public sector: external audit; an independent audit committee; rotating audit firms and/or lead partners every five years; a written conflict of interest policy; a formal process for employees to report complaints with retaliation (whistleblower policy); and a document destruction and retention policy. This study found that organizations which have corporate members on their boards are more likely to engage in all of these practices except document retention. A table illustrated factors associated with variations in adoption of Sarbanes-Oxley type practices provided which looks at these six practices across the categories of board size; whether or not the CEO is a voting board member; diversity of board; organizational size; age; field; and funding sources.

The author discussed the conflicts that can arise when board members engage in financial transactions with the nonprofit they are serving on. She pointed out the need for policies that ensure that these transactions are in the nonprofit's best interest. A graph illustrating the percentage of organizations obtaining goods or services below and at market rates from board members broken down by size or organization was provided. Smaller nonprofits were considerably more likely than larger ones to obtain goods and services from board members at below market cost. 58% of nonprofits with under \$100,000 in expenses obtained goods or services at below market cost from a board member, but among nonprofits with over \$40,000,000 in expenses this number drops to 24%. The survey found that a substantial number of nonprofits, including those engaged in financial transactions with board members, do not follow good governance guidelines.

Board compensation for nonprofits is frowned upon, and this survey found no indication that compensating trustees promotes higher levels of board engagement. In fact, compensation was negatively associated with levels of board activity in fundraising, community relations, and educating the public about the organization and its mission. Boards that compensated were less likely to have members with professional backgrounds or expertise in management, law, or accounting and were no more likely to achieve greater racial or ethnic diversity. Board performance was rated active, somewhat active, and not active across the following responsibilities: policy setting; financial oversight; planning; monitor programs; sounding board; CEO evaluation; community relations; public education; fund raising; board monitoring; and influence public policy. Then the survey delved even more deeply and considered these responsibilities across many factors such as board size, organizational size, diversity funding, etc. So many factors were considered that the table illustrating the results takes one and a half pages. A minority of boards was very active when it came to most of the activities that were surveyed, but the author pointed out significant findings, one in particular being that having the CEO/executive director serve as a voting board member was negatively related to board activity at every level. Also, different types of board members bring different strengths to the table, and this should be considered so that boards are able to address their many areas of responsibilities,

from fund-raising, community relations, financial oversight, etc. This survey also considered the variables of gender, ethnicity, age, and whether or not board members are related.

In closing, the author emphasized that the findings from this study reveal that it is difficult to generalize about studies from one type of nonprofit to another; these differences must be considered when policy initiatives and good governance guidelines for nonprofits are proposed. However, these findings do offer implications for policy and practice and address commonly held views about nonprofit board governance. The findings also indicated that the public policy environment on nonprofit governance goes beyond formal legislation and regulations aimed at nonprofits, as is the case with Sarbanes-Oxley. This is an important consideration as board members often serve on both corporate and nonprofit boards, and bring experience, practice and norms from the corporate to the nonprofit world. This is not always advantageous for a nonprofit, particularly with regards to having the CEO/Executive Director serve as a voting board member. The author also pointed to the importance of engagement of board members not only in fundraising, but in obtaining public legitimacy and support for the nonprofit where they serve. She called for research in several areas, particularly addressing the barriers to obtaining board members and emphasizes where nonprofit boards are lacking, especially in board composition, with regards to ethnicity, race and age of members, and called for research in several areas, particularly addressing the barriers to obtaining board members.

Sobeck, J., & Agius, E. (2007). Organizational capacity building: Addressing a research and practice gap. *Evaluation and Program Planning*, 30(3), 237-246.

Both authors are affiliated with The Center for Social Work Practice and Policy Research at Wayne State University in Detroit, Michigan. Joanne Sobeck, PhD, is the Director of the Center and she holds a Doctorate in Political Science with undergraduate and master's degrees in Social Work. Her research includes capacity building with community-based organizations, applications of evidence based programs in community settings, and processes related to policy, program development, implementation and evaluation. She is also active in the Native American community and serves on the board for American Indian Health and Family Services of Southeastern Michigan. Elizabeth Agius, BS, is Manager of Community Research Partnerships at the Center and has been the principal investigator on many of the research projects there. She is also a Board Member at the Michigan Association for Evaluation. Her undergraduate degree was in Political Science and her graduate studies were in Public Policy, American Government and International Relations.

The authors conducted this study to address the gap between evaluation research, and the practice of capacity building with nonprofits. The authors approached the study from the premise

that although organizational capacity building is promoted as a way to enhance the effectiveness and sustainability of nonprofits, the evaluation of these efforts has lagged behind. Their review of the literature revealed that previous studies had identified potential outcomes ranging from improving management competencies and diversifying funding to serving more clients and improving sustainability. The current research was conducted by a five year longitudinal study of a program designed to strengthen the management of small, grassroots organizations and focusing upon leadership development, organizational systems development and strategy formulation and management. The data was collected over five years including budget, program size, and number of staff and board members of the 23 participating agencies with 501(c)3 status. Pre and posttest face-to-face interviews of executive directors were conducted covering the topics of program services, evaluation, finances/fund development, collaboration, and future goals. Results of the longitudinal study included (1) the agencies experienced increased visibility of their organizations, (2) by improved documentation of processes such as financial and program plans, and (3) increased collaboration. The study found also that there was continuing need to obtain input from all stakeholders beginning with design of a logic model for interpreting and understanding program results. The researchers concluded that organizational capacity building was very important for nonprofits and especially grassroots organizations by providing structure for creating opportunities for bonding within their communities. The authors pointed out that the model of capacity building used in this study needs to be tested with other nonprofits, both larger and with different substantive focus.

Reiser, D. B. (2007). Director independence in the independent sector. *Fordham Law Review*, 76(2), 795-832.

Dana Brakman Reiser, JD, is a Professor of Law at Brooklyn Law School, and a graduate of Harvard Law School. She is an expert in the law of non-profit organizations, and her recent scholarship focuses on the legal and social ramifications of the increasing trend toward hybridization of nonprofit and for-profit endeavors. She also has written extensively on non-profit governance and the role of non-fiduciary constituencies in non-profit organizations. She is a member of the Executive Committee of the AALS Nonprofit and Philanthropy Law Section, the Association for Research on Nonprofit Associations and Voluntary Action (ARNOVA), and the Government Relations Committee of the Nonprofit Coordinating Committee of New York.

Professor Reiser conducted a review of the literature covering important components of nonprofit directorship. The author's standpoint was that nonprofits should be led by independent directors. This research reviewed the literature examining the important questions regarding the adaptation of independent director reforms. The study concluded that nonprofits should be audited by independent auditors such as that required by the California Nonprofit Integrity Act.

The study found that to preserve integrity audits should not be staff members and must not have “a material financial interest in any entity doing business with the organization”. It was determined further that the independent auditor is required in order to be able to perform the audit with an oversight role free of personal conflict.

Schuh, R. G., & Leviton, L. (2006). A framework to assess the development and capacity of non-profit agencies. *Evaluation and Program Planning*, 29(2), 171-179.

Russell G. Schuh, EdD, holds a Doctorate in Planning and Program Evaluation and is a visiting research professor in the School of Medicine at the University of Pittsburgh. Dr. Schuh has in-depth experience in both program management and evaluation research at the national, state and local levels. He has worked on a number of University collaborations with community-based nonprofit service organizations and the Allegheny County Health Department and reviews proposals for the National Science Foundation. Laura C. Leviton, PhD, received her Doctorate in Social Psychology and is a distinguished applied social researcher, evaluator, and academician. She is a Special Adviser for Evaluation at the Robert Wood Johnson Foundation and is a past president of the American Evaluation Association. Dr. Leviton was previously a professor of public health at the University of Alabama at Birmingham and on the faculty of the University of Pittsburgh School of Public Health. During this time, she collaborated on the earliest randomized experiment on effective ways to prevent human immunodeficiency virus (HIV) infection in gay and bisexual men. For her work in HIV prevention and worksite health promotion, she received the 1993 award for Distinguished Contributions to Psychology in the Public Interest from the American Psychological Association.

The authors presented a framework for considering how non-profit agencies’ development and capacity affect program implementation. The operational definition of organizational capacity used was: “the ability to successfully implement and complete a new project or to expand an existing one successfully.” The review of the literature suggested two levels of organizational capacity which tend to improve the levels of success: individual expertise and organizational resources and procedures that allow agencies to use individual expertise productively. The authors determined that expertise goes beyond experience and training to a level of ability to solve problems in different ways. Studies also found that governing boards strongly affect other aspects of interest to program planning and evaluation, boards of new and less developed agencies tend to be small and to operate informally, and as agencies mature, boards tend to grow in size and become more formal in their structures and work. The researchers identified financial resources as a feature allowing an organization’s sustainability and mission development. Components of financial resources include financial maturity, the routinely and formally conducted activities to obtain funds, and financial vulnerability, the ability to stay in operation despite a variety of financial stresses or agency transition. The researchers also observed that core services tend to develop first, followed by some aspects of financial

management. An unexpected finding was that development of administrative infrastructure often lags behind while board development and functioning generally lags even more.

Altman-Sauer, L., Henderson, M., & Whitaker, G. (2005). Building community capacity to meet public needs. *Popular Government*, 70(2), 29-36.

Each of the authors of this article is affiliated with the Public Intersection Project, which helps businesses, nonprofit organizations improve communication, relationships, and collaboration; and develops materials for use in addressing local problems. It is based in the School of Government at the University of North Carolina at Chapel Hill. Lydian Altman-Sauer, MPA, is the Director, Strategic Public Leadership Initiative, at UNC. She has spent over twenty years working with public sector organizations. She was Director of the Scotland County Domestic Violence and Rape Crisis Center, and has been an active community volunteer with organizations such as Smart Start and United Way. She facilitates retreats, conducts strategic planning efforts and performs organizational development work for public sector organizations. Margaret Henderson, MPA, has twenty years of experience in human services including work in state and local governments as well as nonprofits. From 1992-1999, she served as Executive Director of the Orange County Rape Crisis Center in Chapel Hill, NC. Gordon Whitaker, PhD., is a Professor of Public Administration and Government at UNC, Chapel Hill, where he teaches organization theory and in public management and leadership. Whitaker has served on the Executive Council of the National Association of Schools of Public Affairs and Administration (NASPAA) and as chair of NASPAA's Commission on Peer Review and Accreditation. In 2005 he received the Ned Brooks Award for Public Service, presented by the Carolina Center for Public Service.

While this article was directed toward those who work in local governments, it is very relevant for those who work for nonprofits, since they need to be aware of the considerations that governments make when deciding which nonprofits they will fund, and then in turn they can be prepared to sell their mission and value to the community to governmental funding sources. The authors pointed out many reasons why local governments should support nonprofits and gave a summary of the special challenges faced by nonprofits. They developed a model which addresses the multidimensional and interconnected nature of nonprofit capacity which includes these seven elements: Aspirations; Strategies; Organizational Skills; Human Resources; Systems and Infrastructure; Organizational Structure; and Culture. A chart was included which succinctly described how local governments can support the capacity-building efforts of non-profit organizations which across these seven elements, as well as the important aspects of Funding and Value. Nonprofits must also realize that sustainability is not only based on financial considerations, and local governments can help with feedback, training, in-kind support, systems and infrastructure support.

Martinez, J. (2003). Liability and volunteer organizations: A survey of the law. *Nonprofit Management & Leadership*, 14(2), 151-169.

J. Michael Martinez, MPA, JD, PhD, is Professor of Political Science at Kennesaw State University and works as a government affairs representative and corporate counsel with Dart Container Corporation. Since 1998, he has taught political science as a part-time instructor at Kennesaw State University; political science, administrative ethics, environmental law, and constitutional law at several Atlanta-area universities; and is also a part-time instructor at the Department of Public Administration and Policy School of Public and International Affairs, The University of Georgia. He is co-author of the book, *Administrative Ethics in the Twenty-first Century*.

The author examined three major components of liability: whether the organization is liable to third parties for acts performed by volunteers, whether the organization is liable to volunteers injured while on duty, and whether a volunteer is liable for acts performed while working in a volunteer organization. Then Dr. Martinez examined effective risk management practices which may reduce liability. He began with an overview of the history of law covering liability for nonprofits leading to the charitable immunity doctrine. Numerous studies have revealed that piecemeal exceptions to the doctrine created a confusing area of the law where courts tried to balance the needs of the charity to exist unencumbered by potentially crippling lawsuits against the needs of plaintiffs to recover for damages. Obvious inequities led to gradual enacting of measures to reduce or eliminate charitable immunity. Dr. Martinez approached the study with the view that organizations that rely on a volunteer labor force have a stronger incentive to minimize liability through effective risk management practices and procedures perhaps than do for-profit entities.

The review of the literature revealed that increasing uncertainty of outcomes in the tort system has caused greater concern about risk for nonprofits and insurer. The author found that the data on organizations being sued in increasing numbers is mixed, however he found that nonprofits do not seem to be sued in any greater numbers than for profit organizations and neither is the frequency of new filings increasing. The problem then is two-fold: nonprofits are undercapitalized and therefore even a minor lawsuit may have a very detrimental effect on a nonprofit's financial circumstances. Second, donations can be affected because donors do not want their funds used to pay lawsuits or legal fees. Because courts do not differentiate between nonprofit and for-profit organizations with regard to liability, the literature reveals that eliminating workplace risk is the most effective manner of ensuring volunteer safety. Findings suggested that organizations should consider requiring that volunteers waive their right to sue for personal injury and property damage although this may influence some not to volunteer. The liability of volunteers varies by state. A review of the state statutes showed that many address the issue by granting immunity to volunteers as long as the volunteers act in good faith. Still other

states have exceptions to the standard of care immunity. Dr. Martinez concluded with a discussion of risk management practices and procedures.

De Vita, C. J., Fleming, C., & Twombly, E. (2001). Building nonprofit capacity: A framework for addressing the problem. In C. J. De Vita & C. Fleming (Eds.), *Building Capacity in Nonprofit Organizations*. Washington, DC: Urban Institute Press.

At the time this article was published, all three authors were at the Urban Institute's Center on Nonprofits and Philanthropy (CNP). The CNP conducts and disseminates research on the role and impact of nonprofit organizations and philanthropy. Carol J. De Vita, PhD, is a Senior Research Associate at CNP and holds a Doctorate in Social Welfare Policy. Cory Fleming, MS, was the center administrator at CNP and is now Senior Project Manager at International City/County Management Association. Eric C. Twombly, PhD, holds a Doctorate in Public Policy and is Director of Organizational Studies at KDHRC, a research institution that constructs and evaluates public programs. Dr. Twombly is a leading expert on the organizational behavior of community-based nonprofit providers and has been the chief evaluator on several public health projects funded by the National Institutes of Health. He is also an assistant professor in the Andrew Young School of Policy Studies at Georgia State University.

The authors completed a study of the literature leading to development of a conceptual model for thinking about effective ways for capacity building in nonprofits. The study began with the premises that to identify community needs and set priorities the need is to determine community preferences and balance competing interests. Additionally, while nonprofit organizations are often the common vehicle for mobilizing and empowering local residents and for representing their collective interests through the advocacy process, they must have continual renewal to maintain their value and effectiveness. The researchers found through analysis of the literature, that internal capacity building can be enhanced using strategic management theory suggesting that nonprofits can revamp their operational activities. They also found that strategies such as increased staff training, greater use of volunteers and more public outreach programs can reduce the costs of delivering services or build a stronger community constituency. The literature also revealed that external capacity-building strategies attempting to alter the relationship between individual nonprofits and the funding and political systems in which they operate can be accomplished by adopting new resource strategies to address uncertainty and to heighten the possibility of organizational survival, stabilize relations with other groups in the community, and reduce overdependence on specific sources of funding. The research also found that nonprofit organizations generate income in different and more numerous ways than for-profit organizations and therefore demand more complex tracking and reporting systems. Nonprofits must show greater transparency and accountability in their financial operations, prompting the need to improve accounting and reporting systems. Based upon the need for effective

interventions targeted where flows of energy are most concentrated and have the most influence the authors identified five steps which enable foundations to strategically determine these strategies: (1) determine the basic needs and assets of the community, (2) measure the community-based resources that are potentially available to address local concerns, (3) identify the infrastructure that can be used to build nonprofit capacity, (4) select appropriate capacity-building strategies, and (5) monitor and assess progress on a periodic basis.

Moore, M. H. (2000). Managing for value: Organizational strategy in for-profit, nonprofit, and governmental organizations. *Nonprofit and Voluntary Sector Quarterly*, 29(1), 183-204.

Mark H. Moore, PhD, is the Hauser Professor of Nonprofit Organizations and Faculty Chair of the Hauser Center for Nonprofit Organizations. He was the Founding Chairman of the Kennedy School's Committee on Executive Programs, and served in that role for over a decade. Moore's work focuses on the ways in which leaders of public organizations can engage communities in supporting and legitimatizing their work and in the role that value commitments play in enabling leadership in public sector enterprises.

In this article the author described the differences between strategic models in for-profit, nonprofit and governmental organizations. The normative goals, principal sources of revenue, measures of performance and key calculations vary greatly in the for-profit and public sectors. This is because both nonprofit and governmental organizations define the value they produce in terms of the mission of the organization rather in their financial performance, and they secure their revenues from people who are paying for external benefits to people other than themselves rather than customers who buy things for their own benefit. He suggested that nonprofit managers must focus on three key issues when developing a sustainable strategic plan and puts forth a “strategic triangle”: (1) public value to be created, (2) sources of legitimacy and support, and (3) operational capacity to deliver the value. An organization whose strategic plan does not cover all these bases is doomed to fail. The organization must have a clearly defined mission, and its value is tied to how successfully it achieves this purpose. It must understand the importance of developing a plan to garner support from the authorizing environment of donors, citizens, the media, interest groups and government sources. This “authorizing environment” differs importantly from the clients they serve. Nonprofits create value for society in ways other than achieving their mission and serving their clients. They are valuable channels for donors’ charitable aspirations and help to create social capital. Finally, the management of the organization must possess the knowledge, support and capabilities to form a strategic plan which describes the activities that must be pursued for the organization to successfully meet the needs of its clients and the volunteers who give money, time and materials towards the support and legitimacy of the organization and its organizational capacities.

Glisson, C., & Hemmelgarn, A. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect*, 22(5), 401-421.

Each of these authors is affiliated with the National Institute of Mental Health's funded Child Mental Health Research Center (CMHRC) at the University of Tennessee. The Center's goal is to implement high-quality research on social and mental health services for children with an emphasis on research designed to improve child welfare, juvenile justice, and mental health services to children and families at risk. Charles A. Glisson, PhD, is the founder and Director of the Center and is a University Distinguished Research Professor. He has been principal investigator on multiple major research projects concerned with children's services and is a noted author and editor in the social work, mental health, and organizational research literature. Dr. Anthony Hemmelgarn, PhD, received his Doctorate in Industrial and Organizational Psychology and is a Research Professor at the CMHRC. He has worked for more than 15 years in both state and private agencies conducting research, training, assessment technologies and organizational-development efforts designed to create high-performing organizations. He has been a significant contributor to the development of the Research Center's empirically - based organizational intervention, labeled ARC, and has served as an ARC change consultant in preliminary studies. He has worked with numerous organizations around the country to assess organizational social contexts, provided training in a variety of human service agencies, and facilitates ongoing organizational change efforts for CMHRC's organizational intervention projects.

The authors conducted a study examining the effects of organizational characteristics, including organizational climate and interorganizational coordination, on the quality and outcomes of children's service systems. The study assessed the effects of organizational variables on service quality and outcomes in a sample of 32 public children's services offices located in the 12 pilot counties and 12 matched control counties. The authors generalized the results to more general human service organizations concerned with organizational effectiveness. The author's premise was that this study would provide support for the work that questions the benefits of services coordination and suggests alternative organizational strategies for improving services to populations at risk. The research found that although service coordination had the largest effect on service quality, increased service coordination was related to reduced service quality, quality had no effect on service outcomes, and positive organizational climates were associated with both higher service quality and better service outcomes. The authors posited that the study's most important finding was that improvements in psychosocial functioning are significantly greater for children served by offices with more positive climates. The authors believed that these results could be generalized to other types of social service organizations. A third finding was that organizational climate was found to positively affect both service quality and outcomes. Children who were served by agencies with more positive climates were more likely to receive more comprehensive services, there was more continuity in the services they received, and their

caseworkers were more responsive and available. The researchers agreed with previous studies (Mayer & Schoorman, 1992; Ostroff & Schmitt, 1993) that while extensive research on improving climate has been conducted in business and industrial organizations, the successful techniques have not been transported into public agencies that serve children.

Child Focused Setting

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

Lisa M. Jones, PhD, is a research associate professor of psychology at the Crimes against Children Research Center at the University of New Hampshire. She has been conducting research on issues of child victimization intervention and prevention for more than 10 years, including research on CACs, child maltreatment trends, children's experiences with sexual abuse investigations, and Internet crimes against children. Kathryn E. Atoro, MBA, is Project Coordinator of the Internet Crimes against Children (ICAC) Task Force in the Criminal Justice Division at Fox Valley Technical College. Wendy A. Walsh, PhD, is a research associate professor of sociology at the Crimes against Children Research Center at the University of New Hampshire. She conducts applied research on the system response to child maltreatment, including Children's Advocacy Centers, access to services for victims, and criminal justice outcomes. Theodore P. Cross, PhD, is a research full professor at the Children and Family Research Center in the School of Social Work at the University of Illinois at Urbana-Champaign. He directed the Multisite Evaluation of Children's Advocacy Centers and has published numerous studies for more than 21 years on the investigation and response to child abuse. Amy L. Shadoin, PhD, was formerly research officer of the National Children's Advocacy Center. She now works as an evaluator with community-based organizations that address a broad spectrum of family violence issues. Suzanne Magnuson, MS, served as research associate at the National Children's Advocacy Center (NCAC), Huntsville, AL. She helped to direct the NCAC's participation in the Multi-Site Children's Advocacy Center Evaluation Project and collaborated on research on forensic evaluation procedures and the economic impact of child maltreatment. This research contributes an update to the literature on youth and caregiver experiences with sexual abuse investigations. Previous research was completed more than ten years prior to this study. Changes and expansion of CACs have occurred, making it necessary to update data on this issue. Previous research (Jones, 2007) comparing client satisfaction in CAC and non-CAC communities found an overall satisfaction rate higher in CAC communities. Data for this study was collected as part of the multisite evaluation of CACs (Cross et al., 2008). A subset of cases was chosen from the sample of 1,452 cases. From this subset, 358 interviews of caregivers and youths were conducted. Analysis was conducted on 220 cases of child sexual abuse. Ninety-two percent of caregiver respondents were female, while 79% of victims were female. Only children eight years and older were interviewed. Quantitative data were collected from caregivers using a 14-item Investigation Satisfaction Scale (ISS) developed for this study. Six questions were developed to assess youth satisfaction. Qualitative measures of investigative experiences were asked during interviews. Caregivers were asked two open-ended questions concerning what aspects of the investigation were better or were worse than expected. Two similar questions reworded for youths were asked of the victims. Caregiver responses to satisfaction on the ISS

were high overall. In contrast, responses to open-ended questions identified experiences that were consistently viewed as disappointing. The most common (55%) response by caregivers concerning what was worse than expected involved disappointment with the thoroughness of evidence collection, perceived failures by investigators to pursue justice fully, and problematic investigation procedures. The second most common response (32%) concerned disappointment in the level of communication about case status. The most common responses concerning what was better than expected were in regard to the emotional support provided by investigators (34%) and investigators' skills in interviewing (27%). Very few caregivers commented on the physical environment provided for their child's interview. Youths also reported a high rate of satisfaction on the closed ended questions. Most reported liking the place where they were interviewed (a little, 54%; a lot, 35%). For the open-ended questions, 20% had suggestions for improving the handling of their case. Twenty percent praised investigator helpfulness with the case and outcome while another 20% commented positively on investigators' emotional supportiveness. Few of the youths commented on the physical environment, but those who did comment said they liked the toys provided at the interview site. There were no identified differences in responses by subgroups (race, case type). Similar to Jones (2007), there was some indication that law enforcement involvement and outcomes increased the sense that investigators were committed to their case. The researchers identified some implications of these results. First, similar to previous research this study showed that quantitative satisfaction scales most often result in high ratings while open-ended questions are more likely to identify areas of dissatisfaction. Further, the authors suggest that researchers work to identify procedures that improve likelihood that offenders will be identified and prosecuted. Communication about how cases were proceeding was identified as needing improvement. Therefore, the authors suggest that regular timed verbal or written updates by investigators could be instituted. Further suggestions for work with youths are identified based upon results of this study. Limitations to the study include the inability to collect data on caregiver expectations prior to the investigations. A second limitation was that the majority of data collection was based on interviews conducted in CACs. There was no comparison data for non-CAC cases. There was no apparent personal gain by authors from study results.

Rasmusson, B. (2011). Children's Advocacy Centers (Barnahus) in Sweden: Experiences of children and parents. *Child Indicators Research*, 4(2), 301-321.

Bodil Rasmusson, PhD, is Professor in the School of Social Work at Lund University in Sweden. Her area of research focuses on children's rights within the field of child welfare and foster care with special emphasis on children's rights to participation.

This article contributes a qualitative examination of experiences of child victims and caregivers at Children's Advocacy Centers (Barnahus) in Sweden. There is a dearth of research using children as informants about their own experiences. This article presents the results of an evaluation of barnahus in Sweden with the purpose of reaching a better understanding of the meaning of "child-centered" approach. A review of the development of CACs in Sweden is provided along with a review of the literature on evaluation of the model and on the child centered approach. The evaluation project conducted in Sweden consisted of five components, including the experiences of children and parents component presented in this article. From lists of clients provided by six CACs, the researchers sent invitation letters to parents to participate in interviews. From these contacts 22 parents and 12 victims ages 8-16 were interviewed. Ten of the parents were alleged offenders, while 12 were non-offenders. Some of the children had visited the barnahus several times while others had been there only for a forensic interview and possibly a medical examination. The interviews were conducted in conversation style around five central themes: the location and premises of the CAC, reception, previous contacts with the professionals, information, and experience of the process and possibilities to receive assistance and support. Perceptions of the physical environment from a couple of the older children were that it was too childish. However, the overall design was generally appreciated and it came out in the interviews that the children had noticed and appreciated the colors, toys and furnishings. Two of the older girls commented that the CAC was much better and safer than the police station in which they had been previously interviewed. The treatment by staff and law enforcement was described positively by all children interviewed. The barnahus staff was described as "very kind" and "nice". Perceptions of the parents were very similar to that of the children with regard to physical environment and reception. The parents who had previous experiences in police stations viewed the barnahus experience as "much better". Many of the parents expressed dissatisfaction with information they had received. The article provides examples of comments made by children and parents reflecting conclusions drawn. The author states that every child's experience is unique and there is no typical "barnahus child" or family. However, Rasmusson asserts that the societal child perspective is reflected in the stories about how they were treated and what they experienced in the CAC. She suggests that the results offer an understanding of clients' perspectives as well as a basis for further research using children and parents as informants that can provide more generalizable results.

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.

Theodore P. Cross, PhD, was the director of the Multi-Site Evaluation of Children's Advocacy Centers in the Crimes Against Children Research Center (CRCC) at the University of New

Hampshire. He is now a Visiting Research Specialist in Quantitative Analysis at The Children and Family Research Center, University of Illinois, Urbana-Champaign. Lisa Jones, PhD, is Research Assistant Professor of Psychology at the CRCC and helped direct the five-year, quasi-experimental Multi-site CAC Evaluation Project, funded by OJJDP. She is recognized in the child abuse field for her experience conducting research on sexual crimes against children with a focus on analyzing and evaluating national, state, and community-level responses to victims. Currently, Dr. Jones is the recipient of a grant from the National Institute of Justice to conduct a process evaluation of four of the most prominent Internet safety prevention programs. Wendy A. Walsh, PhD, is a Research Assistant Professor of Sociology at the CCRC and a research associate at the Carsey Institute at the University of New Hampshire. Her research includes studies on enhancing the community and criminal justice response to child abuse assess; caregiver and child satisfaction after an investigation of child abuse; resilience among maltreated children with the National Survey of Child and Adolescent Well-Being (NSCAW) data, and a longitudinal national probability study on outcomes for children involved in child protective investigations. Monique Simone, MSW, is a Research Associate at the CRCC. David J. Kolko, PhD, is a Professor of Psychiatry, Psychology, and Pediatrics at the University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic. His work primarily deals with the study and treatment of disruptive behavior disorders and children's antisocial behavior, including sexually abusive (offending) behavior in youth, child maltreatment, and adolescent depression/suicide. His current research is devoted to dissemination and implementation efforts designed to adapt and then transport effective interventions for these clinical problems to various community settings or systems serving children, youth, and families, including pediatric primary care, juvenile justice, child welfare, public health/safety, and mental health.

This study was one part of the Multi-Site Evaluation of Children's Advocacy Centers, done at the CCRC. Four established Children's Advocacy Centers from across the country were compared with non-CAC same state comparison communities to evaluate whether they have increased coordination on investigations and forensic interviewing; more child-friendly settings; and reduced number of forensic interviews. This particular study evaluated the information gained obtained from descriptive, site-level data and case file data. The methodology utilized and limitations are thoroughly addressed, six tables which represent the data are easy to understand based on the verbal descriptions and explanations of statistical analysis utilized. This study found that the non-CAC communities were much more likely to hold interviews in less child-friendly settings, such as police stations, CPS agencies, victims' homes, juvenile detentions center, group homes and shelters. The authors noted why many of the afore-mentioned locations are not neutral, present many distractions, and instill fear in the victim and/or non-offending caregivers. They described many of the child-friendly aspects of CACs: waiting rooms decorated to be appealing to children with appropriate toys; private interview rooms; absence of the alleged offender; and monitoring and support of the children by staff or volunteers. They also found that interviews were more likely to be electronically recorded in a CAC location. They concluded

that CACs offer a more thorough and child-oriented response to sexual abuse reports, and families appeared to have a more positive experience on average when compared to non-CAC comparison sites.

Chesney, M., Lindeke, L., Johnson, L., Jukkala, A., & Lynch, S. (2005). Comparison of child and parent satisfaction ratings of ambulatory pediatric subspecialty care. *Journal of Pediatric Health Care, 19*(4), 221-229.

Mary Chesney, PhD, RN, CNP, is a Clinical Assistant Professor at the School of Nursing at the University of Minnesota. Linda Lindeke, PhD, RN, CNP, is an Associate Professor and Director of Graduate Studies at the School of Nursing at the University of Minnesota. Lauren Johnson, MS, RN, APN-BC, is Nursing Practice Project Lead, Fairview University Medical Center, Minneapolis, Minnesota; Angela Jukkala, PhD, RN, is an Assistant Professor of Nursing at University of Alabama in Birmingham; and Sandra Lynch, MS, RN, is a Pediatric Cardiac Clinical Nurse Specialist at University of Minnesota Children's Hospital.

This study was conducted at two ambulatory pediatric subspecialty clinics in the Midwest. Satisfaction surveys were given to parents, children and teens. The authors noted that children and teens are rarely asked their opinion about satisfaction with care; most studies have only focused on parental perceptions. The survey items were shown in a table which illustrates the child/teen ratings compared to parent ratings. There were statistically significant differences between child/teen scores and parental scores for eight out of twelve questions. Another table displayed the three additional open-ended questions with the main themes voiced by each group, these questions allowed the participants to voice their opinions on the best and worst part of the clinic experience and also to provide suggestions for improvement. Children and teens thought the best part of the clinic experience was a caring staff, helpful communication and clinic play experiences. The worst aspect was painful procedures, long waits, distance from home, and boredom. The participants' discussions to the open-ended questions support the rationale behind the Child-Focused Setting Standard for NCA, provision of a comfortable and private setting which is also physically and psychologically safe for victims and their non-offending family members.

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

When this article was written each of the authors of this article was affiliated with Temple University. Bernie Sue Newman, PhD, is Chair of the Social Work Department and an Associate Professor; Paul Dannenfelser is a Field Education Specialist; and Derek Pendleton was a student pursuing his Master's degree.

The authors surveyed 290 Child Protective Services (CPS) and Law Enforcement (LE) investigators who use a Children's Advocacy Center (CAC) in their investigations of criminal cases of child abuse to determine the reasons chosen for using a CAC. Included was historical information about the development of CACs, followed by an explanation of the research design. The study described the five major reasons front-line LE and CPS investigators use CACs when investigating cases of child abuse: (1) child-friendly environment; (2) referrals, support, assistance with counseling, medical exam; (3) expertise of interviewers at the CAC; (4) formal protocol when a sexual abuse case is investigated; and (5) access to video and audio equipment and two-way mirror. The authors emphasized that while the idea of a child-friendly environment seems deceptively simple, it is critically important, not only in increasing the comfort level for the victim, but also in promoting self-disclosure and improving the accuracy of the information provided, thereby facilitating the pathway to prosecution.

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

Shelly L. Jackson, PhD, is an Assistant Professor in the Department of Psychiatry and Neurobehavioral Sciences and Director of Grants and Program Development at the Institute of Law, Psychiatry and Public Policy at the University of Virginia. She holds a doctorate in developmental psychology and completed a National Institute of Mental Health Postdoctoral Fellowship in Law and Psychology. She developed *A Resource for Evaluating Child Advocacy Centers* while a Fellow at the National Institute of Justice. Her work over the past 13 years has focused on family violence.

The author's purpose was to assess how different Children's Advocacy Centers implemented eight of the NCA standards, including Child Friendly Facility and Child Investigative Interview. Participants in the study included 117 CAC, directors, 71 of whom complied with NCA standards. The participants came from most of the 50 states, and were affiliated with CAC's of various sizes and which served diverse ethnic groups. A semi-structured telephone interview of the participants was conducted. However, while all of the CAC member directors and 89% of

the non-CAC directors felt their facility was child-friendly, over half (52%) of the directors from each group felt their waiting rooms and/or play areas were geared towards younger children. The remaining directors felt their waiting rooms and/or play areas were appropriate for all ages of children and adolescents. 83% of CAC members and 87% of nonmember centers had one interviewer who interviewed the victims at their center, while other members of the multidisciplinary team actively observed the interview and had the opportunity to communicate with the interviewer. The author noted that the two primary limitations of this study were that specific criteria for accessing adherence to the NCA standards were not utilized and no visits were made to the participating centers. The responses obtained to the survey were purely based on the perspectives of the directors interviewed. Variability of the centers to conform to the needs of the community was noted, and the call for more extensive evaluation of the CAC model was made.

Cashmore, J. (2002). Innovative procedures for child witnesses. In H. L. Westcott, G. M. Davies, G. M. & H. R. Bull, (Eds.), *Childrens' Testimony* (pp. 203-217). New York: John Wiley & Sons.

Judy Cashmore holds a PhD in Developmental Psychology and is an Associate Professor at the University of Sydney Law School in Australia. She has considerable research experience in relation to children's involvement in legal proceedings and other processes in which decisions are made about children's care, protection, and guardianship, with a particular focus on children's perceptions of the process and the implications for social policy.

The author began the chapter with a brief overview of the changes in investigative and court procedures that have occurred to better accommodate the needs of child witnesses while still protecting the rights of the accused over the last two decades. These fall under three categories: modifications to the court environment to alleviate the main stressors for children in court, empowering children by preparing them for the court experience, and increasing the skills of the professionals involved in the investigative and court process. The focus of the chapter was on the use of video-technology which allows children's evidence to be recorded beforehand or to be transmitted real-time from another place (CCT or live-link). Children often report that their greatest concern in testifying is facing the accused. The author reviewed research studies which examined whether video technology reduces the stress on the child and improves and preserves the quality and completeness of the child's evidence. Experimental and court simulation studies as well as court observation and evaluation studies were described. The effects of video-technology on jurors' perceptions, reliability of the evidence, and the legal process were discussed. The author proposed that one of the main benefits of video-technology with regards to the children involved is that it allows for therapeutic intervention to begin sooner, without

concern for contamination of evidence. She noted that video-technology is not the panacea some had hoped for and calls on additional education for lawyers and judges so that may be sensitive to the linguistic and power differences regarding child witnesses.

Merriman, E., Corwin, P., & Ikram, R. (2002). Toys are a potential source of cross-infection in general practitioners' waiting rooms. *British Journal of General Practice*, 52(475), 138-140.

When this article was written, each of the authors was affiliated with Christchurch School of Medicine, New Zealand. Eileen Merriman was a medical student and Rosemary Ikram was a clinical lecturer. Paul Corwin was also senior lecturer, Department of Public Health and General Practice.

No research existed in the literature which examined the cleanliness of toys in Children's Advocacy Centers. However, this study compared the bacteriology of toys and the potential for cross-infection in General Practitioners' waiting rooms, a day-care centre, and a public library. Hard toys were found to be less contaminated, easier to clean, and did not recontaminate as rapidly as soft toys. Hard toys could be effectively decontaminated by cleaning and then soaking them in a hypochlorite (2.5 g/l) solution for one hour. Bacterial counts remained high even after machine washing and drying of soft toys. Since the threat for potential pathogens found on soft toys is difficult to eliminate, the authors recommend that soft toys are unsuitable for doctors' waiting rooms.

United States National Center on Child Abuse and Neglect, & Wasserman, E. B. (2000). *Confidentiality issues and victim advocacy in Indian country*. Native American topic-specific monograph series. Washington, D.C: U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime.

Eidell Wasserman, PhD, is a clinical psychologist who works in the areas of child abuse and domestic violence with victim assistance programs in Indian Country and has received awards from the Department of Justice for her service to victims of crime in Indian Country. In 1988, she developed an on-reservation treatment program for sexual abuse victims on the Hopi reservation in Arizona.

The author points out the difficulty of maintaining confidentiality in small reservation communities when "everyone know everyone else" and when numerous agencies are part of the case. She listed the ten interests of children and families in privacy and the seven essential

elements of staff training on confidentiality from the Soler, Shotton, and Bell book *Glass Walls*, which was published in 1993. The author also pointed out the importance of written policies as to what type of information can be shared between agencies and when it can be shared and gives examples of situations where confidentiality comes into play. She also stressed the need for knowledge of CAC's with regards to federal, state, and local laws which deal with confidentiality. Although this article was written about confidentiality issues in Indian Country, it was very relevant for all CAC's, particularly those in small towns or rural areas, since confidentiality and respect for client privacy is of paramount concern in a CAC.