



# **Children's Advocacy Centers—The Literature**

*A Topical Bibliography*

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**Championing and Strengthening the  
Global Response to Child Abuse**

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## Scope

This bibliography lists publications pertaining to Children’s Advocacy Centers (CACs) and similar organizations founded upon the core CAC model. It also includes publications produced in conjunction with CACs, such as research that took place in CACs or involved CAC personnel. News items and media reports, publicity and promotional materials, brief fact sheets prepared by CACs, and government reports that may include mention of CACs are omitted.

## Organization

This bibliography is divided into nine major sections, as listed in the Table of Contents. Publications that may be suitable for more than one topic were entered only once, placed in the section deemed most appropriate. Within each section, publications are arranged in date descending order and include articles, book chapters, reports, and research briefs. Links are provided to full text publications when possible. However, this collection may not be complete. More information can be obtained in CALiO™, the Child Abuse Library Online.

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## Table of Contents

Caregivers and Families.....	5
CAC Management, Evaluation and Efficacy .....	35
Forensic Interviewing .....	60
History and Work of CACs and the MDT Model .....	79
Investigation and Prosecution .....	105
Medical.....	122
Mental Health and Treatment .....	141
Victims and Advocates/Prevention .....	190
Secondary Traumatic Stress.....	207

# Children's Advocacy Centers–The Literature

## A Bibliography

### **Caregivers and Families**

Jouriles, E. N., Sitton, M. J., Chan, R. Y., Reedy, M., & McDonald, R. (2026). Caregiver emotional support, optimism, and trauma symptoms among adolescents waiting for treatment after disclosing sexual abuse. *Psychological Trauma: Theory, Research, Practice, and Policy*. DOI:10.1037/tra0002123

It is common for adolescents who recently disclosed sexual abuse to report significant levels of trauma symptoms. Many experience improvement in these symptoms shortly thereafter, even without formal intervention, but little is known about why this happens. This study examines whether adolescent perceptions of caregiver emotional support and adolescent optimism relate to trauma symptoms among adolescents who are on a wait-list for treatment after having disclosed sexual abuse. Participants were 223 adolescents who experienced sexual abuse (98% female; Mage = 13.49 years; 52.9% identified as Hispanic/Latine). All participated in a screening assessment at a Children's Advocacy Center and were then placed on a wait-list for treatment. Adolescents reported on caregiver emotional support, optimism, and trauma symptoms at the screening assessment (T1). They reported on trauma symptoms again prior to the initiation of treatment (T2). Caregiver emotional support was positively related to adolescent optimism ( $r = .25, p < .001$ ). In a regression analysis, after controlling for T1 trauma symptoms, adolescent age and sex, and time on wait-list, adolescent optimism was related to T2 trauma symptoms,  $\beta = -.15, t(217) = -2.65, p = .009$ ; caregiver emotional support was not. Understanding adolescent optimism among adolescents who have been sexually abused may have predictive value and implications for interventions for youth who are reporting trauma symptoms after experiencing sexual abuse.

Bayrak, N. G., Emirza, E. G., & Uzun, S. (2025). Investigation of perceived parental attitude in children exposed to sexual abuse: A case-control study. *International Journal of Social Psychiatry, 71*(1), 138-148. DOI:10.1177/00207640241284973

The enduring impact of children being subjected to sexual abuse is characterized by lasting traumatic effects. This study aims to assess the influence of perceived parental attitudes on the incidence of sexual abuse in children who have experienced such abuse, comparing them with a control group. The research took place at the Child Advocacy Center (CAC) & pediatric outpatient clinics of a hospital in northern Turkey. The study evaluated 101 children who were exposed to sexual abuse and 100 children who were not. Data collection took place from November 2022 to August 2023. The study employed a 'Descriptive Information Form' & the 'Parental Attitude Scale' for both groups. The t-test for independent samples, descriptive statistics, & logistic regression analysis were used for data analysis. Analysis of scores from the Parental Attitude Scale revealed significantly lower mean scores in acceptance-involvement & strictness-supervision in the case group. The mean scores for 'acceptance-involvement' were highest in the case & control groups. Neglectful attitude was more prevalent in the case group, while the control group exhibited a higher frequency of democratic attitude. In terms of predictors, acceptance-involvement (OR = 1.091,  $p = .005$ ) and maternal employment (OR = 4.410,  $p < .001$ ) were identified as the most significant predictors of exposed to sexual abuse. The study's Cronbach's alpha value for the scale was  $\alpha = .743$ . The study's findings on parental attitudes suggest a potential connection between children's exposure to sexual abuse & inadequate parental acceptance, involvement, supervision, and control.

Rancher, C., McDonald, R., Cook, K., & Jouriles, E. N. (2025). Randomized controlled pilot trial: Project support positive parenting module following sexual abuse. *Research on Social Work Practice, 35*(5), 475-486. DOI:10.1177/10497315231212195

Support from a nonoffending caregiver can play a critical role in helping children recover from sexual abuse. However, many caregivers lack the skills to effectively support their

child during the aftermath of a sexual abuse disclosure. This randomized controlled pilot trial examined a brief parenting intervention (Project Support Positive Parenting module) delivered by paraprofessionals to families waiting for intensive, trauma-focused therapy at a children's advocacy center. After a pretreatment assessment, 21 families were randomized to the intervention or a treatment-as-usual control group. Families also completed a posttreatment assessment. Caregivers who received the Project Support module reported improved caregiver support and parenting self-efficacy, and their families were more likely to engage in trauma-focused therapy. Caregivers and service providers reported high levels of satisfaction with the program. Although the results should be interpreted as preliminary, they offer promising evidence for brief parenting programs following a sexual abuse disclosure.

Jouriles, E. N., Sitton, M. J., Rancher, C., Jackson, M., & McDonald, R. (2023). Associations of caregiver-adolescent conflict and caregiver emotional support with adolescent trauma symptoms and adjustment after sexual abuse. *Child Abuse & Neglect*, 146, 106488. DOI:10.1016/j.chiabu.2023.106488

Emotional support from a caregiver is believed to be important for reducing the likelihood of adolescent trauma symptoms & adjustment problems after sexual abuse. Conflict with a caregiver, is very common during adolescence, but little is known about how it might operate in tandem with emotional support to influence adolescent trauma symptoms & adjustment after sexual abuse. To better understand how caregiver emotional support & caregiver-adolescent conflict jointly contribute to adolescent trauma symptoms & adjustment after sexual abuse, 477 adolescents and their non-offending caregivers presenting at a children's advocacy center were evaluated. Adolescents completed measures of caregiver-adolescent conflict, caregiver emotional support, and their own trauma symptoms & adjustment. Caregivers completed an adolescent adjustment measure. Caregiver emotional support & caregiver-adolescent conflict each correlated in the expected direction with adolescent trauma symptoms adjustment. Regression

analyses, which simultaneously considered conflict and support, indicated that conflict related to adolescent trauma symptoms & each of the measures of adolescent adjustment, whereas caregiver emotional support contributed to caregiver reports of adolescent adjustment. Caregiver-adolescent conflict did not moderate any of the relations between caregiver emotional support & adolescent trauma symptoms or adjustment.

Mitchell, M., Lundy, L., & Hill, L. (2023). [Children's human rights to 'Participation' and 'Protection': Rethinking the relationship using Barnahus as a case example](#). *Child Abuse Review*, 32(6), e2820. DOI:10.1002/car.2820

The relationship between children's human rights to protection and to what is commonly referred to as 'participation' has received significant attention, with many scholars critiquing the purported tension between the two approaches & demonstrating how child participation should be a core feature of child protection. Less attention has been paid to the converse and, we argue, essential precursor of participatory protection practice—the significance of the child's right to be protected from harm as a means to ensuring successful child participation. Drawing on the example of the multidisciplinary Barnahus model, this article explores the multifaceted relationship between participation and protection, suggesting that there needs to be greater acknowledgement of the role of collective child participation in delivering the conditions where individual children who have witnessed or experienced violence feel and are safe to express themselves.

Newman, A., Tener, D., Evans, E. H., Katz, C., Lusky-Weisrose, E., & Nadan, Y. (2023). Not a happy story. A love story: Professional perceptions of love in families with child sexual abuse in two US mid-Atlantic Child Advocacy Centers. *Child Abuse & Neglect*, 137, 106032. DOI:10.1016/j.chiabu.2023.106032

Although research on child sexual abuse (CSA) has greatly evolved, studies revealing survivors' conflicting feelings towards their perpetrators and family members are scarce.

Professionals' perceptions of love in intrafamilial CSA are often overlooked. The current study examined the perceptions of professionals working on CSA multidisciplinary teams (MDT). The research questions were: (1) How do professionals define love in families with CSA? (2) What are professionals' perceptions of parental love in families with CSA? (3) What are professionals' perceptions of love from the abused child towards their parents and siblings? (4) What are the differences between professionals' perceptions of love and those of the families they serve, and how do professionals deal with these different perceptions during interventions? Five focus groups with a total of 34 child advocacy center (CAC) and MDT professionals from two CACs in the US mid-Atlantic region were conducted virtually and analyzed using a thematic approach. The findings indicated that professionals recognized parental love at the center of familial child sexual abuse (FCSA) cases and its range from benevolent and healthy to maladaptive, offensive love. Professionals also recognized the mechanisms enabling children's love for both offending and non-offending parents and complex expressions of love between siblings, even when one sibling sexually abused another. This study highlights the importance of promoting discourse on love in cases of intrafamilial CSA. Recognizing and embracing the complexity of love bonds may empower the abused child and support their need to believe in their parents' love.

Öncü, T., & Uslu, N. (2023). The effect of the covid-19 pandemic on applications to the children's advocacy center. *Journal of Awareness, 8*(2), 123-134.  
DOI:10.26809/joa.2022

The purpose of the study is to determine and compare the characteristics of child sexual abuse (CSA) cases who applied to the children's advocacy center (CAC) before and during the pandemic. The population and sample of this descriptive, retrospective study consists of the files of children who came to Burdur CAC for CSA between April 1, 2019-March 31, 2020 and April 1, 2020-March 31, 2021. A total of 171 files were examined in study. Data were collected using the Data Collection Form developed by the researchers.

Descriptive statistics, Chi-square test, Man Whitney U and Bonferroni tests were used for the analysis of the data. Prior to the study, permission was obtained from the Ministry of Health, Provincial Health Directorate, and Ethics Committee. The results showed that that 113 out of 171 children came to CAC before pandemic, and the number of children who came to CAC decreased during the pandemic. It was found that 60.8% of children were exposed to non-penetrative sexual abuse, and the number of sexual abuse decreased during pandemic process compared to pre-pandemic period. Regarding the characteristics of perpetrators; mean age was  $32.6 \pm 16.1$  years and 98.8% of them were males. It was also found that both before and during pandemic, children were mostly abused by their friends/lovers, and most of the abuse took place in home of the perpetrator. Those who reported abuse before and during pandemic were found to demonstrate statistically significant differences. Most of the notifications were found to be made by teachers before pandemic, while number of teachers' notifications decreased during pandemic process, and the most notifications were made by mothers and fathers. In the future, it is recommended to carry out studies to determine types of CSA faced by children in digital environments before, during and after pandemic.

Letson, M. M., Brink, F. W., Daniels, A., Thompson, S., Wolf, K. G., & Michaels, N. L. (2022). [Implementation of SEEK in a Children's Advocacy Center: A Process Improvement Initiative](#). *Pediatric Quality & Safety*, 7(4), e573.  
DOI:10.1097/pq9.0000000000000573

Risk factors for child maltreatment are well-described, but clinicians may overlook these risk factors. The Safe Environment for Every Kid (SEEK) model is an evidence-based approach to identifying psychosocial risk factors for child maltreatment. This article describes a quality improvement initiative to implement the SEEK model in a unique pediatric setting, a Children's Advocacy Center. The objectives were to (1) describe the identification of psychosocial risk factors for child maltreatment by implementing the SEEK screening tool with each new family, (2) achieve and sustain a SEEK completion rate

of greater than 85%, and (3) achieve and sustain a SEEK follow-up compliance rate of greater than 75%. Structured quality improvement methods, including several plan-do-study-act cycles, were used to implement interventions. The percentage of caregivers who completed the SEEK questionnaire increased from a baseline of 76% to 86%, which was sustained for more than 2 years, resulting in a better understanding and support of families' needs. Caregivers completed 3,606 SEEK Parent Questionnaire-R. Mental health concerns and food insecurity were among the most commonly endorsed items. Follow-up compliance increased from 47% to 90%, a level that has been maintained. While Children's Advocacy Centers evaluate children with suspected abuse, identifying current stressors in the home and linking families with resources to address their immediate psychosocial concerns can improve short- and long-term outcomes. This initiative demonstrates the feasibility of incorporating consistent screening for psychosocial risk factors for child maltreatment in this busy environment.

Massiot, L., Launay, E., Fleury, J., Poullaouec, C., Lemesle, M., Gras-le Guen, C., & Vabres, N. (2022). [Impact of COVID-19 pandemic on child abuse and neglect: A cross-sectional study in a French Child Advocacy Center](#). *Child Abuse & Neglect*, 130(Part1), 105443. DOI:10.1016/j.chiabu.2021.105443

This study aimed to describe the impact of the first COVID-19 lockdown in France on the activity of a Child Advocacy Center. This cross-sectional, observational study included all children involved in the activity of the CAC during the first lockdown, from March 16 to May 10, 2020 and the next 3 months and the corresponding periods in 2018 and 2019. Cases were considered severe when a hospitalization, social alert and/or judicial report to the prosecutor was decided. Data for 1583 children were analyzed. During the lockdown, the global center activity decreased with 26.4 consultations per 100.000 children in 2018, 46 in 2019 and 20.7 in 2020 ( $p < 0.001$ ). Judicial activity decreased (forensic examinations and child forensic interview recordings), whereas assessment consultations increased. Cases were more severe during the lockdown than in 2019 and 2018 (12.3, 9.4 and 6.04/100.000

children, respectively,  $p < 0.0001$ ). The global activity of the center increased in the 3 months after the lockdown as compared with during the lockdown (38.2/100.000 versus 20.7/100.000, respectively,  $p < 0.001$ ) but did not differ from activity in 2018 and 2019. Severe cases were more frequent in the 3 months after the lockdown than the previous years (13.7/100.000 in 2020, 9.62 in 2019 and 8.17 in 2018,  $p = 0.0002$ ). The CAC activity decreased during the lockdown in France but the increase in incidence of severe abuse cases during the lockdown and the next 3 months confirm the need for optimal screening, care and support of child abuse and neglect victims even in the context of health crisis.

Pallansch, J., Milam, C., Ham, K., Morgan, P., Manning, J., Salzman, J., Kopec, K., & Lewis, M. (2022). [Intimate partner violence, sexual assault, and child abuse resource utilization during COVID-19](#). *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*, 23(4). DOI:10.5811/westjem.2022.4.55582

Key measures in preventing spread of the virus that causes coronavirus disease 2019 (COVID-19) are social distancing and stay-at-home mandates. These measures along with other stressors have the potential to increase incidences of intimate partner violence (IPV), sexual assault, and child maltreatment. We performed a retrospective review of county police dispatches, emergency department (ED) visits, Sexual Assault Nurse Examiner (SANE) consults, Domestic Violence Healthcare Project (DVHP) team consults, and Child Protection Team consults at a large, tertiary, Level I trauma center. We queried International Classification of Diseases Revision 10 codes most specific to IPV, sexual assault, and child maltreatment from March–October 2020 compared to 2019. Similarly, the number of consults performed by SANE, DVHP, and our Child Protection Team were collected. We compared all ED visits and consultations to total ED visits for the reviewed time period. Finally, the total number of calls and referrals to a child advocacy center and resource call line for victims were recorded during this timeframe. Police dispatches for IPV-related assaults increased by 266 reports from 2019 to 2020. Emergency department visits related to IPV increased from 0.11% of visits in 2019 to 0.15% in 2020, and DVHP consults

increased from 0.31% in 2019 to 0.48% in 2020 of ED visits in the first three months. Child maltreatment visits increased from 0.47% of visits in 2019 to 0.81% of visits in 2020, and a higher percentage of patients required Child Protection team consults from 1% in 2019 to 1.6% in 2020. Sexual assault-related visits and SANE consults both showed a small increase that was not statistically significant. Fewer calls and referrals were made to our child advocacy center and resource call line, decreasing by 99 referrals and 252 calls, respectively. Despite decreased ED volumes throughout the pandemic, we observed an increase in police dispatches, ED visits, and utilization of hospital consult services related to IPV and child maltreatment following the initiation of stay-at-home orders. However, use of community resources, such as the local child advocacy center, declined.

Rancher, C., Smith, D. W., Orengo-Aguayo, R., Jackson, M., & Jouriles, E. N. (2022).

[Measurement invariance of caregiver support following sexual abuse across age, relationship, and English-Spanish language](https://doi.org/10.1016/j.chiabu.2022.105488). *Child Abuse & Neglect*, 125, 105488. DOI:10.1016/j.chiabu.2022.105488

The Maternal Self-report Support Questionnaire (MSSQ) is among the most rigorously evaluated measures of caregiver support following child sexual abuse, but there is a paucity of data on the factor structure and variance of the MSSQ across diverse groups of caregivers and their children. The present study examined the factor structure and measurement invariance of the MSSQ across 386 non-offending caregivers following a disclosure of child sexual abuse. Data were collected from non-offending caregivers at two Child Advocacy Centers ( $n = 277$ ;  $n = 109$ ) in the United States. Caregivers completed the MSSQ and assessments of child age, caregiver-child relationship, and caregiver preferred language. Confirmatory factor analyses replicated the original two-factor structure, with the emotional support and blame/doubt subscales emerging as distinct factors. Multigroup confirmatory factor analyses showed measurement invariance across child age and caregiver-child relationship (mother vs. another caregiver). Evidence of partial invariance was found for caregiver preferred language. Comparisons

of scores indicated caregiver support varied by child age and caregiver preferred language. Overall, findings suggest the MSSQ can be used to measure caregiver support across caregivers with children of different ages and both mothers and non-mothers, but caution should be practiced in interpreting mean-level differences between English- and Spanish-speaking caregivers.

Rancher, C. (2021). [\*Caregiver-child communication following child sexual abuse: A pilot trial of a project support module\*](#) (Publication No. 30) [Doctoral dissertation, Southern Methodist University]. Creative Commons.

Support from a nonoffending caregiver can play a critical role in helping children recover from sexual abuse. Unfortunately, many caregivers lack the skills to effectively support their child or struggle to use their skills during the chaotic aftermath of sexual abuse disclosure. The few studies evaluating interventions designed for nonoffending caregivers suggest existing programs are lengthy and can require extensive resources to administer. This pilot study examined the efficacy, feasibility, and acceptability of a brief parenting intervention (Project Support module) among a sample of nonoffending caregivers and their children. Participants were 21 nonoffending caregivers (81% mothers) and their children (aged 5-11 years) recruited from a children's advocacy center. Assessments were completed at baseline and post-intervention. Families were randomized to either the Project Support module or a treatment-as-usual control group. Results indicate caregivers who received the Project Support module reported improved caregiver support and parenting self-efficacy, and children reported lower levels of dismissive parenting. Caregivers reported high levels of acceptability and satisfaction with the program. Although the results should be interpreted with caution, these pilot findings offer some promising support for future, larger evaluations of brief parenting programs for nonoffending caregivers.

Alşen Güney, S., Bağ, Ö., Kaya, H., & Arier Arısın, S. (2020). How do childhood and parental anxiety features affect the consequences of child sexual abuse?. *Journal of Child Sexual Abuse*, 29(4), 413–431. DOI:10.1080/10538712.2019.1709243

The purpose of the study was to investigate the anxiety features of children who experience child sexual abuse (CSA) and their parents, along with the features and consequences of sexual abuse in the environment of Child Advocacy Centers (CAC). The sample of this study comprised 150 children affected by CSA and one of their parents who were admitted to İzmir CAC between June 2016 and November 2016. The children—age range 9 to 13 years—and one of their parents were asked to complete the State-Trait Anxiety Inventory separately. The children also completed the Childhood Anxiety Sensitivity Index (CASI). During psychiatric evaluations of the children, sociodemographic characteristics and features of sexual abuse were noted and all psychiatric conditions were examined. The statistical analyses yielded significant correlations between the STAI scores of the parents and STAI-C and CASI scores of the children. There were statistically significant differences between the CASI scores, STAI-C subscale scores, and STAI subscale scores according to some variables of CSA along with their psychiatric diagnosis. Our findings showed that having higher anxiety sensitivity and trait anxiety levels and having parents with higher trait anxiety might be considered as risk factors for being diagnosed as having a psychiatric disorder due to CSA.

Elfreich, M. R., Stevenson, M. C., Sisson, C., Winstead, A. P., & Parmenter, K. M. (2020). Sexual abuse disclosure mediates the effect of an abuse prevention program on substantiation. *Child Maltreatment*, 25(2), 215–223. DOI:10.1177/1077559519874884

Although abuse prevention programs have proliferated, little research has explored the direct effects of such programs on actual child sexual abuse disclosure rates, and no research has explored the effects of such programs on child sexual abuse substantiation. Employing a quasi-experimental design, the present research reflects an exploration of the effects of exposure to the Think First and Stay Safe™ abuse prevention program on

abuse disclosure rates of 319 children who underwent a child forensic interview within 2015–2018 in a Midwestern child advocacy center. Supporting our mediational hypotheses, children exposed (vs. not exposed) to the Think First and Stay Safe™ program were significantly more likely to disclose abuse during the forensic interview, which in turn predicted significantly increased abuse substantiation likelihood.

Fong, H. F., Bennett, C. E., Mondestin, V., Scribano, P. V., Mollen, C., & Wood, J. N. (2020). The impact of child sexual abuse discovery on caregivers and families: A qualitative study. *Journal of Interpersonal Violence, 35*(21–22), 4189–4215.  
DOI:10.1177/0886260517714437

In this qualitative study with nonoffending caregivers of suspected child sexual abuse victims, we aimed to explore the perceived impact of sexual abuse discovery on caregivers & their families, and caregivers' attitudes about mental health services for themselves. We conducted semistructured, in-person interviews with 22 nonoffending caregivers of suspected sexual abuse victims <13 years old seen at a child advocacy center in Philadelphia. Interviews were audio-recorded, transcribed, coded, and analyzed using modified grounded theory. Recruitment continued until thematic saturation was reached. We found that caregivers experienced significant emotional & psychological distress, characterized by anger, depressed mood, and guilt, after learning that their child may have been sexually abused. We identified four specific sources of caregiver distress: concerns about their child, negative beliefs about their parenting abilities, family members' actions & behaviors, and memories of their own maltreatment experiences. Some caregivers described worsening family relationships after discovery of their child's sexual abuse, while others reported increased family cohesion. Finally, we found that most caregivers in this study believed that mental health services for themselves were necessary or beneficial to help them cope with the impact of their child's sexual abuse. These results highlight the need for professionals working with families affected by sexual abuse to assess the emotional and psychological needs of nonoffending caregivers and

offer mental health services. Helping caregivers link to mental health services, tailored to their unique needs after sexual abuse discovery, may be an acceptable strategy to improve caregiver and child outcomes after sexual abuse.

Gower, T., Rancher, C., Campbell, J., Mahoney, A., Jackson, M., McDonald, R., & Jouriles, E. N. (2020). Caregiver and divine support: Associations with resilience among adolescents following disclosure of sexual abuse. *Child Abuse & Neglect, 109*, 104681. DOI:10.1016/j.chiabu.2020.104681

Social support is believed to be important for fostering adolescent resilience following sexual abuse. Caregiver support is often examined as a source of support for adolescents, but divine support (support from God or a higher power) has received scant research attention. This study examines relations of caregiver & divine support with resilience following adolescent sexual abuse. Participants were 548 adolescents (Mage = 13.78; 91% female) and their non-offending caregivers (Mage = 39.68; 79% mothers). Families were recruited from a children's advocacy center located in the southern United States following a disclosure of sexual abuse. Adolescents completed measures of caregiver & divine support and their social and academic functioning; caregivers & adolescents reported on adolescent psychological functioning. Resilience was operationalized as the absence of clinical levels of psychological symptoms together with the presence of adaptive levels of social & academic functioning. Both caregiver support & divine support were positively associated with resilience. Considered together in regression analyses, caregiver support & divine support were also associated with resilience. Clinicians and researchers should consider the potential contribution of caregiver and divine support to adolescent resilience following sexual abuse.

Hornor, G., Sherfield, J., & Tscholl, J. (2020). Teen knowledge of commercial sexual exploitation of children. *Journal of Pediatric Health Care*, 34(3), 239–245.  
DOI:10.1016/j.pedhc.2019.11.006

The commercial sexual exploitation of children (CSEC) is a pediatric health care problem with significant physical & mental health consequences for victims, even death. Although there exists community-wide collaborations in the United States to address professional response to CSEC, these efforts often have a limited capacity to reach adolescents and involve them in CSEC prevention. As part of a prevention strategy, the National Institute of Justice recommends educating youth about CSEC and exploiters' recruitment tactics. Despite this recommendation, little is known regarding American youth knowledge of CSEC. A descriptive research design was used for this study. Adolescents, male & female, presenting to a high-volume urban pediatric hospital-based Midwestern Child Advocacy Center (CAC) due to concerns for alleged sexual abuse were invited to participate in the study by answering a self-administered electronic questionnaire. This questionnaire explores the participants' knowledge, awareness, & attitudes about CSEC, in addition to collecting demographic data, such as participant age, gender identity, grade, school district, & school. During the 6-month study period, 286 CAC patients were eligible to participate in the study. Nearly all participants (n = 217; 97%) agreed that pimping is wrong. While the majority of participants indicated an awareness of human trafficking (n = 198; 94%) and sex trafficking (n = 193; 87%); just (n = 91; 41%) had heard of labor trafficking. Fewer participants (n = 55; 25%) identified that a doctor, nurse, or other health care provider had ever spoken with them about sex trafficking. Study participants overwhelmingly conveyed negative attitudes toward CSEC. Participating adolescents indicated a significantly higher awareness of sex trafficking (87%) versus labor trafficking (10%). Sex trafficking receives more attention in the media than labor trafficking. Given that study participants indicated hearing about trafficking primarily from the media (74%) and family/friends, this may explain the deficit in labor trafficking awareness. Although study participants demonstrated mostly accurate baseline knowledge of CSEC, that knowledge was not universal.

Yüksel, F., & Koçtürk, N. (2020). Child sexual abuse in preschool age: Victims, perpetrators and familial risk factors. *Children and Youth Services Review, 117*, 105297. DOI:10.1016/j.childyouth.2020.105297

Child sexual abuse (CSA) causes several psychological problems in preschool children and affects their lives. However, in the literature, much of that research is focused primarily on the impacts of CSA on school & adolescent aged children, and researchers are left with a gap in knowledge regarding the preschool-aged victims. In this study, the characteristics of 205 preschool-aged victims who were referred to the Child Advocacy Center within five years were analyzed retrospectively. Data were analyzed by using descriptive statistics & the chi-square test. SPSS 23.0 statistical program was used for the analysis. According to the research findings, the victims who were determined to be subject to CSA under the age of 7 were 5.98% (n = 205). While 86.3% (n = 177) of preschool-aged children had no penetration, it was detected that 13.7% (n = 28) had penetration. It was also found that boys (n = 17, 23.3%) were more exposed to penetration than girls (n = 11, 8.3%;  $\chi^2(1, N = 205) = 8.914, p = .003$ ). Of the perpetrators, 4.2% (n = 7) were female, 2 of whom helped the male perpetrator for CSA while the other 5 sexually abused the children on their own. According to the information obtained from the Family Interview Form, at least one familial risk factor for child abuse/neglect was found in 58% of the victims. As a result, much information about the characteristics of individuals & families of the sexually abused preschool-aged children and the nature of CSA events were obtained with this sample in large numbers. It may be thought that certain familial features may increase the risk of CSA for school-aged children.

Katz, C., Glucklich, T., Piller, S., & Matty, D. E. (2019). Between chaos and danger: Spotlighting social workers' views in cases of child maltreatment accusations in the context of high-intensity parental disputes. *Children and Youth Services Review, 107*, 104497. DOI:10.1016/j.childyouth.2019.104497

The issue of child maltreatment accusations being leveled against a backdrop of high-intensity parental dispute, in the context of parental separation, is a worrisome

phenomenon. The current study was designed to spotlight this phenomenon from the perspectives of social workers working in a child advocacy center (CAC) in Israel, and focused on in-depth analyses of 95 cases of children who arrived there. More specifically, the research questions were targeted towards mapping and characterizing the alleged maltreatment and characterizing the practitioners' encounters with both the children and the parents. The analyses revealed two main themes – “chaos” and “danger” – which illustrate the impact of the intersection between maltreatment accusations and high-intensity parental disputes, in the context of parental separation, on both children and parents. These themes reflect the enormous challenges for social workers working in this context, and emphasize the need to advance knowledge and develop appropriate practitioner training programs. The current study also calls for policymakers to recognize this phenomenon as one requiring definition and attention so that resources can be better allocated for prevention and intervention efforts.

McCarthy, A., Cyr, M., Fernet, M., & Hébert, M. (2019). [Maternal emotional support following the disclosure of child sexual abuse: A qualitative study](#). *Journal of Child Sexual Abuse, 28*(3), 259–279. DOI:10.1080/10538712.2018.1534919

Non-offending caregiver (NOC) support has long been considered one of the most important protective factors in facilitating better child and adult adjustment following the disclosure of child sexual abuse (CSA). However, recent findings have led authors to conclude that NOC support has yet to be properly conceptualized and operationalized within the CSA literature. Emotional support is one dimension that has consistently emerged in recent studies attempting to reconceptualize NOC support, but which also requires further theoretical investigation. This study interviewed 22 mothers about their experience and provision of emotional support following the disclosure of CSA. Data was analyzed using a method inspired by grounded theory. Mothers reported feeling initially overwhelmed and lost about how to emotionally support their child, but described an improvement in their capacities following therapy with their child. Furthermore, three

overarching categories emerged outlining maternal emotional support strategies, each serving a specific emotional function: 1) elaborating, which encouraged children to talk about their experience following CSA, 2) soothing, which attempted to comfort children's distress, and 3) orienting, which attempted to guide children's recovery process. Implications are discussed for offering improved and more rapid clinical services for NOCs following the disclosure of CSA, as well as future development in the operationalization of NOC emotional support.

Saewyc, E. M., O'Brien, J. R. G., Miller, K. K., & Edinburg, L. D. (2019). The links between sexual abuse severity, running away, and parental connectedness among youth at a hospital-based child advocacy center. *Journal of Adolescent Health, 65*(3), 378–383. DOI:10.1016/j.jadohealth.2019.04.027

Runaway adolescents often have strained relationships with their parents. Given parental support is an important protective resource for traumatized young people, understanding differences in support within parent-adolescent relationships could aid in designing more effective interventions. We hypothesized (1) runaway adolescents seen at a Child Advocacy Center (CAC) would have poorer parental relationships than adolescents without a history of running away and (2) severity of diagnosed sexual violence would be associated with lower parental connectedness. Data were from 2,042 adolescents aged 10–19 years and their parents evaluated for any reason at our hospital-based CAC from 2008 to 2017. Parent-adolescent relationship scales were completed by adolescents and at least one parent/guardian (usually mothers). Sexual abuse was stratified at four levels, higher levels indicating increasingly severe forms of abuse. T-tests and analyses of variance tested relationships between supportive and controlling parental behaviors by runaway status, and, among runaways, by the severity of sexual abuse. Runaway adolescents comprised 58.3% of adolescents seen at the CAC; runaways reported lower parental support and higher parental controlling than patients without a history of running away. Those with the most severe forms of sexual abuse (including

sexual exploitation and gang rape) reported the least supportive and most controlling relationships with parents, as did their parents. Findings support our clinical observations that polyvictimization of adolescents who have spent significant time as runaways may further strain parent–adolescent relationships. Future clinical research should focus on developing interventions to promote parental connectedness after a runaway episode.

Cyr, M., Frappier, J. Y., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. E. (2018). Impact of child sexual abuse disclosure on the health of nonoffending parents: A longitudinal perspective. *Journal of Child Custody, 15*(2), 147–167.  
DOI:10.1080/15379418.2018.1460649

The impact of child sexual abuse (CSA) disclosure on parents' psychological health has been documented among samples of nonoffending parents. Much less is known about the parents' physical health. This study assesses the longitudinal impact of CSA disclosure on both the mental and physical health of parents and explores potential gender differences. Interviews with 92 mothers and 32 fathers were completed approximately 12 months and 18 months following disclosure. Generalized as well as mixed model analyses revealed that mothers reported more psychological distress, Posttraumatic Stress Disorder (PTSD) symptoms and activity limitation than fathers. With the exception of PTSD symptoms which showed a significant reduction over time, all other psychological and physical symptoms persisted. The findings highlight the importance of ensuring services for an extended period for the small proportion of parents who display especially high vulnerability.

Tener, D., Lusky, E., Tarshish, N., & Turjeman, S. (2018). Parental attitudes following disclosure of sibling sexual abuse: A child advocacy center intervention study. *American Journal of Orthopsychiatry, 88*(6), 661–669. DOI:10.1037/ort0000311

Sibling sexual abuse (SSA) represents a range of childhood sexual behaviors that cannot be considered manifestations of age-appropriate curiosity. Despite being the

commonest and longest lasting form of sexual abuse within the family, SSA is the least reported, treated, and researched. This qualitative study is based on a sample of 60 mostly religious Jewish families referred to a child advocacy center (CAC) in Jerusalem from 2010 to 2015. It examines parental attitudes to SSA and their reconstruction, during and after their experience at the CAC. Analysis of case summaries and documented conversations between child protection officers and parents reveals 2 main initial parental attitudes after the disclosure SSA. The first is the attitude that no sexual acts took place at all. The second is that they did occur, with 3 different variations: the sexual acts as “not serious,” as a “rupture in the family’s ideal narrative,” and as “another tragic episode in the family’s tragic life story.” Findings also suggest that the CAC intervention is a turning point, leading most parents to reconstruct their initial attitudes from “never happened” or “not serious” to “rupture in the family image” or to “another negative event in the family.” These findings underscore the need to study the experiences of parents whose children were involved in SSA to inform policy, treatment and research. This is critical, as interventions that are not aligned with family attitudes and needs are known to exacerbate the family crisis.

Children’s Advocacy Centers of Georgia. (2017). *Words of hope and healing: Encouragement and empowerment for survivors of child abuse*. Xlibris.

In this book, Georgia CAC directors have written about hope, encouragement, and empowerment. They have imagined through their writings what it would be like sitting with a child and non-offending caregiver on their final day at the CAC when a child asks: What now? What is my life going to be like? What happens to kids like me who’ve had things like this happen to them? How can I be successful? How can I trust? How can I love? Who cares about me? Or any number of the many questions that have been asked by children over the years.

Smith, D. W., Sawyer, G. K., Heck, N. C., Zajac, K., Solomon, D., Self-Brown, S., Danielson, C. K., & Ralston, M. E. (2017). [Psychometrics of a child report measure of maternal support following disclosure of sexual abuse](#). *Journal of Child Sexual Abuse*, 26(3), 270–287. DOI:10.1080/10538712.2017.1296915

The study examined a new child report measure of maternal support following child sexual abuse. One hundred and forty-six mother-child dyads presenting for a forensic evaluation completed assessments including standardized measures of adjustment. Child participants also responded to 32 items considered for inclusion in a new measure, the Maternal Support Questionnaire-Child Report (MSQ-CR). Exploratory factor analysis of the Maternal Support Questionnaire-Child Report resulted in a three factor, 20-item solution: Emotional Support (9 items), Skeptical Preoccupation (5 items), & Protection/Retaliation (6 items). Each factor demonstrated adequate internal consistency. Construct and concurrent validity of the new measure were supported in comparison to other trauma-specific measures. The Maternal Support Questionnaire-Child Report demonstrated sound psychometric properties. Future research is needed to determine whether the Maternal Support Questionnaire-Child Report provides a more sensitive approximation of maternal support following disclosure of sexual abuse, relative to measures of global parent-child relations and to contextualize discrepancies between mother and child ratings of maternal support.

Simon, V. A., Barnett, D., Smith, E., Mucka, L., & Willis, D. (2017). [Caregivers' abuse stigmatization and their views of mental health treatment following child sexual abuse](#). *Child Abuse & Neglect*, 70, 331–341. DOI:10.1016/j.chiabu.2017.06.024

Many families do not utilize mental health services after the discovery of child sexual abuse (CSA), even when trauma-focused treatments are offered at low or no cost. Non-offending caregivers frequently serve as gatekeepers to youths' treatment, and their reactions to CSA may figure into decisions about treatment engagement. The current study examined caregivers' abuse stigmatization (i.e., self-blame and shame about their children's CSA) and associations with two factors predictive of treatment engagement

(motivation, obstacles). Participants were recruited from a Child Advocacy Center where they received forensic interviews and were offered services following CSA discovery. Participating caregiver-child dyads included 52 non-offending caregivers (83% biological parents) and their children (69% girls;  $M_{age}=10.94$ ,  $SD_{age}= 2.62$ ). Caregiver abuse stigmatization was associated with higher motivation for treatment but also more obstacles to treatment. Further, abuse stigmatization moderated associations between children's PTSD symptoms and perceived obstacles to treatment. Among caregivers experiencing high abuse stigmatization, greater child PTSD symptoms were associated with more obstacles to treatment. Among caregivers experiencing low stigmatization, child PTSD was either associated with fewer treatment obstacles or was unrelated to treatment obstacles. Results highlight the potential significance of reducing parents' abuse stigmatization for increasing mental health service utilization following CSA discovery, especially for more symptomatic youth.

Wamser-Nanney, R. (2017). Maternal support following childhood sexual abuse: Links to parent-reported children's outcomes. *Child Abuse & Neglect*, 67, 44-53.  
DOI:10.1016/j.chiabu.2017.02.023

Maternal support is touted to play a critical role in predicting children's symptom trajectories following sexual abuse disclosure. Yet, a recent meta-analysis indicates that this widely held belief may have limited empirical support. The lack of correspondence between maternal support & children's symptoms may be the result of the limitations of the prior literature including the use of maternal support measures with inadequate psychometric properties. The aim of the present study was to utilize the only published measure with sufficient psychometrics properties, the Maternal Self-Report Support Questionnaire (MSSQ), to determine the relationships between maternal support and demographic & family characteristics, parent-reported children's symptoms, and aspects of the traumatic event in a treatment-seeking sample. The sample included 252 treatment-seeking children & their mothers, who completed the MSSQ and other

measures at pre-treatment. Mothers of older children, White children, and mothers with greater educational attainment reported higher levels of Emotional Support. Single mothers were more likely to report higher levels of Blame/Doubt than married mothers. Characteristics of the traumatic event, such as sexual abuse duration & number of sexual abuse incidents were negatively correlated with Emotional Support. Maternal support was related to relatively few of children's symptoms and was not associated with levels of posttraumatic stress disorder (PTSD) symptoms. Although several demographic and family characteristics may be related to maternal support, it is a relatively weak predictor of children's outcomes.

Cyr, M., Frappier, J. Y., Hébert, M., Tourigny, M., McDuff, P., & Turcotte, M. È. (2016). Psychological and physical health of nonoffending parents after disclosure of sexual abuse of their child. *Journal of Child Sexual Abuse, 25*(7), 757-776.  
DOI:10.1080/10538712.2016.1228726

Disclosure of child sexual abuse can be traumatic for nonoffending parents. Research has shown its impact on mothers' mental health, which includes heightened psychological distress, depression, & post-traumatic stress disorder. Very little is known, however, about its impact on their physical health or on fathers' health. The self-perceived mental and physical health of nonoffending parents after child sexual abuse disclosure was compared to determine gender-related differences in this regard. Interviews were conducted with 109 mothers and 43 fathers of 6- to 13-year-old sexually abused children. Bivariate analyses revealed that a fair proportion of parents reported psychological & physical problems after disclosure. However, proportionally more mothers than fathers reported psychological distress, depression, & use of professional services. Fathers were more likely to resort to health services instead of social services and to use medication for depression. Study findings provide leads for health and social service providers for the development of intervention protocols and referral procedures sensitive to gender issues, and the specific needs of nonoffending parents.

Fong, H. F., Bennett, C. E., Mondestin, V., Scribano, P. V., Mollen, C., & Wood, J. N. (2016). Caregiver perceptions about mental health services after child sexual abuse. *Child Abuse & Neglect, 51*, 284–294. DOI:10.1016/j.chiabu.2015.09.009

The objective of this study was to describe caregiver perceptions about mental health services (MHS) after child sexual abuse (CSA) & to explore factors that affected whether their children received services. We conducted semi-structured, in-person interviews with 22 non-offending caregivers of suspected CSA victims seen at a CAC in Philadelphia. Purposive sampling was used to recruit caregivers who had & had not linked their children to MHS. Guided by the Health Belief Model framework, interviews assessed perceptions about CSA severity, the child's susceptibility for adverse outcomes, the benefits of MHS, and the facilitators & barriers to MHS. Interviews were recorded, transcribed, coded, & analyzed using modified grounded theory. Caregivers expressed strong reactions to CSA and multiple concerns about adverse child outcomes. Most caregivers reported that MHS were generally necessary for children after CSA. Caregivers who had not linked to MHS, however, believed MHS were not necessary for their children, most commonly because they were not exhibiting behavioral symptoms. Caregivers described multiple access barriers to MHS, but caregivers who had not linked reported that they could have overcome these barriers if they believed MHS necessary for their children. Caregivers who had not linked to services also expressed concerns about MHS being re-traumatizing and stigmatizing. Interventions to increase MHS linkage should focus on improving communication with caregivers about the specific benefits of MHS for their children & proactively addressing caregiver concerns about MHS.

Jobe-Shields, L., Swiecicki, C. C., Fritz, D. R., Stinnette, J. S., & Hanson, R. F. (2016). [Posttraumatic stress and depression in the nonoffending caregivers of sexually abused children: Associations with parenting practices](#). *Journal of Child Sexual Abuse, 25*(1), 110–125. DOI:10.1080/10538712.2015.1078867.

Caregiver mental health is a known correlate of parenting practices, and recent research indicated that parental depression following childhood sexual abuse disclosure is

associated with concurrent parenting difficulties. The present study extended this line of research by investigating posttraumatic stress symptoms and depression in a sample of caregivers (N=96) of children who experienced sexual abuse recruited from a Children's Advocacy Center, as well as parenting practices reported by both caregivers and their children (Mean age = 10.79 years, *SD* = 3.29; 79% female). Twenty four percent of caregivers met criteria for presumptive clinical depression, clinically significant posttraumatic stress, or both. Results indicated elevated caregiver-reported inconsistent parenting in the context of clinically significant distress across symptom groups; children reported particularly elevated inconsistent parenting for caregivers with posttraumatic stress only. Caregiver depression was associated with low self-reported positive parenting and caregiver involvement, in addition to self-reported inconsistencies. Directions for future research are offered to further elucidate the relationships between caregiver mental health and parenting practices following childhood sexual abuse.

Bolen, R. M., Dessel, A. B., & Sutter, J. (2015). Parents will be parents: Conceptualizing and measuring nonoffending parent and other caregiver support following disclosure of sexual abuse. *Journal of Aggression, Maltreatment & Trauma, 24*(1), 41-67. DOI:10.1080/10926771.2015.1005267

A gap exists in the literature with regard to the theoretical conceptualization of nonoffending parental and other caregiver (NOC) support of sexually abused children. Measures need to be developed that appropriately capture this construct. The purpose of this article is to present a qualitative study that asked 17 NOCs in different ways how they supported their sexually abused children after the disclosure of the sexual abuse. The multiple different types of support were coded and, using grounded theory, the structure of NOC support emerged from the data. The final structure of NOC support had 8 dimensions, including basic needs, safety and protection, decision making, active parenting, instrumental support, availability, sensitivity to child, and affirmation.

Tobey, T., McAuliff, K., & Rocha, C. (2013). Parental employment status and symptoms of children abused during a recession. *Journal of Child Sexual Abuse, 22*(4), 416-428. DOI:10.1080/10538712.2013.743951

Incidences and severity of child abuse have increased since the start of the recession. This study examined the relationship between employment status and severity of symptoms in children abused during a recession year. Participants included 154 females and 65 males between 2 and 17 years old referred to Dallas Children's Advocacy Center after surviving child sexual abuse, physical abuse, and/or neglect. We found that child abuse survivors whose mothers were unemployed showed higher symptom severity. Larger differences were found when participants were broken down by age, ethnicity, and living situation. Father's employment status did not affect symptom severity probably because many children lived with single mothers. We concluded that child abuse survivors whose mothers are unemployed have increased risk for psychological symptoms.

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. DOI:10.1080/10538712.2010.522495

This study is a case evaluation research report on one Children's Advocacy Center that provides a coordinated response to allegations of child maltreatment, particularly sexual abuse. The data come from a mailed survey of nonoffending caregivers measuring their satisfaction with services provided through the Children's Advocacy Center. The results indicate overall satisfaction with the Children's Advocacy Center; however, they also suggest that the forensic interview may be perceived or experienced as distinct from the ongoing investigative and legal processes. Recommendations are made to better assess nonoffending caregiver satisfaction with Children's Advocacy Center services and to encourage consumer driven service improvement.

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. DOI:10.1177/0886260509334394

Qualitative responses by caregivers ( $n = 203$ ) and youth (aged 8 and older;  $n = 65$ ) about their experiences with sexual abuse investigations were analyzed in conjunction with quantitative ratings of satisfaction. Respondents described mostly high levels of satisfaction, although dissatisfaction was reported with some key aspects of investigations. The features cited as worse than expected by caregivers were the investigators' commitment to prosecuting the alleged offender and the absence of clear and regular communication about the status of the case. The features mentioned most often by caregivers as better than expected were the emotional support and interviewing skills of investigators. Youth focused both praise and criticism on investigators' interviewing skills. There were relatively few complaints by either caregivers or youth about the duration of the investigation, medical exams, lack of services, or failures of interagency communication, areas of considerable reform in the past several decades. Implications for investigator training and reform initiatives are discussed.

Shadoin, A. L., Callins, D., & Magnuson, S. N. (2010). The role of children's advocacy centers in the prevention of child abuse. In K. L. Kaufman (Ed.), *The prevention of sexual violence: A practitioner's sourcebook* (pp. 221-231). Neari Press.

Smith, D. W., Sawyer, G. K., Jones, L. M., Cross, T., McCart, M. R., & Ralston, M. E. (2010). [Mother reports of maternal support following child sexual abuse: Preliminary psychometric Data on the Maternal Self-report Support Questionnaire \(MSSQ\)](#). *Child Abuse & Neglect*, 34(10), 784-792. DOI:10.1016/j.chiabu.2010.02.009

Maternal support is an important factor in predicting outcomes following disclosure of child sexual abuse; however, definition of the construct has been unclear and existing measures of maternal support are utilized inconsistently and have limited psychometric

data. The purpose of this study was to develop a reliable and valid mother-report measure for assessing maternal support following the disclosure of child sexual abuse. Methods: Data from 2 very similar samples of mother-child pairs seeking forensic evaluation following the discovery of child sexual abuse were combined, resulting in a final sample of 246. Results: Exploratory factor analysis resulted in two reliable 7-item factors labeled "Emotional Support" and "Blame/Doubt," each of which had acceptable internal consistency. Analyses with a child-report measure of general maternal support the construct validity of the MSSQ. Concurrent validity analyses revealed unique relations with maternal ratings of child behavior problems and case characteristic data. Conclusions: The study resulted in the development of a brief, easily scored self-report measure of maternal support with reasonable preliminary psychometric properties that could easily be utilized in other studies of sexually abused children. Practice Implications: Adoption of this promising measure in future research will reduce the lack of cross-study measurement comparability that has characterized the maternal support literature to date, increase the feasibility of expanding upon current literature on maternal support, and may produce important information leading to clinical and theoretical innovation.

Thackeray, J. D., Scribano, P. V., & Rhoda, D. (2010). Domestic violence assessments in the child advocacy center. *Child Abuse & Neglect, 34*(3), 172-182.  
DOI:10.1016/j.chiabu.2009.10.002

This study was designed to identify the frequency, methods, and practices of universal assessments for domestic violence (DV) within child advocacy centers (CACs) and determine which factors are associated with CACs that conduct universal DV assessments. The study design was a cross-sectional, web-based survey distributed to executive directors of National Children's Alliance accredited or accreditation-eligible CACs. Responses were received from 323 of 376 eligible CACs (86%). Twenty-nine percent of CAC directors report familiarity with current DV recommendations and 29% require annual education for staff regarding DV. Twenty-nine percent of CACs conduct "universal

assessments” (defined as a CAC that assesses female caregivers for DV more than 75% of the time). The majority of CACs use face-to-face interviews to conduct assessments, often with children, family or friends present. The presence of on-site DV resources (OR = 2.85, CI 1.25–6.50) and an annual DV educational requirement (OR = 2.88, CI 1.31–6.32) are associated with assessment of female caregivers. The presence of on-site DV resources (OR = 3.97, CI 2.21–7.14) is associated with universal assessments. Many CAC directors are not aware of current DV recommendations and do not require annual DV training for staff. Less than one-third of CACs practice universal assessments and those that do often conduct DV assessments with methods and environments shown to be less comforting for the patient and less effective in victim identification. CACs are more likely to assess female caregivers if they have co-located DV resources and they require DV training of their staff. CACs are more likely to universally screen for DV if they have co-located DV resources. The presence of DV in the home has significant potential to negatively impact a child’s physical and mental health as well as the ability of the caregiver to adequately protect the child. Current practice in CACs suggests a knowledge gap in this area and this study identifies an opportunity to improve the services offered to these high-risk families.

Hernandez, A., Ruble, C., Rockmore, L., McKay, M., Messam, T., Harris, M., & Hope, S. (2009). [An integrated approach to treating non-offending parents affected by sexual abuse](#). *Social Work in Mental Health*, 7(6), 533–555.  
DOI:10.1080/15332980802301440

Childhood sexual abuse has been associated with a number of serious physical and psychological consequences throughout childhood and into adulthood for both child victims and their families. This article describes the preliminary outcomes of a pilot group program to treat nonoffending parents of sexually abused children. This group program is integrative in its approach, combining elements of trauma-focused cognitive-behavioral and psychoeducational/supportive interventions to treat non-offending

parents of sexually abused children. This study also focuses on outcomes in terms of parental posttraumatic distress and general family functioning. A small group of non-offending parents was recruited from a local child advocacy agency. Parents attended the 12-week group program and outcomes such as parent post-traumatic stress and family dysfunction were examined. Measures of overall satisfaction and intervention feasibility were also examined at the end of the group intervention. Favorable outcomes included a decrease in parent self-report of posttraumatic stress and select aspects of family dysfunction. Seventy-five percent of parents completed the group program. Satisfaction questionnaire responses demonstrated highly favorable perceptions of the group's content, leaders, and helpfulness. This study served as an initial step in the development of larger family-focused interventions involving parallel parent and child groups and focused family sessions. Outcomes may begin to shed some light on the need for more parent- and family-focused interventions in families that have been affected by sexual abuse.

Willingham, E. U. (2007). [\*Maternal perceptions and responses to child sexual abuse\*](#) (Publication No. 3301016) [Doctoral dissertation, Georgia State University]. ProQuest Publishing.

Child sexual abuse (CSA) is a complex phenomenon that requires various levels of intervention to address the safety, recovery, and prevention needs of children and families who have experienced victimization. Although there is a large body of literature that has identified and examined many aspects of CSA (Putnam, 2003), less is known about nonoffending caregivers of sexually abused children. The one consistent finding across studies that have investigated CSA, nonoffending caregivers, and traumatic stress in children is the importance of the child-caregiver relationship in facilitating recovery (Elliot & Carnes, 2001; Scheeringa & Zeanah, 2001). CSA is stressful for both the child and the caregiver, and it affects the child-caregiver relationship. Studies are needed to determine the underlying factors and processes that contribute to nonoffending

caregivers' stress and coping responses, supportive and protective reactions, and intervention needs as they relate to supporting their children's recovery and healing the family unit. This exploratory study examined the phenomenological experiences of mothers whose children had been sexually abused. In-depth exploration and systematic analysis of mothers' perceptions about their children's victimization, their reaction, and their distress using constructivist grounded theory methods (Charmaz & Corbin, 2005) provided a better understanding of the mothers' collective experience and response. This study used theoretical sampling (Miles & Huberman, 1994) for participant selection. The researcher interviewed 14 mothers of children who had been sexually abused and had received services at a child advocacy center. Two key informants were also interviewed to obtain a detailed conceptualization of the theoretical and practical aspects of the programs and services at the child advocacy. The findings from this naturalistic, phenomenological inquiry revealed that the mothers experienced crisis and traumatic distress following their children's disclosure. The findings also showed that even in the midst of traumatic distress and grief, the mothers did believe and protect their children. In addition, the results of this study highlight how maternal supportive responses are interdependent on numerous factors, especially their capacity to cope with past abuse, current distress, and their level of emotional and financial dependency on their child's perpetrator.

## **CAC Management, Evaluation, and Efficacy**

Scanlon, S. P. (2024). *Experiences of children's advocacy centers executive directors with implementing National Children's Alliance standard essential component 1 from the organizational capacity chapter* (Publication No. 31297098) [Doctoral dissertation, University of Holy Cross]. ProQuest Publishing.

The purpose of this study was to examine the experience of executive directors of Children's Advocacy Centers in the southern region states when implementing the requirements of the National Children's Alliance standard Essential component I in the organizational capacity chapter. The research question of this study asked, what is the experience of executive directors in southern-based Children's Advocacy Centers when implementing the National Children's Alliance standard from the organizational capacity chapter: Essential component I within their own Children's Advocacy Center? Using a qualitative, phenomenological approach, I interviewed 9 executive directors of southern-based Children's Advocacy Centers. Using Moustakas' modified Van Kaam's approach to analyze the data from these interviews, significant themes, unique approaches, and future implications for this topic were identified. Six themes emerged from this research: Building relationships within a Children's Advocacy center, internal support, training, time, funding, resources, investment, and lack of guidance.

Shaffer, C., Woolcott, C., & Ornstein, A. (2023). Client characteristics and service use at the first hospital-based Canadian child and youth advocacy center: An analysis of case tracking data. *Children and Youth Services Review, 155*, 107244. DOI:10.1016/j.childyouth.2023.107244

The Child and Youth Advocacy Center (CYAC) model supports a coordinated response for young victims of abuse and their families. The model is prevalent in the United States, with more recent growth across Canada. This descriptive study summarizes case tracking data to profile the client population, referral characteristics, use of services, and associations between client characteristics and service use in child maltreatment investigations referred to the first hospital-based Canadian CYAC over time. This data

illustrates the potential to use CYAC case tracking data in understanding the use of, and client populations served by, this emerging collaborative service model in Canada. Participants included children & youth served at SeaStar Child and Youth Advocacy Center in Halifax, Nova Scotia in its first 7 years of operation. Descriptive statistics were calculated for client and case characteristics. Differences in characteristics between time periods were assessed using Chi-square tests. Risk ratios (RR) with 95% confidence intervals (CI) for the associations between characteristics and the use of specific services were estimated using log-binomial regression. The most common indication for referral to this CYAC was sexual assault (53.3%). Most clients were female (60.9%), with a median client age of 10.0 years. In over half of all cases the alleged perpetrator was a family member (56.0%) and most alleged perpetrators were adults (79.9%). Medical exams were provided in 13.4% of referrals & were less likely in children aged > 7 years (age 7–12, RR = 0.38, CI 0.27–0.51; and age > 12, RR = 0.41, CI 0.29–0.58), in referrals for sexual assault compared to physical assault (RR = 0.69, CI 0.52–0.90), and when the alleged perpetrator was an acquaintance rather than a family member (RR = 0.48, CI 0.34–0.67). Child & youth advocate support was provided in 76.1% of cases and was slightly more likely in sexual assault and 'other' types of referrals. Canine Assisted Intervention (CAI) was offered in 38.6% of cases and was more likely in referrals for sexual assault. Of those who had CAI, 41% had an Accredited Facility Dog present with them during their forensic interview; this accompaniment in interview was more likely for clients who were older (RR = 2.15, CI 1.15–4.01) and female (RR = 2.56, CI 1.34–4.90). There were few differences in client and case characteristics or service use over time. Given the recognized variability among CYACs in scope & setting, this profile contributes to a broader understanding of the client population and service uptake at a CYAC which varies from the prototypical US-based model most often represented in the existing literature. This information contributes to a more detailed understanding of the CYAC model in practice in Canada, which can help to inform the growth and development of CYACs in the future.

Theimer, K., Miller, M., Owen, K., Taylor, E., & Silovsky, J. (2023). Impressions of child advocacy center leaders: How problematic sexual behavior in children and adolescents is perceived by community professionals. *Child Abuse & Neglect*, 146, 106456. DOI:10.1016/j.chiabu.2023.106456

Consistent with the goals of National Children's Alliance, Children's Advocacy Centers (CACs) are optimal for addressing needs related to problematic sexual behavior (PSB) of youth due to their multidisciplinary approach and emphasis on community-level evidence-based interventions (Kelley et al., 2019). To promote child well-being and safety, decisions of the CAC's multidisciplinary team must be based on an accurate understanding of youth with PSB, child sexual development, and best-practice responses. However, misperceptions about youth who have engaged in PSB appear to broadly persist (Hackett, Masson, et al., 2013), leading to obstacles for CACs in addressing PSB. To better understand and address the training and service needs of CACs across the country, the goal of this study was to assess CAC community professionals' (e.g., MDT members) perceptions of children and adolescents with PSB, as reported by CAC leaders. Participants were 351 CACs from 47 US states, a representative sample based on regional and community distributions. A designated point-of-contact (e.g., the Director) for each CAC completed an online survey reflecting on their CAC's professional community's perceptions of youth with PSB. Findings suggested that a number of misperceptions about youth with PSB, particularly adolescents, are commonly reported for CAC professional communities. Prevalent misperceptions surrounded the etiology of PSB, treatment-related needs, and differences between youth with PSB and adults. Results can be used to inform policy, practice, training, and resource utilization to address youth with PSB in CACs, with specific recommendations provided to enhance an evidence-based approach.

Cross, T. P., Whitcomb, D., & Maren, E. (2022). [Practice in US children's advocacy centers: Results of a survey of CAC directors](#). University of Illinois School of Social Work.

Children's Advocacy Centers (CACs) coordinate the investigative and service response to child victimization through the use of multidisciplinary teams (MDTs). They offer children and families medical, therapeutic support, advocacy services, and other services. Presenting results from a U.S. survey completed by 222 CAC directors in 2015, the current study focuses on the composition of MDTs and the forms of assistance CACs provide. Large percentages of CACs had representation on the MDT from all the core group of disciplines specified by the standards of the National Children's Alliance (NCA), the membership group of CACs. Small but meaningful proportions of CACs had representation on their MDTs from disciplines that are not typically centrally involved in child maltreatment investigation and services, but they could play a critical role in some cases. A wide range of services specified in the article was provided to children and caregivers often or routinely. CACs varied on the provision of other services, such as support groups for children and for caregivers, domestic violence risk assessment and safety planning, and helping caregivers with protective orders, information about civil remedies, and legal assistance. This research suggests that CACs are meeting NCA standards while varying to some degree in the specific forms of assistance they provide. It also suggests that CACs may want to consider adding more types of professionals to their MDTs.

Göransson, L., Ekermann, S., Dovik, C., Klingberg, G., Ridell, K., & Laurell, L. (2022). [Children's advocacy centre fails to respond to dental, mental and physical ill-health in abused children](#). *Acta Paediatrica*, *111*(6), 1186–1193. DOI:10.1111/apa.16328

Sweden's first multidisciplinary children's advocacy centre (CAC) was founded in 2005 as a collaborative practice between child protection services, the legal system & health care in response to police-reported child abuse. CACs were introduced in the county of Skåne in 2007. The aim of the study was to describe the health of children investigated at the

CAC in Lund, and to examine whether the CAC model of collaboration responded to the healthcare needs of these children. All children aged 0–17 years investigated at the CAC in 2015 were included in this retrospective study. We reviewed the CAC files & the children's medical and dental records from one year prior to, until one year after their assessment at the CAC. Our review of the medical and dental records showed a high prevalence of mental, dental and physical ill-health. After the CAC joint meeting, only 1% of the children were referred for a medical examination and 4% for a focused forensic evaluation. Our study demonstrates limitations in the CAC process in responding to extensive health issues of the young victims of crime. We suggest mental, dental and physical health assessments to be statutory in CACs.

Kulig, T. C., Krushas, A. E., Castrianno, L. M., Spohn, R. E., & Wright, E. M. (2022). *Expanding the knowledge base about child advocacy centers*. University of Nebraska at Omaha.

This study used a two-phased approach to conduct a formative evaluation & evaluability assessment of Project Harmony's core services. The core services are divided into 5 areas: (1) forensic interviewing, (2) advocacy services, (3) medical evaluations, (4) mental health care, and (5) multidisciplinary teams. The goal of the Formative Evaluation (Phase 1) was to assess the policies, procedures, & perceptions of work being done within these five service areas. Additionally, the goal of the Evaluability Assessment (Phase 2) was to determine the evaluation readiness of each service area for an outcome evaluation.

Cross, T. P., & Chiu, Y. L. (2021). Mississippi's experience implementing a statewide Child Advocacy Studies Training (CAST) initiative. *Journal of Family Trauma, Child Custody & Child Development*, 18(4), 299–318. DOI:10.1080/26904586.2021.1951418

In response to a national deficit in education about child maltreatment, colleges and universities throughout the United States provide Child Advocacy Studies Training (CAST)

courses & CAST certificate or minor programs to educate undergraduate and graduate students in child maltreatment. This article reports results from an evaluation of Mississippi's CAST Initiative, the first effort to implement CAST courses and programs in colleges & universities throughout a state. Through interviews with administrators & faculty implementing CAST in Mississippi, we provide a brief history of the initiative, review the initial development of CAST courses & programs, discuss considerations related to the program's implementation, and report faculty's plans for the future of CAST. Our evaluation provides evidence that the implementation of Mississippi's CAST initiative has had considerable success & has good prospects for enduring. Our findings also expand knowledge about the contextual issues involved in implementation, point to the value of strong partnerships between CAST colleges & universities and community organizations, and identify some considerations connected to expanding enrollment in CAST.

Goulet, B. P., Cross, T. P., Chiu, Y. L., & Evans, S. (2021). Moving from procedure to practice: A statewide child protection simulation training model. *Journal of Public Child Welfare, 15*(5), 597-616. DOI:10.1080/15548732.2020.1777247

In FY 2015 the Illinois Department of Children and Family Services partnered with the University of Illinois Springfield to develop the Child Protection Training Academy in order to redesign the six-week classroom training for new investigators and create an experiential component. This paper chronicles the goals of the partnership and the planning and implementation of the Academy.

Westphaln, K. K., Regoeczi, W., Masotya, M., Vazquez-Westphaln, B., Lounsbury, K., McDavid, L., Lee, H., Johnson, J., & Ronis, S. (2020). Outcomes and outputs affiliated with Children's Advocacy Centers in the United States: A scoping review. *Child Abuse & Neglect, 111*, 104828. DOI:10.1016/j.chiabu.2020.104828

The Children's Advocacy Center (CAC) model is the predominant multidisciplinary model that responds to child sexual abuse (CSA) in the United States (US). While the CAC model

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

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

This report summarises the findings of the evaluation of the Multiagency Investigation and Support Team (MIST), a pilot response developed by WA Police (Child Abuse Squad); Department for Child Protection & Family Support (Child First, Armadale & Cannington

Districts); WA Department of Health (Princess Margaret Hospital); Department of the Attorney General (Child Witness Service); and Parkerville Children and Youth Care Inc.

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

Multi-Disciplinary teams (MDTs) have often been presented as the key to dealing with a number of intractable problems associated with responding to allegations of physical and sexual child abuse. While these approaches have proliferated internationally, researchers have complained of the lack of a specific evidence base identifying the processes and structures supporting multidisciplinary work and how these contribute to high-level outcomes. This systematic search of the literature aims to synthesize the existing state of knowledge on the effectiveness of MDTs. This review found that overall there is reasonable evidence to support the idea that MDTs are effective in improving criminal justice and mental health responses compared to standard agency practices. The next step toward developing a viable evidence base to inform these types of approaches seems to be to more clearly identify the mechanisms associated with effective MDTs in order to better inform how they are planned and implemented.

Anderson, G. D. (2016). Service outcomes following disclosure of child sexual abuse during forensic interviews: An exploratory study. *Journal of Public Child Welfare, 10*(5), 477-494. DOI:10.1080/15548732.2016.1206505

Few children disclose sexual abuse and participate in a formal investigation. Furthermore, not all children that disclose abuse during a forensic interview receive services to address trauma or safety. Despite the importance of such outcomes little is known about which factors may influence when children will receive services. Through content analysis of 139 case records findings indicate that a child's race/ethnicity abuse-related factors and

level of family support are all significant in predicting service and placement outcomes in child protection cases. Implications for social work practice include the need for ongoing engagement in culturally sensitive strengths-based practice with families.

Brink, F. W., Thackeray, J. D., Bridge, J. A., Letson, M. M., & Scribano, P. V. (2015). Child advocacy center multidisciplinary team decision and its association to child protective services outcomes. *Child Abuse & Neglect, 46*, 174-181.  
DOI:10.1016/j.chiabu.2015.04.011

Limited studies exist evaluating the multidisciplinary team (MDT) decision-making process & its outcomes. This study evaluates the MDT determination of the likelihood of child sexual abuse (CSA) & its association to the outcome of the child protective services (CPS) disposition. A retrospective cohort study of CSA patients was conducted. The MDT utilized an a priori Likert rating scale to determine the likelihood of abuse. Subjects were dichotomized into high versus low/intermediate likelihood of CSA as determined by the MDT. Clinical & demographic characteristics were compared based upon MDT and CPS decisions. 1422 patients were identified. A high likelihood for abuse was determined in 997 cases (70%). CPS substantiated or indicated the allegation of CSA in 789 cases (79%). Any CSA disclosure, particularly moderate risk disclosure (AOR 59.3, 95% CI 26.50-132.80) or increasing total number of CSA disclosures (AOR 1.3, 95% CI 1.11-1.57), was independently associated with a high likelihood for abuse determination. Specific clinical features associated with discordant cases in which MDT determined high likelihood for abuse & CPS did not substantiate or indicate CSA included being white or providing a low risk CSA disclosure or other non-CSA disclosure. MDT determination regarding likelihood of abuse demonstrated moderate agreement to CPS disposition outcome. CSA disclosure is predictive of the MDT determination for high likelihood of CSA. Agreement between MDT determination & CPS protection decisions appear to be driven by the type of disclosures, highlighting the importance of the forensic interview in ensuring appropriate child protection plans.

Elmqvist, J., Shorey, R. C., Febres, J., Zapor, H., Klostermann, K., Schratte, A., & Stuart, G. L. (2015). A review of Children's Advocacy Centers' (CACs) response to cases of child maltreatment in the United States. *Aggression and Violent Behavior, 25*, 26-34. DOI:10.1016/j.avb.2015.07.002

Child maltreatment is a serious and prevalent problem in the United States. Children's Advocacy Centers (CACs) were established in 1985 to better respond to cases of child maltreatment and address problems associated with an uncoordinated community-wide response to child maltreatment. CACs are community-based, multidisciplinary organizations that seek to improve the response and prosecution of child maltreatment in the United States. The primary purpose of this manuscript is to present a review of the literature on CACs, including the CAC model (e.g., practices, services, and programs) and CACs' response to cases of child maltreatment. This review suggests that there is preliminary evidence supporting the efficacy of CACs in reducing the stress and trauma imposed on child victims during the criminal justice investigation process into the maltreatment. However, this review also identified important CAC policies, practices, and components that need further evaluation and improvement. In addition, due to the methodological limitations and gaps in the existing literature, research is needed on CACs that employ longitudinal designs and larger samples sizes and that evaluate a larger array of center-specific outcomes. Finally, this review suggests that CACs might benefit from incorporating ongoing research into the CAC model and accreditation standards and by recognizing the importance of integrating services for child and adult victims of interpersonal violence.

Herbert, J. L., & Bromfield, L. (2015). Evidence for the efficacy of the Child Advocacy Center model: A systematic review. *Trauma, Violence, & Abuse, 17*(3), 341-357. DOI:10.1177/1524838015585319

The Child Advocacy Center (CAC) model has been presented as the solution to many of the problems inherent in responses by authorities to child sexual abuse. The lack of referral to therapeutic services and support, procedurally flawed and potentially

traumatic investigation practices, and conflict between the different statutory agencies involved are all thought to contribute to low conviction rates for abuse and poor outcomes for children. The CAC model aims to address these problems through a combination of multidisciplinary teams, joint investigations, and services, all provided in a single child friendly environment. Using a systematic search strategy, this research aimed to identify and review all studies that have evaluated the effectiveness of the approach as a whole, recognizing that a separate evidence base exists for parts of the approach (e.g., victim advocacy and therapeutic responses). The review found that while the criminal justice outcomes of the model have been well studied, there was a lack of research on the effect of the model on child and family outcomes. Although some modest outcomes were clear, the lack of empirical research, and overreliance on measuring program outputs, rather than outcomes, suggests that some clarification of the goals of the CAC model is needed.

Nwogu, N. N., Agrawal, L., Chambers, S., Buagas, A. B., Daniele, R. M., & Singleton, J. K. (2015). Effectiveness of Child Advocacy Centers and the multidisciplinary team approach on prosecution rates of alleged sex offenders and satisfaction of non-offending caregivers with allegations of child sexual abuse: A systematic review. *JBI Database of Systematic Reviews and Implementation Reports*, 13(12), 93-129. DOI:10.11124/jbisrir-2015-2113

Child sexual abuse is a multifaceted issue that negatively affects the lives of millions of children worldwide. These children suffer numerous medical & psychological long-term adverse effects both in childhood and adulthood. It is imperative to implement evidence-based interventions for the investigation of this crime. The use of Child Advocacy Centers (CACs) & the multidisciplinary team approach may improve the investigation of child sexual abuse. The objective was to evaluate the effectiveness of CACs & the multidisciplinary team approach on prosecution rates of alleged sex offenders and satisfaction of non-offending caregivers of children under 18 years, of any race, ethnicity or gender with allegations of child sexual abuse. Other participants included in this review

are non-offending caregivers of children with allegations of child sexual abuse, & alleged sex offenders. This review includes quasi-experimental and descriptive studies. The search strategy aimed to find published and unpublished articles in the English language published from 1985 through April 2015 for inclusion. The databases searched include: PubMed, CINAHL, EMBASE, PsycINFO, Cochrane Central Register of Controlled Trials (CENTRAL), Health Source: Nursing/Academic Edition, Criminal Justice Periodicals, ProQuest Dissertations & Theses and Criminal Justice Collections. An additional grey literature search was conducted. Two reviewers evaluated the included studies for methodological quality using standardized critical appraisal instruments from the Joanna Briggs Institute. Data were extracted using standardized data extraction instruments from the Joanna Briggs Institute. Results are presented in a narrative form. The use of Child Advocacy Centers and the multidisciplinary team approach in child sexual abuse investigation may have positive benefits in increasing non-offending caregivers' satisfaction and prosecution rates of alleged sex offenders. Utilization of CACs & the multidisciplinary team approach for child sexual abuse investigations may be beneficial in improving prosecution rates and the experiences of families involved. The use of satisfaction surveys for non-offending caregivers may be an effective tool to evaluate the services rendered by CACs. It is hoped that client satisfaction may lead to or improve utilization of services important for the healing process of victims of abuse. CAC multidisciplinary team interventions may improve prosecution rates & satisfaction of non-offending caregiver' in children less than 18 years of age with allegations of child sexual abuse (Grade B). When available, children with allegations of child sexual abuse should be referred to CACs for evaluation (Grade B). The use of non-offending caregiver satisfaction survey is recommended to evaluate the ongoing effectiveness of the CAC multidisciplinary team approach. The quality improvement process will help measure the quality of care rendered by a CACs & identify areas in need of improvement so a CACs can continue to provide optimal care in the investigation of child sexual abuse while improving the utilization of services important for the healing process for victims of abuse

(Grade B). Future studies may consider interventions that include greater sample size and more diverse ethnic groups to promote generalizability of findings.

Sullivan, M. (2015). *Restructuring New Hampshire's Child Advocacy Centers: Forging effective alliances* (Publication No. 3722469) [Doctoral dissertation, Franklin Pierce University]. ProQuest Publishing.

Child abuse is a multisystem problem in that different agencies are charged with responsibilities in its investigation, evaluation, intervention & treatment. Community based collaborative groups are a recognized model for utilizing local knowledge and input within the context of the Child Advocacy Center (CAC). New Hampshire's first CAC opened its doors in early 2000 & since then development in the state has been admirable. By the year 2010, all ten counties had an operational Center. The majority of states across the country have adopted aggressive legislation & funding initiatives to aid in protecting this vulnerable population. This has not been the case in New Hampshire. A change in economic conditions pushed two CACs into precarious financial positions. Rather than let them shutdown, the board of directors for the largest nonprofit based CAC took over fiscal & operational governance prompting a movement from local control to centralized decision making & structure in 2011. The amalgamation of 3 nonprofit centers and the state chapter organization was renamed the Granite State Children's Alliance (GSCA). The focus of this study was on the effects of the restructuring & the various CACs ability to deliver services. The study examined not only the number of children served throughout the state, but also the perceptions of the various stakeholders concerning the new consolidated structure. The research used multiple data sources, which provided an invaluable advantage for a case study. The results showed that the consolidated centers (GSCA) served fewer children after the merger, even though case demand in the state had grown. From the multidisciplinary team surveys and interviews, it was clear that stakeholders were not aware of the change in the model or structure. Lack of stakeholder involvement in the change process may have contributed to the decrease in the number

of child abuse victims served by GSCA centers. The study suggested that consolidation was an economic decision by senior leadership & not based on the collaborative decision-making model. The author recommended that leadership engage individual county stakeholders in a more inclusive effort to achieve commitment for such major changes for New Hampshire's CACs.

Wherry, J. N., Huey, C. C., & Medford, E. A. (2015). A national survey of child advocacy center directors regarding knowledge of assessment, treatment referral, and training needs in physical and sexual abuse. *Journal of Child Sexual Abuse*, 24(3), 280–299. DOI:10.1080/10538712.2015.1009606

Mental health services are a core component of child advocacy centers in the United States. Child advocacy center directors were surveyed about (a) trauma and posttraumatic stress disorder; (b) referral criteria for treatment of abuse victims; (c) evidence-based treatments for abused children; (d) reliable, valid, and normed measures helpful in assessment; and (e) training needs. Directors accurately identified posttraumatic stress disorder symptoms, but additional symptoms were misidentified. Directors identified best practices for assessment and treatment, but they misidentified non-evidence-based practices. Primary reasons for referral for services included severity of abuse and emotional response of the child. However, referrals based on assessment findings were not a high priority. Directors expressed some training needs for staff consistent with issues identified in the study.

National Children's Alliance. (2013). [Annotated bibliography of the empirical and scholarly literature supporting the ten standards for accreditation by the National Children's Alliance.](#)

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. 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.

Agatston, A. H., Kutulakis, J. P., Leclair, T. J., Smith, S., & Vieth, V. I. (2011). [When a parent sues the CAC: Tips for forensic interviewers and children's advocacy centers facing litigation](#). *Centerpiece*, 2(9), 1-5.

Rasmusson, B. (2011). Children's advocacy centers (Barnahus) in Sweden. *Child Indicators Research*, 4(2), 301-321. DOI:10.1007/s12187-010-9094-y

This article is based on an evaluation of Children's Advocacy Centers (CAC) in six municipalities in Sweden 2006-2007. The study concerned cooperation between different authorities (police, social services, public prosecutor, forensic medicine, pediatrics and child psychiatry) responsible for children who were suspected of being exposed to sexual or physical abuse. It is anticipated that use of CACs will improve the quality of investigations and that the legal process should thus be facilitated and rendered more effective. Qualitative interviews were carried out with 12 children and 22 parents at the different centers. Interviews included their experiences regarding the place and the premises, the treatment, earlier contacts with professionals, information and access to treatment and support. The results show that both children and parents appreciated the

child–friendly and safe environment and the kind treatment by the staff. Information from the professionals was of crucial importance. The different processes taking place in connection with interrogation and assessments were potentially (at times) difficult to understand. It was at times difficult for the professional actors to take both the children’s, the parents’ and the families’ perspectives into consideration especially in relation to the suspected offenders. Voices from children and parents have contributed to deepened understanding about the complexity in applying a child–centered approach and a child perspective within the domain of child protection. The evaluation generated important knowledge with implications for practice and further development of Children’s advocacy centers.

Ruggieri, C. L. (2011). [\*Child advocacy centers and child sexual abuse in Nevada\*](#) (Publication No. 1494058) [Master’s thesis, University of Nevada, Las Vegas]. ProQuest Publications.

Child sexual abuse has gained significant attention from the medical, legal and social research communities over the last couple decades. Developed in the 1980s, Child Advocacy Centers (CACs) have been noted as one of the leading developments in combating child sexual abuse. Child Advocacy Centers bring together multi-disciplinary teams in a child friendly environment to improve resources for abused children and their families as well as aid in prosecution. The majority of states across the country have adopted aggressive legislation and funding initiatives to aid in protecting this vulnerable population. This study analyses Nevada’s position on childhood sexual abuse and compares it to states similar in demographics. While many studies evaluating the effectiveness of CAC have focused largely on prosecutorial outcomes, this study evaluates CAC effectiveness on the basis of report disposition and prior victimization. This study finds that the number of CACs located within a state has a significant impact on report disposition and prior victimization for children that have been sexually abused.

Campbell, A. K. (2009). [\*An evaluative study of the Kozmetsky Center for child protection in Austin, Texas\*](#) (Publication No. 298) [Master's thesis, Texas State University].

Research Purpose: As more organizations establish child advocacy centers, there needs to be an effective tool to measure their administrative adherence to national goals and objectives. The purpose of this research is threefold. The first purpose is to describe the ideal characteristics of a child advocacy center by examining existing literature and the nine objectives of the National Child Advocacy Center (CAC) Model. The second purpose is to use these components as a guide to evaluate the administrative operations of the Kozmetsky Center for Child Protection. Finally, this project utilizes the research results to provide recommendations for improving administrative operations at the Center for Child Protection. Methodology: An examination of the National CAC Model objectives and relevant literature reveals five primary categories of the CAC assessment model. The categories include multidisciplinary teams, case management, forensic interviews, health services, and child-friendly facilities. The components are used to assess the administrative practices and adherence to the National CAC standards. The case study research utilized document analysis, structured interviews, and direct observation. Results: The results of the case study show that the Kozmetsky Center for Child Protection meets all the rated criteria in the forensic interview category. It exceeds the criteria in the child-friendly facility and health services categories. However, the multidisciplinary team and case management categories demonstrated room for improvement.

Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., Kolko, D. J., Szczepanski, J., Lippert, T., Davison, K., Cryns, A., Sosnowski, P., Shadoin, A., & Magnuson, S. (2008). [\*Evaluating Children's Advocacy Centers' response to child sexual abuse\*](#). *OJJDP: Juvenile Justice Bulletin*. US Department of Justice.

This Bulletin describes the findings of a study by researchers at the University of New Hampshire's Crimes Against Children Research Center that evaluated the effectiveness of the CAC model in four prominent Children's Advocacy Centers and nearby comparison

communities. Findings demonstrate the important role these centers can play in advancing child abuse investigations and suggest ways in which the model could be improved in the future.

Edinburgh, L., Saewyc, E., & Levitt, C. (2008). Caring for young adolescent sexual abuse victims in a hospital-based children's advocacy center. *Child Abuse & Neglect*, 32(12), 1119-1126. DOI:10.1016/j.chiabu.2008.05.006

This study compared health care assessments, referrals, treatment, and outcomes for young adolescent sexual assault/sexual abuse victims seen at a hospital-based Child Advocacy Center (CAC), to that provided to similar victims evaluated by other community providers. A second purpose was to document how common DNA evidence is found among such cases. A retrospective matched case-comparison design matched index CAC cases diagnosed with extra-familial sexual assault to non-CAC cases referred for prosecution in the same county, matched by age and sex of victim, age and sex of perpetrator, and type of assault ( $N = 128$  pairs). Since the case-comparison design produces paired data, analyses used paired  $t$ -tests, McNemars test, and Wilcoxon signed-rank tests. Health care outcomes included whether victims received a health exam, indicated tests, findings of trauma on genital exams and counseling referrals; legal outcomes included whether cases were prosecuted, verdicts, and length of sentences. CAC cases were significantly more likely to receive a physical exam, a genital exam when indicated, and referral for counseling (all  $p < .001$ ). In the CAC group 26.7% vs. 4.8% had positive genital trauma findings, and only 6.3% of CAC cases failed to get indicated sexually transmitted infection (STI) tests or prophylactic treatment for STIs vs. 80% of the comparisons ( $p < .001$ ). There were no differences in decisions to prosecute, convictions, or sentence lengths between the groups. DNA was documented in only 27.3% of acute cases, although evidence kits were completed. Young adolescent sexual abuse victims received markedly different health care in a hospital-based CAC compared to elsewhere. DNA is not commonly found in acute cases. Community health care providers and law

enforcement should be encouraged to refer victims to hospital-based CACs for specialized examinations and treatment.

Faller, K. C., & Palusci, V. J. (2007). Children's advocacy centers: Do they lead to positive case outcomes? Invited commentary. *Child Abuse & Neglect*, 31(10), 1021-1029. DOI:10.1016/j.chiabu.2007.09.001

Our commentary begins with a summary of the etiology of CACs and is followed by a brief description of each of the four centers included in the national evaluation. We summarize findings reported in the articles, offer commentary on each, and conclude with general comments.

Jones, L. M., Cross, T. P., Walsh, W. A., & Simone, M. (2007). [Do Children's Advocacy Centers improve families' experiences of child sexual abuse investigations?](#) *Child Abuse & Neglect*, 31(10), 1069-1085. DOI:10.1016/j.chiabu.2007.07.003

The Children's Advocacy Center (CAC) model of child abuse investigation is designed to be more child and family-friendly than traditional methods, but there have been no rigorous studies of their effect on children's and caregivers' experience. Data collected as part of the Multi-Site Evaluation of Children's Advocacy with investigations. Nonoffending caregiver and child satisfaction were assessed during research interviews, including the administration of a 14-item Investigation Satisfaction Scale (ISS) for caregivers. Two hundred and twenty-nine sexual abuse cases investigated through a CAC were compared to 55 cases investigated in communities with no CAC. Hierarchical linear regression results indicated that caregivers in CAC cases were more satisfied with the investigation than those from comparison sites, even after controlling for a number of relevant variables. There were few differences between CAC and comparison samples on children's satisfaction. Children described moderate to high satisfaction with the investigation, while a minority expressed concerns about their experience.

Shadoin, A. L. (2007). [\*Demographic and attitudinal characteristics predicting taxpayer willingness to pay for child maltreatment prevention\*](#). National Children's Alliance.

Relatively little research exists on economic issues in child abuse. Most of the available studies tally the costs of child abuse to society by assigning an estimated economic burden to each of the societal systems that are mandated to provide services. Existing literature places the costs in the billions of dollars annually. Because many of the agencies providing child abuse prevention or intervention are supported at least in part by tax dollars, everyone pays for these services just as for other quasi-public goods. Very few studies have addressed the economics of child abuse prevention to date. None have addressed taxpayer willingness to pay private dollars for programs in child abuse prevention, funded through a mix of government support & private contributions. This study sought to explore demographic, attitude & belief correlates of willingness to pay for child abuse prevention. Adult registered voters were surveyed anonymously about their willingness to pay for programs to prevent child death, child sexual abuse & child physical abuse. Respondents also completed a willingness to pay allocation task in which they indicated how much money out of a fictional \$100 discretionary fund account that they were willing to donate toward child abuse prevention programs. Gender, empathy, child abuse knowledge and prioritization of social issues as charitable causes were statistically significantly related to whether respondents indicated a willingness to pay for child abuse prevention & how much discretionary money they were willing to allocate in support of child abuse prevention programs.

Walsh, W. A., Cross, T. P., Jones, L. M., Simone, M., & Kolko, D. J. (2007). [\*Which sexual abuse victims receive a forensic medical examination? The impact of Children's Advocacy Centers\*](#). *Child Abuse & Neglect*, 31(10), 1053-1068.  
DOI:10.1016/j.chiabu.2007.04.006

This study examines the impact of Children's Advocacy Centers (CAC) and other factors, such as the child's age, alleged penetration, and injury on the use of forensic medical

examinations as part of the response to reported child sexual abuse. This analysis is part of a quasi-experimental study, the Multi-Site Evaluation of Children's Advocacy Centers, which evaluated four CACs relative to within-state non-CAC comparison communities. Case abstractors collected data on forensic medical exams in 1,220 child sexual abuse cases through review of case records. Suspected sexual abuse victims at CACs were two times more likely to have forensic medical examinations than those seen at comparison communities, controlling for other variables. Girls, children with reported penetration, victims who were physically injured while being abused, White victims, and younger children were more likely to have exams, controlling for other variables. Non-penetration cases at CACs were four times more likely to receive exams as compared to those in comparison communities. About half of exams were conducted the same day as the reported abuse in both CAC and comparison communities. The majority of caregivers were very satisfied with the medical professional. Receipt of a medical exam was not associated with offenders being charged. Results of this study suggest that CACs are an effective tool for furthering access to forensic medical examinations for child sexual abuse victims.

Wolfeich, P., & Loggins, B. (2007). Evaluation of the children's advocacy center model: Efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal*, 24(4), 333-352. DOI:10.1007/s10560-007-0087-8

This study compares the Children's Advocacy Center (CAC) model with more traditional child protection services on several important outcomes such as substantiation of abuse, arrest and prosecution of the perpetrator, the efficiency of the multidisciplinary process and child revictimization rates. One hundred and eighty-four child abuse and neglect cases from a large metropolitan area in Florida comprised the sample. Cases were selected over a five year-period from three different modes of child protection services including a CAC. Similar outcomes were found between the CAC model and the Child Protection Team (CPT), a multidisciplinary model, which was first developed in Florida in

1978. In comparison with traditional child protective investigation, these models were associated with improved substantiation rates and investigation efficiency. Results are discussed in terms of the utility of CACs above and beyond the aspect of multidisciplinary coordination and whether the goals of the CAC model need to be redefined. Recommendations for further research in the areas of multidisciplinary team decision-making, the long-term impact of the CACs and the role of supportive professionals on the multidisciplinary team were made.

Shadoin, A. L., Magnuson, S. N., Overman, L. B., Formby, J. P., & Shao, L. (2006). [Cost benefit analysis of community responses to child maltreatment](#). National Children's Advocacy Center.

In the three decades since passage of the Child Abuse Prevention and Treatment Act (1974) a large body of literature has demonstrated that child maltreatment and abuse have long term negative impacts on victims' physical and mental health and may be associated with juvenile delinquency and adult criminality. As a result, the estimated costs of child maltreatment to society are enormous. This paper provides review of studies that have applied economic analysis to costs *or* benefits, or costs *and* benefits to programs that seek to prevent or intervene in child maltreatment. The paper also reports on a cost-benefit analysis undertaken in two counties that use different models of child abuse investigation: a Child Advocacy Center (CAC) model using a multidisciplinary team approach and a traditional child protection and law enforcement services model that typically uses a joint investigations approach. The cost-benefit study indicates that while CAC style investigations have somewhat higher operational costs, they also result in higher perceived public benefits. The CAC community studied here achieves a \$3.33 to \$1 benefit-cost ratio.

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.  
DOI:10.1177/1077559506292277

Child Advocacy Centers (CACs) were developed to improve on child abuse investigative services provided by child protective service (CPS) agencies. However, until very recently, there has been little research comparing CAC-based procedures and outcomes to those in CPS investigations not based in CACs. The current study tracked 76 child abuse cases that were reported to authorities and investigated through either a private, not-for-profit CAC or typical CPS services in a mid-south rural county. Comparisons between CAC and CPS cases were made in terms of involvement of local law enforcement in the investigation, provision of medical exams, abuse substantiation rates, mental health referrals, prosecution referrals, and conviction rates. Analyses revealed higher rates of law enforcement involvement, medical examinations, and case substantiation in the CAC-based cases compared to the CPS cases. Despite limitations due to sample size and nonrandomization, this underlying the establishment of CACs.

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

Child Advocacy Centers (CACs) are designed to improve the community collaborative response to child sexual abuse and the criminal justice processing of child sexual abuse cases. CACs, in existence for 16 years, now have standards for membership developed by the National Children's Alliance (NCA) that include nine core components. And yet no systematic examination of the CAC model exists. The purpose of this paper was to assess the variations within these core components as they exist in the field. Using a stratified random sampling design, 117 CAC directors were interviewed using a semi-structured interview that was based on the NCA's standards for membership. The eight core components of the CAC model examined in this study include: a child-friendly facility, a

multidisciplinary team, an investigative child interview, a medical examination of the child, provision of mental health services, victim advocacy, case review, and case tracking. Results reveal the CAC model has been widely adopted by both member and nonmember centers, although variations in implementation exist. Future developments in the CAC model must include evaluation of the model.

Snell, L. (2003). [Child advocacy centers: One stop on the road to performance-based child protection](https://reason.org/wp-content/uploads/files/e2a9b2d8a2774cbd634ebdfdb5c2929e.pdf). Reason Foundation. <https://reason.org/wp-content/uploads/files/e2a9b2d8a2774cbd634ebdfdb5c2929e.pdf>

This study reviews the background and characteristics of the child advocacy center model, discusses the role of child advocacy centers in the conflict between the therapeutic and judicial models of child protection, presents new survey data from CAC executive directors about performance measurement practices, reviews the current literature on child advocacy center performance, and presents recommendations for improving the quality of outcome measurements for child advocacy centers.

Pulido, M. L., & Gupta, D. (2002). Protecting the child and the family: Integrating domestic violence screening into a child advocacy center. *Violence Against Women, 8*(8), 917-933. DOI:10.1177/107780102400447069

This article presents preliminary data gathered from the pilot study of a domestic violence–screening tool conducted at a child advocacy center. Female caretakers of children who were being evaluated for sexual or physical abuse were screened. Of the caretakers, 67% reported a history of emotional abuse, 64% physical abuse, and 47% sexual abuse. Also, 20% of the women reported physical abuse during pregnancy, 8% reported sexual abuse, and 40% reported emotional abuse. Given the high incidence of the coexistence of child abuse and domestic violence in these families, child abuse evaluations need to assess for family safety.

Jenson, J. M., Jacobson, M., Unrau, Y., & Robinson, R. L. (1996). Intervention for victims of child sexual abuse: An evaluation of the Children's Advocacy Model. *Child and Adolescent Social Work Journal*, 13(2), 139-156. DOI:10.1007/BF01876643

Interagency coordination is a strategy for reducing trauma experienced by children during investigations of alleged sexual abuse. This report examines characteristics and outcomes of clients participating in three programs using the Children's Advocacy Model of interagency coordination. Implications for intervention with victims of child sexual abuse are discussed.

## ***Forensic Interviewing***

Baugerud, G.-A., Johnson, M. S., Dianiska, R., Røed, R. K., Powell, M. B., Lamb, M. E., Hassan, S. Z., Sabet, S. S., Hicks, S., Salehi, P., Riegler, M. A., Halvorsen, P., & Quas, J. (2025). [Using an AI-based avatar for interviewer training at Children's Advocacy Centers: Proof of concept](#). *Child Maltreatment, 30*(2), 242-252. DOI:10.1177/10775595241263017

This proof-of-concept study focused on interviewers' behaviors and perceptions when interacting with a dynamic AI child avatar alleging abuse. Professionals (N = 68) took part in a virtual reality (VR) study in which they questioned an avatar presented as a child victim of sexual or physical abuse. Of interest was how interviewers questioned the avatar, how productive the child avatar was in response, and how interviewers perceived the VR interaction. Findings suggested alignment between interviewers' virtual questioning approaches and interviewers' typical questioning behavior in real-world investigative interviews, with a diverse range of questions used to elicit disclosures from the child avatar. The avatar responded to most question types as children typically do, though more nuanced programming of the avatar's productivity in response to complex question types is needed. Participants rated the avatar positively and felt comfortable with the VR experience. Results underscored the potential of AI-based interview training as a scalable, standardized alternative to traditional methods.

Haahr-Pedersen, I., Bach, M. H., Banner, J., Spitz, P., Balsløv, M., Perera, C., Bramsen, R. H., & Hansen, M. (2024). [Children's experiences of undergoing forensic interviews and forensic medical examinations in a Danish child advocacy center](#). *Child Indicators Research, 17*(5), 2047-2067. DOI:10.1007/s12187-024-10152-3

Child abuse is a severe global problem associated with various negative consequences. It is therefore important that the services received at Child Advocacy Centers (CACs) are perceived as positive as possible by children affected by abuse. Preliminary research indicates that CACs are successful in terms of providing coordinated, professional services. However, existing research has primarily focused on service and criminal justice

system outputs, rather than documenting the experiences of the target group: i.e., children undergoing the CAC proceedings. The present study seeks to investigate the children's experiences of the forensic procedures in a CAC. Qualitative interviews were conducted with 15 children undergoing case proceedings at a Danish CAC. The overall experiences of the children of the forensic interview and forensic medical examination were documented. Additionally, five overall themes were constructed using Thematic Analysis: Localities and surroundings, Relational and communicative work, Ambivalent experiences, Need of information and overview, and Missing out on everyday life. The findings of the current study underline the importance of the physical environment of the CAC, the need of information and overview as well as strong relational and communicative skills among professional as core elements in establishing positive encounters with the CAC. Furthermore, the results indicate how negative experiences of visiting a CAC are not necessarily directly linked to the CAC but may be a result of the children experiencing missing out on well-liked everyday activities. Altogether these results are important to consider when planning future CAC visits to support the well-being of the child.

Nadeau, D., Cyr, M. & Boulet, C. (2023). "Expanding" the practice of extended forensic interviews: Addressing controversial issues with field professionals in program development. In A. St-Amand, P. Rimer, D. Nadeau, J. Herbert & W. Walsh (Eds.), *Contemporary and innovative practices in child and youth advocacy centre models* (pp. 141-158). Presses de l'Université du Québec.  
DOI:10.1515/9782760555396-012

Orhan, G., & Ulukol, B. (2023). [Evaluation of difficulties faced by forensic interviewers due to their duties](#). *International Journal of Education Technology & Scientific Researches*, 8(24). DOI:10.35826/ijetsar.696

The purpose of this research's to determine the difficulties faced by forensic interviewers due to their duties and their views on the solutions or regulations that can minimize these

difficulties. The sample consisted of 82 forensic interviewers who're involved in twenty-six children advocacy centers in Turkey. The Personal and Professional Information Form, presented to the participants as a data collection tool and the open-ended question in this form, were answered by 61.19% of the research population. The answers given by the participants're distributed into eleven headings according to their content and the main themes reflected in the content were interpreted. It was stated and suggested by the participants that creating a written regulation such as the children advocacy center regulation, standardizing the functioning, working order, physical standards of these centers, job description of the personnel and the number of personnel providing service throughout the country, creating regulations that protect against the burden of forensic interviewers' overwork, providing regular supervision support and in-service training programs to the forensic interviewer, financial incentives and social opportunities to the forensic interviewer, taking precautions against fatigue and secondary traumatic stress, establishing a advocacy system for the victim child and his family, whose forensic interview's conducted.

Rubin, K. (2023). "Protecting the innocent and identifying the guilty:" Adopting the children's advocacy center forensic interview model in police interrogations of juveniles. *Drexel Law Review*, 15, 227.

Decades of psychological research provide strong evidence that children are different from adults. Nowhere are these differences more apparent than in the interrogation room. Juveniles are easily persuaded into waiving their Miranda rights, lack a full understanding of what their rights are and how they apply to their current situation, and are more susceptible to the coercive interrogation tactics used by police interrogators. A juvenile's reward sensitivity, limited future orientation, and decreased decision-making capacity when under stress contributes to the increased likelihood of both true and false confessions in juvenile interrogations. Many states recognize these differences and have enacted laws meant to protect juveniles in police interrogations. Unfortunately, these

minor protections are not enough. To truly protect juveniles in police interrogations, an interview model focused on obtaining information, not eliciting a confession, is required. The Children's Advocacy Center (CAC) Forensic Interview Model, whose focus is on obtaining information, is a superior approach compared to current interrogation practices for interrogations of juveniles because it is developmentally appropriate and eliminates the subtly coercive practices inherent in current police interrogations. Adoption of the CAC Forensic Interview Model would protect juveniles from falsely confessing to crimes they did not commit and ensure true confessions are obtained ethically and voluntarily.

Ettinger, T. R. (2022). [Children's needs during disclosures of abuse](#). *SN Social Sciences*, 2, 101. DOI:10.1007/s43545-022-00397-6

A Narrative Literature Review was conducted providing a comprehensive overview of children's barriers to disclose during investigations of child abuse. Patterns in the literature were categorized as themes and include: rapport and relationship with the interviewer, feeling in control and prepared, communication, physical abilities, mental health, environment, family dynamics, culture and individual uniqueness. Using a combination of a critical analyses approach and drawing from personal background experiences and knowledge in working with children during disclosures, the themes are expanded upon as a discussion that explores what children may therapeutically need during their disclosures of abuse within the forensic interview. Some practice implications are incorporated with the intent to generate further thinking about addressing children's needs during investigations of child abuse. Working with multidisciplinary teams in Child and Youth Advocacy Centres is discussed and may be a resource for understanding children's needs during disclosures of abuse.

Middleton, J., Harris, L. M., Matera Bassett, D., & Nicotera, N. (2022). "Your soul feels a little bruised": Forensic interviewers' experiences of vicarious trauma. *Traumatology, 28*(1), 74-83. DOI:10.1037/trm0000297

Vicarious trauma among social workers is well documented in the literature, yet there is a paucity of research in this area pertaining to forensic interviewers. Forensic interviewers who conduct structured interviews with children who have made allegations of abuse might be particularly vulnerable to vicarious trauma as a result of their work. Using a phenomenological approach, qualitative interviews were conducted with nine forensic interviewers throughout one western state in the United States. Findings indicate that forensic interviews are significantly impacted by their work and report experiencing vicarious trauma across three realms: within the interview, outside of the interview but within their professional role, and in their personal lives. Implications for practice include assisting organizations develop and target interventions that promote healthy coping responses to the inevitable traumatic nature of the work.

Katz, C., Piller, S., Glucklich, T., & Matty, D. E. (2021). "Stop waking the dead": Internet child sexual abuse and perspectives on its disclosure. *Journal of Interpersonal Violence, 36*(9-10), NP5084-NP5104. DOI:10.1177/0886260518796526

The phenomenon of Internet child sexual abuse (ICSA) has been receiving growing attention over the last decade, and studies have promoted knowledge with respect to the phenomenon's epidemiology, as well as to characteristics of the victims, perpetrators, and dynamics in these cases. The current retrospective study sought to delve into the disclosure component in cases of ICSA. The sample comprised 52 cases of adolescents who arrived at a child advocacy center (CAC) following ICSA. Analysis of these cases was targeted to capture the multifaceted nature of disclosure using those perspectives that could be documented by the CAC staff—of the practitioners, the adolescents, and their parents. Beyond the descriptive results regarding the victims and the nature of the abuse, the case analyses illustrate the disclosure process as experienced by the various parties

involved, highlighting the challenging nature of this aspect of the phenomenon. For the parents, the disclosure experience can perhaps be best epitomized by the expression that was heard repeatedly—“Stop waking the dead”—an expression that indicated their wish to bring the subject to a close. The difficulty in disclosing such incidents was also illustrated by the fact that 20 children in the current sample were reluctant to collaborate during the CAC process. In fact, according to these data, most of the incidents were revealed following a police investigation rather than by a disclosure initiated by the children themselves. Focusing on this specific aspect of ICOSA—that is, disclosure—enables a new perspective on it and stresses the need to further study it in such cases. A better understanding of the disclosure experience as it pertains to the individuals involved in cases of ICOSA may improve and help modify future prevention and intervention efforts in the field.

Lawson, M., Jaeger, B., McManus, E., Speidel, R., & Valentino, K. (2021). Maternal reminiscing is associated with preschoolers' reports of maltreatment during forensic interviews. *Child Maltreatment, 26*(1), 105-114.  
DOI:10.1177/1077559520925180

Children's reports during forensic interviews regarding maltreatment allegations are often critical for legal processes and for guiding decisions regarding services for children and their families. Field research examining forensic interviews with children has identified a wide range in the amount of information children report to interviewers. Research examining associations between children's forensic reports and their broader ecological and developmental contexts related to autobiographical memory would critically contribute to our understanding of children's reports of trauma during forensic investigations. Guided by the sociocultural theory of autobiographical memory development and a self-determination perspective of interviewing child witnesses, associations between the number of allegation-relevant details reported by 52 preschoolers (M = 4.59 years old, SD = 1.06) during forensic interviews concerning

substantiated maltreatment allegations and later maternal elaborative and autonomy supportive reminiscing from observations of mother–child interactions during a laboratory assessment were examined. Consistent with previous research regarding children’s autobiographical memory, a positive association between maternal elaborative reminiscing about everyday experiences with their children and the number of unique allegation–relevant details children reported during forensic interviews was observed, but only when mothers reminisced with their children in an autonomy supportive manner. Theoretical and practical implications for interviewing child witnesses are discussed.

Mastracci, S., & Mourtgos, S. (2021). The ethics of emotional labor in public service: The case of children’s services forensic interviewers. *Human Service Organizations: Management, Leadership & Governance*, 45(3), 260–272.  
DOI:10.1080/23303131.2021.1883787

The purpose of this paper is to reframe child forensic interviewing in terms of emotional labor. Child forensic interviewing practice illustrates a public service function that demands emotional labor yet fails to empower its workers with skills to preserve their personal wellbeing. Under an ethic of care, public servants are not the means to organizational ends. Failing to articulate emotional labor demands fosters occupational stress and burnout. While many studies examine negative psychological outcomes from public service work, few examine the impact on children’s services workers, and even fewer explore emotional labor as a mechanism through which negative outcomes arise.

Duron, J. F. (2020). Searching for truth: The forensic interviewer’s use of an assessment approach while conducting child sexual abuse interviews. *Journal of Child Sexual Abuse*, 29(2), 183–204. DOI:10.1080/10538712.2018.1484833

This study examined the assessment approach interviewers use while conducting interviews to assess truth as narratives are gathered in children’s disclosure statements

by examining 100 forensic interviews completed at a Children's Advocacy Center. A descriptive review was used to examine the steps engaged by interviewers as they followed a protocol and content analysis was used to identify interviewers' questioning strategies as they assessed children's disclosure narratives during interviews. Findings indicate that interviewers apply a protocol in order to support advancing to a phase of eliciting details in children's narratives. Questioning strategies included using a variety of question types to progress from general to specific, incorporating interview aids sparingly as necessary, and integrating multidisciplinary team feedback. Findings suggest that an assessment approach is inherent to the process of actively conducting a forensic interview. Rather than assessment beginning strictly upon completion of children's narratives, this paper describes how interviewers incorporate an assessment framework throughout interviewing.

Duron, J. F., & Remko, F. S. (2020). Considerations for pursuing multiple session forensic interviews in child sexual abuse investigations. *Journal of Child Sexual Abuse*, 29(2), 138-157. DOI:10.1080/10538712.2018.1504263

Multiple session forensic interviews (MSFI) are a useful tool in the field of child sexual abuse forensic interviewing given the complexity of disclosures and the variety of child-centered needs observed in practice. This paper focuses on the Children's Advocacy Centers of Texas (CACTX) model for conducting MSFIs, illustrated by a description of the statewide training models offered to member centers and enumeration of the MSFI protocol guidelines implemented by one center. A brief history and review of the single session forensic interview (SSFI) is provided followed by considerations for MSFIs in order to establish the development of current and new practices. Clarification of terms are outlined with examples of cases to distinguish between multiple sessions and subsequent sessions. The MSFI guidelines presented demonstrate how an MSFI can fit with the SSFI model.

Fansher, A. K., Zedaker, S. B., & Brady, P. Q. (2020). Burnout among forensic interviewers, how they cope, and what agencies can do to help. *Child Maltreatment, 25*(1), 117-128. DOI:10.1177/1077559519843596

The current study used quantitative and qualitative responses from 250 forensic interviewers (FIs) in the United States to examine predictors of burnout and personal coping mechanisms. Findings indicated that burnout was primarily driven by work-related factors including frequently feeling overwhelmed with job-related duties, inadequate organizational support, and direct exposure to graphic materials involving children. Moreover, having a higher degree of compassion satisfaction and being non-White significantly mitigated symptoms of burnout. Qualitative findings indicated that FIs regularly experienced varied and personalized feelings of burnout and utilized a variety of coping methods to combat their stressors. FIs in this study also made individual suggestions regarding how their respective agencies can assist in the coping process. Policy implications are discussed.

Fessinger, M. B., & McAuliff, B. D. (2020). [A national survey of child forensic interviewers: Implications for research, practice, and law](#). *Law and Human Behavior, 44*(2), 113-127. DOI:10.1037/lhb0000368

We surveyed a national sample of child forensic interviewers to learn the types of information they wanted to have before interviewing children, their attitudes and beliefs about forensic interviews, the characteristics of their interviews, and their professional experiences. Hypotheses: We predicted (1) interviewers would want many different types of information before interviewing children, but specifically details about the child, alleged abuse, and disclosure, and that interviewers would find this information helpful and accessible; (2) interviewers would consider their own interviews to be neutral and nonleading and to yield accurate and complete information from children; interviewers' concern about false reports would be related to (3) the amount of preinterview information they wanted and (4) their years of experience and amount of training.

Method: Forensic interviewers (N = 781) from all 50 states and the District of Columbia completed all (n = 754) or part (n = 27) of a questionnaire that consisted of open- and closed-ended questions. Results: (1) Interviewers wanted many different types of information before interviewing children, but most often information about the child, alleged abuse, and disclosure. They thought these types of information were the most helpful and very frequently had access to that information before interviewing. (2) Interviewers thought their interviews were fairly neutral, slightly leading, mostly accurate, and fairly complete. Interviewers who were more concerned about false denials (3) wanted more preinterview information than interviewers who were more concerned about false allegations and (4) had fewer years of experience. Conclusions: Our survey results underscore the need for future research examining the effects of preinterview information on forensic interviews and children's reports. They provide a current snapshot of forensic interviewing and a national benchmark to which local child advocacy centers can compare their practices. They highlight the inherent difficulty courts face when determining the admissibility of a child forensic interview based on its primary purpose.

Grandgenett, H. M., Pittenger, S. L., Dworkin, E. R., & Hansen, D. J. (2021). [Telling a trusted adult: Factors associated with the likelihood of disclosing child sexual abuse prior to and during a forensic interview](#). *Child Abuse & Neglect*, 116(Part 1), 104193. DOI:10.1016/j.chiabu.2019.104193

Many child sexual abuse (CSA) survivors delay or withhold disclosure of their abuse, even when presenting for formal investigation interviews. This study examined factors that relate to the CSA disclosure process. Participants were CSA victims (N = 1,732) presenting to a Child Advocacy Center (CAC) for a forensic interview. We tested a structural model to predict disclosure before and during a forensic interview using secondary data analysis. Youth were less likely to disclose before a forensic interview if they witnessed domestic violence ( $\beta = -.233, p < .05$ ). Caregivers were less likely to believe the abuse allegation if the alleged perpetrator resided in the home ( $\beta = -.386, p < .05$ ) and more likely

to believe if the youth made a prior disclosure ( $\beta = .286, p < .05$ ). Youth were more likely to disclose during the forensic interview if they were older ( $\beta = .388, p < .05$ ), if the alleged perpetrator resided in their home ( $\beta = .209, p < .05$ ), if they disclosed prior ( $\beta = .254, p < .05$ ), and if their caregiver believed the allegation ( $\beta = .213, p < .05$ ). The alleged perpetrator residing in the youth's home ( $\beta = -0.082, p < .05$ ) and making a prior disclosure ( $\beta = 0.060, p < .05$ ) were both indirectly associated with forensic interview disclosure through caregiver belief. Findings highlight the importance of the family context and caregiver belief in the disclosure process for youth involved in formal CSA investigations.

Krause-Parello, C. A., Thames, M., Ray, C. M., & Kolassa, J. (2018). Examining the effects of a service-trained facility dog on stress in children undergoing forensic interview for allegations of child sexual abuse. *Journal of Child Sexual Abuse, 27*(3), 305–320. DOI:10.1080/10538712.2018.1443303

Disclosure of child sexual abuse can be a stressful experience for the child. Gaining a better understanding of how best to serve the child, while preserving the quality of their disclosure, is an ever-evolving process. The data to answer this question come from 51 children aged 4–16 ( $M = 9.1, SD = 3.5$ ), who were referred to a child advocacy center in Virginia for a forensic interview (FI) following allegations of sexual abuse. A repeated measures design was conducted to examine how the presence of a service-trained facility dog (e.g. animal-assisted intervention (AAI)) may serve as a mode of lowering stress levels in children during their FIs. Children were randomized to one of the two FI conditions: experimental condition (service-trained facility dog present-AAI) or control condition (service-trained facility dog not present- standard forensic interview). Stress biomarkers salivary cortisol, alpha-amylase, immunoglobulin A (IgA), heart rate, and blood pressure, and Immunoglobulin A were collected before and after the FI. Self-report data were also collected. Results supported a significant decrease in heart rate for those in the experimental condition ( $p = .0086$ ) vs the control condition ( $p = .4986$ ). Regression

models revealed a significant decrease in systolic and diastolic blood pressure in the experimental condition ( $p = .03285$ ) and ( $p = .04381$ ), respectively. Statistically significant changes in alpha-amylase and IgA were also found in relation to disclosure and type of offense. The results of this study support the stress reducing effects of a service-trained facility dog for children undergoing FI for allegations of child sexual abuse.

Rivard, J. R., & Schreiber Compo, N. (2017). Self-reported current practices in child forensic interviewing: Training, tools, and pre-interview preparation. *Behavioral Sciences & the Law, 35*(3), 253–268. DOI:10.1002/bsl.2290

In child sexual abuse investigations, forensic interviewers within the Child Advocacy Center (CAC) model serve as neutral fact-finders for a team of professionals tasked with investigating and intervening in cases of alleged child sexual abuse. Although empirical evidence has led to the development of best-practice techniques and protocols, there is currently no universally adopted protocol in the field. The present research gathered detailed information from a national sample of real-world child forensic interviewers about their training and current practices, with a specific focus on assessing the information interviewers typically review prior to conducting child forensic interviews. Most notably, the survey revealed a lack of uniformity in interviewing protocols adopted and pre-interview preparation practices. Although rare, some interviewers reported using an allegation-blind interviewing approach, highlighting the need for future research on this and other under-studied techniques. Copyright © 2017 John Wiley & Sons, Ltd.

Tishelman, A. C., & Fontes, L. A. (2017). Religion in child sexual abuse forensic interviews. *Child Abuse & Neglect, 63*, 120–130. DOI:10.1016/j.chiabu.2016.11.025

Religion is an under-studied factor affecting children's sexual victimization and their willingness to discuss such experiences. In this qualitative study, 39 child forensic interviewers and child advocacy center (CAC) directors in the United States discussed

religious influences on children's sexual abuse experiences, their relationships to CACs, and their disclosures in the forensic setting. Participants reported both harmonious and dissonant interactions between religiously observant children and families on one hand and child advocacy centers on the other. Themes emerged related to abuse in religious contexts and religious justifications for abuse; clergy and religious supports for disclosures as well as suppression of disclosures; and the ways CACS accommodate religious diversity and forge collaborations with clergy. Participants discussed a wide range of religions. Recommendations for practice and research are included.

Chiarelli-Helminiak, C. M. (2014). [\*Job satisfaction and burnout among forensic interviewers\*](#) (Publication No. 397) [Doctoral dissertation, University of Connecticut].

Job satisfaction and burnout among social workers is well-documented in the literature, yet there is a paucity of research in this area pertaining to forensic interviewers. Forensic interviewers, specially trained professionals who conduct structured interviews with children who have made allegations regarding abuse, may be particularly vulnerable to burnout as a result of their work. A cross-sectional electronic survey design was used to gather information from 148 forensic interviewers associated with Children's Advocacy Centers (CAC) located in the Northeast region of the United States. While the quantitative and qualitative findings of this research indicate forensic interviewers are satisfied with their work, a substantial number are experiencing burnout. Control was found to have a positive relationship with job satisfaction. Having a flexible schedule, developing skills in supervision, and training junior forensic interviewers are ways interviewers are provided with control. Job satisfaction and support were both found to have inverse relationships with burnout. Flexibility, in addition to relationships with supervisors and coworkers, are ways organizations provided a supportive work environment. This study supports the effects of control and support in relation to job satisfaction and burnout, as suggested by the job-demands control (support) model. Given that social work was the most common

field of study among participants, social workers affiliated with CACs are well-positioned to incorporate the findings of this study into practice to benefit forensic interviewers and the clients they serve. The suggested policy and practice implications will enhance organizational support, increase job satisfaction, and reduce burnout which will lead to a stronger workforce. Such implications impact children – and in the largest sense, society as a whole – as forensic interviewers will be more effective. Considering the growth of this specialized field of practice, the research will influence organizations to develop policies that mitigate the conditions associated with burnout among forensic interviewers.

Block, S. D., Foster, E. M., Pierce, M. W., Berkoff, M. C., & Runyan, D. K. (2013). [Multiple forensic interviews during investigations of child sexual abuse: A cost effectiveness analysis](#). *Applied Developmental Science, 17*(4), 174-183.  
DOI:10.1080/10888691.2013.836033

In cases of suspected child sexual abuse (CSA) some professionals routinely recommend multiple interviews by the same interviewer because any additional details provided might improve decision-making and increase perpetrator convictions. We analyzed alternative policies about child interviewing to estimate the probability that a policy of all children receiving multiple interviews will increase criminal convictions and better protect children. Using decision analysis, we prepared a decision tree reflecting the structure through which a case of possible CSA passes through the health care, welfare, and legal systems with an estimated probability of conviction of the offender. We reviewed the CSA disclosure, criminal justice, and child welfare literature to obtain estimates for the median and range of rates for the steps of disclosure, substantiation, criminal charges, and conviction. Using the R statistical package, our decision analysis model was populated using literature-based estimates. Once the model was populated, we simulated the experiences of 1,000 cases at 250 sets of plausible parameter values representing different hypothetical communities. Multiple interviews increase the likelihood that an offender will be convicted by 6.1% in the average community. Simulations indicate that a

policy in which all children seen for a CSA medical evaluation receive multiple interviews would cost an additional \$100,000 for each additional conviction. We estimate that approximately 17 additional children would need to be interviewed on more than one occasion to yield one additional conviction. A policy of multiple interviews has implications for the children, for the costs of care, for protecting other children, and for the risk of false prosecution.

Faller, K. C., & Nelson-Gardell, D. (2010). Extended evaluations in cases of child sexual abuse: How many sessions are sufficient? *Journal of Child Sexual Abuse, 19*(6), 648-668. DOI:10.1080/10538712.2010.522494

This article provides new findings from a national study involving 18 forensic interview sites of 137 children who were randomly assigned to a four or eight session extended evaluation. Cases assigned to the eight session protocol were significantly more likely to be classified "credible disclosure" of sexual abuse (56.6%) than cases assigned to the four session protocol (29.5%) and significantly less likely to be classified "credible nondisclosure" of sexual abuse (9.2%) than cases in the four session protocol (24.6%). When four versus eight sessions, demographic variables, and case characteristics were entered into a regression, variables that predicted likelihood of sexual abuse were eight session protocol, older victim age, and caretaker belief the child had been sexually abused. When new disclosures were examined by session in the eight-session protocol, 95% of new disclosures occurred by the sixth session.

Hlavka, H. R., Olinger, S. D., & Lashley, J. L. (2010). The use of anatomical dolls as a demonstration aid in child sexual abuse interviews: A study of forensic interviewers' perceptions. *Journal of Child Sexual Abuse, 19*(5), 519-553. DOI:10.1080/10538712.2010.511988.

Given that most cases of child sexual abuse lack external corroborating evidence, children's verbal accounts of their experiences are of paramount importance to

investigators. Forensic interviewers are charged with interviewing child victims, and oftentimes use anatomical dolls. Yet, research on dolls has not caught up to practice in the field. Using a multi-method approach, this study presents new evidence on the function and value of using anatomical dolls as a demonstration aid. With a standardized protocol, forensic interviewers from an urban Midwestern Children's Advocacy Center evaluated the purpose and value of anatomical dolls in a forensic setting. Relationships between child characteristics and interviewer-perceived value were examined using descriptive, bivariate findings and case examples. Using a large and diverse sample of children, the study found that forensic interviewers perceived children as able and willing to use dolls for purposes of clarification, consistency, distancing, and communication. Results are discussed in the context of real-world applications and best practices, and provide an evidence-based foundation for future research.

Lippert, T., Cross, T. P., Jones, L., & Walsh, W. (2009). [Telling interviewers about sexual abuse: Predictors of child disclosure at forensic interviews](#). *Child Maltreatment*, 14(1), 100-113. DOI:10.1177/1077559508318398

This study aims to identify characteristics that predict full disclosure by victims of sexual abuse during a forensic interview. Data came from agency files for 987 cases of sexual abuse between December 2001 and December 2003 from Children's Advocacy Centers (CACs) and comparison communities within four U.S. states. Cases of children fully disclosing abuse when interviewed were compared to cases of children believed to be victims who gave no or partial disclosures. The likelihood of disclosure increased when victims were girls, a primary caregiver was supportive, and a child's disclosure instigated the investigation. The likelihood of disclosure was higher for children who were older at abuse onset and at forensic interview (each age variable having an independent effect). Communities differed on disclosure rate, with no difference associated with having a CAC. Findings suggest factors deserving consideration prior to a forensic interview, including organizational and community factors affecting disclosure rates.

Cross T. P., Jones L. M., Walsh W. A., Simone, M., & Kolko, D. (2007). [Child forensic interviewing in Children's Advocacy Centers: Empirical data on a practice model.](#) *Child Abuse & Neglect*, 31(10), 1031-1052. DOI:10.1016/j.chiabu.2007.04.007

Children's Advocacy Centers (CACs) aim to improve child forensic interviewing following allegations of child abuse by coordinating multiple investigations, providing child-friendly interviewing locations, and limiting redundant interviewing. This analysis presents one of the first rigorous evaluations of CACs' implementation of these methods. This analysis is part of a quasi-experimental study, the Multi-Site Evaluation of Children's Advocacy Centers, which evaluated four CACs relative to within-state non-CAC comparison communities. Case abstractors collected data on investigation methods in 1,069 child sexual abuse cases with forensic interviews by reviewing case records from multiple agencies. CAC cases were more likely than comparison cases to feature police involvement in CPS cases (41% vs. 15%), multidisciplinary team (MDT) interviews (28% vs. 6%), case reviews (56% vs. 7%), joint police/child protective services (CPS) investigations (81% vs. 52%) and video/audiotaping of interviews (52% vs. 17%, all these comparisons  $p < .001$ ). CACs varied in which coordination methods they used, and some comparison communities also used certain coordination methods more than the CAC with which they were paired. Eighty-five percent of CAC interviews took place in child-friendly CAC facilities, while notable proportions of comparison interviews took place at CPS offices (22%), police facilities (18%), home (16%), or school (19%). Ninety-five percent of children had no more than two forensic interviews, and CAC and comparison differences on number of interviews were mostly non-significant. Relative to the comparison communities, these CACs appear to have increased coordination on investigations and child forensic interviewing. The CAC setting was the location for the vast majority of CAC child interviews, while comparison communities often used settings that many consider undesirable. CACs showed no advantage on reducing the number of forensic interviews, which was consistently small across the sample.

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. DOI:10.1016/j.avb.2005.07.009

In child sexual abuse cases, skillful forensic interviews are important to ensure the protection of innocent individuals and the conviction of perpetrators. Studies have examined several factors that influence disclosure during interviews, including both interviewer and child characteristics. Numerous interviewing techniques have received attention in the literature, including allegation blind interviews, open-ended questioning, cognitive interviewing, the Touch Survey, truth-lie discussions, and anatomical dolls. Recent studies have examined new directions in forensic interviewing, such as structured interview protocols and the extended forensic evaluation model. In addition, the child advocacy center model has been established as a strategy to prevent repeated interviewing. Child Advocacy Centers provide a safe, child-friendly atmosphere for children and families to receive services. Limitations of the research are discussed and empirically based recommendations for interviewers are provided.

Carnes, C. N., Nelson-Gardell, D., Wilson, C., & Orgassa, U. C. (2001). Extended forensic evaluation when sexual abuse is suspected: A multisite field study. *Child Maltreatment, 6*(3), 230–242. DOI:10.1177/1077559501006003004

A subset of children referred due to suspected sexual abuse requires more than one interview for professionals to reach an opinion about the veracity of allegations. The National Children's Advocacy Center's forensic evaluation model was designed for that specific group of children. The multisite study of the model reported here followed a two-year pilot study. Professionals in 12 states adopted the model and collected data for two years on a total of 147 participants (aged two-seventeen years). In 44.5% of the cases, a credible disclosure was obtained, with 73% of these cases supported in the legal system. The forensic evaluation procedure yielded clear information to be used in child protection and prosecutorial decisions in 64% of the cases (combining cases with credible

disclosures and abuse unlikely findings). Finally, the study examined the effects of the length of the evaluation and of the case and child characteristics on evaluation outcomes.

Carnes, C. N., Nelson-Gardell, D., & Wilson, C. (1999). Addressing challenges and controversies in child sexual abuse interviewing: The forensic evaluation protocol and research project. *Journal of Aggression, Maltreatment & Trauma*, 2(2), 83-103. DOI:10.1300/J146v02n02\_05

This article describes a forensic evaluation protocol, designed at the National Children's Advocacy Center (NCAC). The means by which the NCAC forensic evaluation protocol addresses the challenges and controversies inherent in the field of sexual abuse allegation assessment are discussed. Results of a two-year study are reported, in which efficacy of the protocol is demonstrated in three areas: (1) in gathering facts to validate true abuse, thus assisting the child protective and legal systems in case decision making; (2) in determining when initial concerning statements of children are actually not due to sexual abuse, but to other events or circumstances; and (3) in uncovering false allegations and vindicating the falsely accused.

## ***History and Work of CACs and the MDT Model***

Andreu, L., & Pereda, N. (2026). Assessing the effectiveness of a knowledge-based training program on the Barnahus model to improve professionals' performance. *Journal of Public Child Welfare*, 1–20. DOI:10.1080/15548732.2026.2680413

Assessing child sexual abuse requires multidisciplinary, specialized approaches such as the Barnahus model. This study evaluated the STEPS training program's effectiveness in improving professionals' knowledge & attitudes. Participants included 773 childcare professionals, most with prior abuse-related experience, although only two-thirds had formal training. Pre- & post-training measures were analyzed using GLM and GEE models. Results showed reduced adherence to false beliefs and significant improvements in pro-child attitudes, testimony acquisition attitudes, self-perceived performance, & knowledge of the Barnahus model. Findings suggest the STEPS program strengthens competencies in child sexual abuse intervention, although further research on outcomes is still needed.

Herbert, J. L., Tindal, R., Mitchell, M., Bovarnick, S., & Warrington, C. (2026). [Child outcomes review: Children's experiences of Barnahus and related services](#). University of Adelaide. DOI:10.25909/31848037

The report summarises the findings of a qualitative synthesis of children's outcomes following a disclosure of abuse aligned to the Barnahus 'four rooms'. The report aims to identify the main domains important to children that should be explored as critical outcome measures for the Barnahus.

Newman, A., Tummala, P., Crofford, E., Deblinger, E., Graveson, C., Greenbaum, J., Harrison, D., Winter, R., & Katz, C. (2025). [Building a collaborative path: A twelve-step framework to combat child sexual abuse in every community](#). *Child Protection and Practice*, 6, 100204. DOI:10.1016/j.chipro.2025.100204

This discussion paper addresses the lack of standardized frameworks for multidisciplinary teams (MDTs) to respond to child sexual abuse (CSA) in resource-

constrained settings, including lower- and middle-income countries (LMICs). While collaborative approaches are linked to improved justice and outcomes for victims, many such settings lack structured, coordinated models to guide such responses. To address this gap, members of the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), in collaboration with Mission Kids Child Advocacy Center, initiated a project to develop a framework for collaborative CSA response. This paper offers a reflective discussion and conceptual overview of the framework's development, which was informed by: a comprehensive scoping review; guidance from a global Steering Committee of child maltreatment experts, reviewers, and advisors (N = 18) from countries including Austria, Georgia, Israel, Jamaica, New Zealand, Oman, South Africa, Sweden, Switzerland, and the United States; survey responses from 334 child protection practitioners across 87 resource-constrained settings; and focus group discussions with some of these practitioners in Albania, Botswana, Bosnia and Herzegovina, Croatia, India, Israel, Kosovo, Nigeria, Pakistan, Slovenia, and Uganda. The resulting twelve-step framework is child-centered, trauma-informed, and adaptable, designed for use where traditional models like Children's Advocacy Centers (CACs) may not be viable. It promotes local collaboration, supports both short- and long-term goals, and includes supplementary tools, such as a resource guide and a customizable, fillable planning template, to help MDTs tailor their response to local realities. This framework offers both foundational guidance and practical support for strengthening CSA responses in resource-constrained settings.

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

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

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

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

Providing a coordinated response to child abuse among professionals from diverse fields has the potential to improve outcomes for children and advance justice in abuse cases. The multidisciplinary team model, implemented through child advocacy centers in the United States, has been widely adopted to facilitate such collaboration. This study conducted ten interviews with child protective services workers in Michigan, United States,

to examine their experiences working with child advocacy centers and engaging with multidisciplinary teams. Findings reveal that child advocacy centers are viewed favorably by child protection workers. A notable aspect of collaboration included support for investigative processes. Strong relationships between child protective services workers and staff from child advocacy centers emerged as a key facilitator of engagement with multidisciplinary teams. However, participants identified challenges such as feeling undervalued and misunderstood by team partners and community members, as well as logistical barriers related to scheduling and coordination of child forensic interviews. Participants also recommended improvements to training and education provided by child advocacy centers for multidisciplinary team partners. This study highlights the importance of sustained multidisciplinary collaboration and positive working relationships to improve responses to child abuse. Recommendations include strengthening partnerships between child protection agencies and child advocacy centers through cross-agency training, improving communication of child protection policies to community stakeholders, and addressing logistical challenges faced by child protective services workers. Formalized methods for fostering and maintaining relationships are essential to advancing the effectiveness of multidisciplinary teams in addressing child abuse.

Weber, P., & Gatlin, A. R. (2025). The built environment as organizational capacity: A post-occupancy evaluation of a child advocacy center. *Nonprofit Management and Leadership*, 36(2), 299-308. DOI:10.1002/nml.70007

This pilot study uses a Child Advocacy Center (CAC) case study to investigate the use of space & built environment in nonprofit organizations. Conceptually, we frame the built environment as a dimension of organizational capacity because design approaches may support or hinder the ability of a mission-oriented organization to implement its programs. Relying on a post-occupancy evaluation, we classify design choices into "Two-Dimensional Plan View," "Three-dimensional Room-View," & "Boundary Spanning" factors

and show how they impact service delivery, both positively & negatively. We conclude with implications for future research.

McGuier, E. A., Feldman, J., Bay, M., Ascione, S., Tatum, M., Salas, E., & Kolko, D. J. (2023). [Improving teamwork in multidisciplinary cross-sector teams: Adaption and pilot testing of a team training for Child Advocacy Center teams](#). *Children and Youth Services Review*, 153, 107096. DOI:10.1016/j.chilyouth.2023.107096

Effective teamwork is critical to the mission of Child Advocacy Center (CAC) multidisciplinary teams. Interventions designed to fit the unique cross-organizational context of CAC teams may improve teamwork in CACs. A collaborative, community-engaged approach was used to adapt TeamSTEPPS, an evidence-based team training for healthcare, for CAC multidisciplinary teams. The adapted training was piloted with one team and evaluated using mixed methods. Team members completed pre-training & follow-up surveys and participated in qualitative interviews. The adaptation process resulted in the creation of TeamTRACS (Team Training in Roles, Awareness, Communication, and Support). Participants rated TeamTRACS as highly acceptable, appropriate, feasible, relevant, & useful for CAC teams. They identified positive & negative aspects of the training, ideas for improvement, & future uses for TeamTRACS. TeamTRACS is a feasible approach to team training in CACs, and team members find the content and skills relevant and useful. Additional research is needed to test the effectiveness of TeamTRACS and identify appropriate implementation strategies to support its use.

Dovi, A. T., Macaulay, J. L., Repine, A., De Jong, A., Williams, R. E., & Deutsch, S. A. (2022). [Multidisciplinary team approach to addressing child sexual abuse at Nemours Children's Health, Delaware](#). *Delaware Journal of Public Health*, 8(2), 22-27. DOI:10.32481/djph.2022.05.004

In 2019, 4.4 million referrals of maltreatment were made that affected approximately 7.9 million children. It was estimated that 9.3% of the referrals were related to child sexual

abuse (CSA). To prevent negative psychosocial and health-related outcomes associated with CSA, CSA survivors often participate in a forensic interview, medical and behavioral health assessments, and behavioral health treatment while navigating other life disruptions or changing family dynamics precipitated by the CSA (e.g., change in custody or household, lack of contact with preparator, etc.). The assessment and treatment of pediatric survivors of CSA by multidisciplinary teams (MDT) can enhance families' engagement and participation with the legal process, medical evaluation, and behavioral health services. This paper explores the Nemours Children's Health, Delaware MDT's approach to assessing and treating CSA, explores benefits and barriers associated with the current model, and discusses public health implications of a MDT approach to addressing CSA.

McGuier, E. A., Rothenberger, S. D., Campbell, K. A., Keeshin, B., Weingart, L. R., & Kolko, D. J. (2022). [Team functioning and performance in child advocacy center multidisciplinary teams](#). *Child Maltreatment*, 29(1), 106–116.  
DOI:10.1177/10775595221118933

The quality of teamwork in Child Advocacy Center (CAC) multidisciplinary teams is likely to affect the extent to which the CAC model improves outcomes for children and families. This study examines associations between team functioning and performance in a statewide sample of CAC teams. Multidisciplinary team members (N = 433) from 21 CACs completed measures of affective, behavioral, and cognitive team functioning. Team performance was assessed with three measures: team member ratings of overall performance, ratings of mental health screening/referral frequency, and caregiver satisfaction surveys. Linear mixed models and regression analyses tested associations between team functioning and performance. Affective team functioning (i.e., liking, trust, and respect; psychological safety) and cognitive team functioning (i.e., clear direction) were significantly associated with team members' ratings of overall performance. Behavioral team functioning (i.e., coordination) and cognitive team functioning were

significantly associated with mental health screening/referral frequency. Team functioning was not associated with caregiver satisfaction with CAC services. Aspects of team functioning were associated with team members' perceptions of overall performance and mental health screening/referral frequency, but not caregiver satisfaction. Understanding associations between team functioning and performance in multidisciplinary teams can inform efforts to improve service quality in CACs and other team-based service settings.

Westphaln, K. K., Manges, K. A., Regoeczi, W. C., Johnson, J., Ronis, S. D., & Spilsbury, J. C. (2022). Facilitators and barriers to Children's Advocacy Center-based multidisciplinary teamwork. *Child Abuse & Neglect, 131*, 105710. DOI:10.1016/j.chiabu.2022.105710

Children's Advocacy Centers (CACs) use a multidisciplinary team (MDT) approach to initiate, coordinate, and provide essential multisector services for children and families who experience child abuse. Despite rapid dissemination of the CAC model across the world, little is known about characteristics associated with CAC-based teamwork. Given that teamwork characteristics may impact the outcomes of child and families who interact with CACs, the purpose of this qualitative study was to explore experiences, facilitators, and barriers to CAC-based multidisciplinary teamwork. We conducted semi-structured interviews with members of a MDT at a Midwestern CAC. Findings suggest that MDT teamwork was fostered by clear communication, responsiveness, commitment, openness, and appropriate resources whereas MDT teamwork was hindered by role confusion, conflicting perspectives, poor communication, low staffing, complex politics, and structural barriers. Characteristics of CAC-based teamwork may vary from the teamwork of other types of child protection teams. Interventions that enhance CAC-based teamwork may optimize the function of CAC MDTs and improve outcomes for children and families who engage with CACs.

Bowen, K. N., & Nhan, J. (2021). Stakeholder collaboration of a Texas Children's Advocacy Center: An exploratory analysis of relations between law enforcement, Child Protective Services, and the children's advocacy center. *Children and Youth Services Review, 121*, 105837. DOI:10.1016/j.chilgyouth.2020.105837

The child advocacy center (CAC) model utilizes a multidisciplinary approach to handle crimes against children cases, with child protective services (CPS) and law enforcement agencies working closely with CACs. Though the CAC model surfaced in the 1980s, the main stakeholders' collaborations are not well studied. The purpose of this exploratory study is to examine the interagency collaboration and frictions between the main stakeholders in the CAC model: law enforcement, CPS, and the CAC using a nodal governance theoretical framework. Employing a qualitative research methods approach, the researchers interviewed 11 respondents about collaborations and frictions between stakeholders in the CAC. The researchers uncovered three themes: friction with law enforcement caseloads and case filings, friction between stakeholders, and training as a possible remedy to these frictions. These themes are detailed and discussed to offer more insight into the daily workings of this model. Despite this collaborative arrangement that collectively, in principle, has the common goal of protecting children, our nodal mapping exercise revealed frictions derived from structural and cultural divergences, such as different missions, priorities, investigative deadlines and time frames. In addition to training, the researchers offer suggestions to minimize these frictions.

Cook, D. L., Livesley, J., Long, T., Sam, M., & Rowland, A. G. (2021). [The need for children's advocacy centres: Hearing the voices of children](#). *Comprehensive Child and Adolescent Nursing, 45*(4), 368-382. DOI:10.1080/24694193.2021.1989085

Children and young people (CYP) can be empowered to take on roles as agents of change in their own communities. CYP want to be heard and should be actively involved in the co-production, design and development of services aimed at them to ensure that the resulting services are acceptable and accessible. Little analysis of the framing and discourse of co-production in different contexts has been undertaken. Building on

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

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

The objective of this study was to improve the holistic response to child sexual abuse in Perth, Western Australia, a group consisting of government and community support agencies developed a new co-located approach that combined support services with investigations, called the Multi-agency Investigation & Support Team (MIST). The model was comparable to the prominent Children's Advocacy Centre approach, with adaptations for Australian conditions. This study evaluated the fidelity with which this new program was delivered and examined whether it resulted in improved criminal justice, child protection, and service outcomes compared to existing practice. Drawing on service data linked across participating agencies the study found MIST was delivered with reasonable fidelity to its planned procedure, but with some challenges for delivery of the program due to the relative workload for staff in the MIST condition. The service demonstrated high levels of caregiver satisfaction with the response and high rates of

children's engagement with therapy. A quasi-experimental comparison between MIST (n = 126) and Practice as Usual (n = 276) found MIST was significantly faster throughout the criminal justice and child protection processes, but the conditions did not differ in the rate of arrest or child protection actions. While embedding support services within the investigation process may not have a dramatic influence on criminal justice and child protection outcomes, the high rates of uptake of therapeutic services and parental satisfaction suggest other benefits that require future exploration.

Herbert, J., Ghan, N., Salveron, M., & Walsh, W. (2021). Possible factors supporting cross-agency collaboration in child abuse cases: A scoping review. *Journal of Child Sexual Abuse, 30*(2), 167-191. DOI:10.1080/10538712.2020.1856994

Cross-agency collaboration for responding to child abuse cases is critical for the safety and wellbeing of children. However, working effectively across organizational boundaries can be difficult, especially where there are considerable disciplinary differences. Accordingly, many jurisdictions have put in place policies and processes to support cross-agency collaboration across groups responding to severe child abuse. The aim of this scoping review was to highlight key factors that may influence the quality of cross-agency collaboration in severe child abuse cases. A systematic search comprising 57 empirical studies examining the facilitators and/or barriers to cross-agency collaboration in child abuse cases was undertaken identifying eleven factors. This review found the most commonly cited factor was the need to reconcile the different roles/mandates of workers with their roles in a cross-agency response. A clear cross-agency protocol that establishes agreed procedures was also a commonly cited factor, along with cross-agency training, and communication and information sharing practices. This scoping review highlighted the lack of high-quality evidence that could be used to assess the effectiveness of policies and processes to support cross-agency collaboration for child abuse cases, and targeted areas for future research to enhance the quality of evidence for this common type of program/intervention.

Taylor, E. K., Tener, D., Silovsky, J. F., & Newman, A. (2021). Comparison of children's advocacy center responses to harmful sexual behavior among siblings: An international perspective. *Child Abuse & Neglect, 122*, 105371. DOI;10.1016/j.chiabu.2021.105371

Harmful sexual behavior (HSB) is sexual behavior exhibited by children & adolescents that is developmentally inappropriate and/or harmful or abusive towards themselves or others. Victims of children with HSB are commonly siblings. Multiple professionals may be involved in cases of youth HSB involving siblings, which places Children's Advocacy Centers (CACs) in a key position to directly address intrafamilial HSB. Approximately 25% of all cases seen at CACs in the U.S. are youth-initiated HSB. However, no known research has examined how CAC professionals approach decision-making and response to intrafamilial & sibling HSB, particularly across regions & cultures. To examine the perspectives of professionals from 3 separate CACs in Israel, eastern U.S., & southwestern U.S. regarding their decision-making and response process for sibling HSB participated in this study. Thirty-seven participants including representatives from child welfare, law enforcement, family advocacy, mental health, and the court system, among other, completed focus groups that asked them to discuss how their system would respond to a vignette case. Using qualitative thematic analysis, results indicate all sites perceived sibling HSB as a family crisis, and they prioritized establishing safety & providing therapeutic interventions. Differences across sites were on how to establish safety & when to use legal actions. The study draws attention to the influences that formal policy & community contexts have on CAC decision-making, particularly around the availability of evidence-based treatments & caregiver engagement.

Fields, J. A. (2020). [\*Exploring the leadership of multidisciplinary collaboration in child maltreatment service organizations: A case study of the Southern Alberta Children Advocacy Centre\*](#) (Doctoral thesis, University of Calgary).

This qualitative case study aimed to provide an understanding of collaborative leadership at the newly established Southern Alberta Child Advocacy Centre (SACAC).

Specifically, the purpose of the research was to describe the activities the senior leadership team engaged in to guide collaboration, and how each team member contributed to, & experienced, the leadership process while working towards providing child maltreatment services to children & their families in the Lethbridge & Medicine Hat communities. The study was conducted with 7 participants, senior executives from social service organizations, over an 18-month period. Data was collected from individual semi-structured interviews & participant observation at 6 team meetings, and the review of meeting minutes & draft organization documents including the Business Plan & by-laws. Case study research was the methodology of choice. Boyatzis' (1998) and Crabtree & Miller's (1999) thematic analysis were used to analyze the data & yielded major themes & thematic categories: 1) creating & sharing a vision; 2) the need for planning; 3) the need for planned intentional collaboration; 4) demonstrating respect; 5) utilizing self-identified leadership styles; 6) leadership roles; 7) benefits of leadership; and 8) challenges to leadership. Leadership theories including transformational, transcendent, & facilitative, and models of collaboration utilized in healthcare, were examined to provide an understanding of the application of leadership & collaboration in social service settings. Discussions in this dissertation were guided primarily by the Reclaiming futures: Communities helping teens overcome drugs, alcohol, & crime framework (termed the RF Framework), which focused on collaborative leadership. The study built on the foundation provided by the RF Framework to propose a Child Advocacy Centre (CAC) Model of Collaborative Leadership and presented a discussion on its implications for social work practice & education, and policy development.

Hays, D. (2019). *Multidisciplinary team members' perception of the child advocacy center model: Appreciative inquiry* (Publication No. 27545491) [Doctoral dissertation, Capella University]. ProQuest Publishing.

Research shows the act of child abuse has a devastating and long-lasting impact upon victims. In relation to the current study, research has shown abuse investigations are

uncoordinated and often result in children participating in multiple forensic interviews. Introduced in 1985, the child advocacy center (CAC) model utilizes the multidisciplinary team (MDT) approach to intervening with child victims of sexual assault and their non-offending caregivers. The preferred approach to investigations of child abuse, CACs provided child-focused, coordinated, investigative efforts often overlooked throughout traditional investigations. Research has validated that using the CAC approach is beneficial to child victims and their non-offending caregivers. Minimal research exists related to the benefits of the CAC model to those mandated to utilize the model throughout their investigative role. Conducted within a Northeastern state, this appreciative inquiry (AI) study evaluated a newly established CAC. Study participants represented two mandated investigator agencies, child welfare social workers, and law enforcement investigators. Data focused on participants' perception of the benefit of utilizing the CAC model throughout investigations of child abuse. The research question addressed the following: How can the CAC model be improved to facilitate its goals? Data sources included artifact review, researcher observation, and individual semi-structured interviews conducted with child welfare social workers and law enforcement investigators who utilized services offered by the research site. Strengths, opportunities, aspirations, and results (SOAR) analysis was utilized to analyze collected data as they aligned with AI's 4D model. Data results were similar to the benefits identified by the National Children's Alliance (NCA). Participants identified the forensic interview process as beneficial as it provided access to trained forensic interviewers and increased the data collection and information sharing process amongst MDT members. Recommendations to improve the CAC model included increasing MDT members' knowledge of the role of other team members and priorities within the investigative process. Additional research related to how the CAC model benefits MDT members is necessary.

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

The physical and sexual abuse of children is a complex social issue that often requires a multi-disciplinary response; an alliance between police, child welfare authorities, mental health, medical examiners, and advocates for children and their non-abusive caregivers. Previously published reviews have identified deficits in the rationale for multi-disciplinary approaches to child abuse; a mismatch between the intention of systems to address the wellbeing of children post-disclosure, and their design which overwhelmingly focuses on the needs of the criminal justice system. This article aims to present a collective program logic from models identified in the research literature, reflecting the collective rationale in use among multi-disciplinary teams responding to child abuse. The logic highlights that the rationale for multi-disciplinary teams relies heavily on referral to external services and programs to improve the wellbeing of children and families affected by abuse. This article will add to the conceptual development, planning and evaluation of multi-disciplinary teams by elucidating common assumptions about the connection between mechanisms and outcomes across approaches. Articulating the assumptions underlying this common approach will assist program developers with designing interventions that are appropriately targeted and result in meaningful improvements to multi-disciplinary approaches and suggests critical areas for further research to improve understanding of the effects of multi-agency components.

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

The purpose of the present study was to investigate sociodemographic variables, features of sexual abuse (SA), and first psychiatric evaluation results of abused children, and to analyze the relation of the psychiatric evaluation results to the children's age and

gender, type and duration of abuse, abuser–child relationship, and marital status of the children’s parents, at one of the most experienced Child Advocacy Centers (CACs) in Turkey. All data were obtained from reports prepared by child and adolescent psychiatrists. The sample of this study consists of 436 child sexual abuse (CSA) cases who admitted İzmir CAC between April 2014 and November 2015. The statistical analyses yielded significant relations between psychiatric symptoms and chronic abuse, the gender of the children, and type of abuse. Suicidal ideation and behaviors due to sexual abuse (SA) were also examined. According to our results, it is fair to say that children exposed to SA benefit from immediate psychiatric help because of their vulnerability for psychiatric disorders due to abuse. In this context, CACs are very important multidisciplinary establishments to determine children’s multiple needs to ease their trauma with collaborative teamwork. Psychiatric evaluation should be part of this multidisciplinary context.

Bonach, K., & Witham, D. H. (2018). Exploring perceived collaboration between children's advocacy centers and rape crisis centers in Pennsylvania. *Sociological Viewpoints*, 32(1), 37-57. DOI:10.26908/3212018\_014

Because of the shared mission to assist child victims of sexual abuse and their families, collaboration between Children’s Advocacy Centers (CACs) and Rape Crisis Centers (RCCs) is important to ensure that child-focused investigations occur, and that treatment is provided as part of a multi-system response to child maltreatment. The purpose of this mixed-methods study was to explore the perceived factors that contribute to and/or hinder successful collaboration between Pennsylvania CACs and RCCs. The quantitative portion used an adapted version of The Wilder Collaboration Factors Inventory (WCFI) to measure 20 factors associated with influencing collaborative success. The qualitative portion used semistructured phone interviews to identify the specific challenges to and proposed recommendations for successful collaboration between Pennsylvania CACs and RCCs. The results indicate significant differences in how

the CACs and RCCs perceive collaboration in 3 of the 20 factors measured by the WCFI and the follow-up phone interviews yielded 5 specific themes which supported the quantitative results. The results of this study can enhance the collaborative response between and improve the overall services provided by CACs and RCCs to child sexual abuse victims and their families.

Herbert, J. L., Walsh, W., & Bromfield, L. (2018). A national survey of characteristics of child advocacy centers in the United States: Do the flagship models match those in broader practice? *Child Abuse & Neglect*, 76, 583-595.  
DOI:10.1016/j.chiabu.2017.09.030

Child Advocacy Centers (CAC) emphasize developing effective cross-agency collaborations between workers involved in serious abuse investigations to foster improvements in agency outcomes, and to minimize distress, confusion and uncertainty for children and families. This study examined the characteristics of CACs, whether models in practice match the predominant model presented in the research literature. Directors of CACs in the United States that were members of the National Children's Alliance (NCA) mailing list ( $n = 361$ ) completed an online survey in 2016. While some core characteristics were ubiquitous across CACs, the data suggests that different types of CACs exist defined by characteristics that are not prescribed under NCA principles, but which are arguably relevant to the quality of the response. From the results of a cluster analysis, the researchers propose a typology of CACs that reflects the development and integration of centers: (a) core CAC services (i.e. interviewing & cross-agency case review), (b) an aggregator of external services, and (c) a more centralized full-service CAC. Further research is needed to understand how these variations may impact practice and outcomes; this is particularly important considering many CACs do not match the full-service models most commonly examined in the research literature, which limits the degree to which these findings apply to CACs generally. This article proposes further

research framed by the need to better understand how different parts of the response impact on outcomes for children and families affected by abuse.

Young, T. L., & Nelson-Gardell, D. (2018). A grounded theory study of collaboration in multidisciplinary teams. *Journal of Public Child Welfare, 12*(5), 576–595.  
DOI:10.1080/10538712.2018.1517109

The multidisciplinary team response to child abuse emerged during the 1980s as increasing numbers of reports brought recognition that one agency alone lacked the expertise and resources to effectively deal with this complex issue. Using constructivist grounded theory, we interviewed a diverse sample of frontline team members about how they perceived collaboration and working with representatives from different agencies responsible for child abuse investigations. The study revealed how team members rely upon relationships built over time through shared experiences to facilitate communication and information sharing. Findings suggest multidisciplinary team members face challenges and collaborative relationships may mitigate these circumstances.

Voss, L., Rushforth, H., & Powell, C. (2017). Multi-agency response to childhood sexual abuse: A case study that explores the role of a specialist centre. *Child Abuse Review, 27*(3), 209–222. DOI:10.1002/car.2489

Through the application of case study methods, this research explored the role of a specialist centre that responds to actual or suspected childhood sexual abuse (CSA). When CSA is suspected to have occurred, children and families and professionals from statutory agencies are required to navigate complex processes. This study was undertaken to explore those processes in a specialist children's referral centre. It comprised three datasets: (1) 60 children (0–17 years) were 'tracked' to ascertain and criminal justice actions; (2) semi-structured interviews with 16 professionals

(paediatricians, specialist nurses, child abuse investigation police officers and children's social workers); and (3) analysis of 'patient' and parent/carer satisfaction questionnaires. Medical examination rarely confirmed abuse and only 13 per cent of cases were pursued within the criminal justice system. However, 66 per cent of children had an identified health need requiring follow-up. Professionals from all groups believed the centre provided a 'child friendly' facility that enhanced co-operation. However, challenges with focusing on the needs of children and with multagency working were identified. Routine patient satisfaction data collected at the time of the study demonstrated positive views of the care received, although other data suggest that this may be an incomplete picture.

Søbberg, L. M., & Thams, A. F. (2016). [Adapting a model of response to child abuse to the conditions in the circumpolar north](#). *International Journal of Circumpolar Health*, 75, 32713. DOI:10.3402/ijch.v75.32713.

Sexual and reproductive health is dependent on sexual well-being. Research shows that sexual abuse during childhood has long-term consequences on both mental and physical health of the victims during the rest of their lives. Furthermore, research shows that the children of mothers who themselves were victims of childhood abuse suffer from greater psychosocial maladjustment than other children. Numerous reports argue that social problems including sexual abuse of children are widespread in the arctic north. Preventing sexual abuse as well as dealing adequately with cases of abuse is of utmost importance to ensure sexual and reproductive health. The methods and models of dealing with cases of child abuse consequently play an important role in the promotion of sexual and reproductive health. In 2010, Naalakkersuisut, the Government of Greenland, decided to establish a centre to deal with cases of child abuse. Saaffik (Saaffik.gl) was inspired by the Children's Advocacy Center (CAC) developed in the United States in the 1980s. Based on the principles of CAC and the Scandinavian-adopted models called "barnahus", Saaffik had a "one-door" approach which provided a coordinated response to the child victims and ensured that relevant institutions and authorities co-operated.

The multidisciplinary approach ensured that children could meet all relevant professionals within Saaffik, including medical staff, police and social services. The model and idea of the “one-door” principle is compelling and has had positive impact on the treatment of child abuse in the United States and countries in Scandinavia. However, in Greenland the implementation of a “one-door” model for the entire country is challenged by geography and the enormous distances in Greenland make it impossible to secure the transportation of children from all of Greenland to Nuuk. Lack of educated and trained staff makes it difficult to meet the needs of children across the country. Saaffik is no longer an independent centre but part of the Central Advisory Unit under the Department of Children and Families, established to assist municipalities and social workers in their work with vulnerable children. Saaffik remains a child-friendly place with knowledge and expertise on child abuse, but the “one-door” model is abandoned. Instead of the “one-door” principle, Saaffik now concentrates on becoming a knowledge centre, with expertise to help social workers throughout Greenland in their dealing with child abuse. Furthermore, a travelling team of experts has been established. The responsibility of the travelling team is to assist and help authorities and victims of abuse. The development away from the “one-door” model and towards an out-reaching travelling team seems to be a productive way of providing adequate assistance to child victims of sexual abuse in Greenland. The strengthening and centralisation of expertise combined with the ambition to meet the children where they live is an example of using inspiration from an existing model and transforming it into a model more suitable for the circumstances of life in the circumpolar north. The new developments at Saaffik provide positive aspirations of establishing an institution, which can effectively deal with the consequences of sexual abuse. With adequate resources and political support, the developments of Saaffik have the potential for improving the sexual and reproductive health of children in Greenland. Furthermore, an increased focus on the problems of sexual abuse may improve the public health and well-being of the entire population of Greenland as the long-term consequences of abuse are reduced. An important lesson of the case of implementing an American/Scandinavian model of handling child sexual abuse in Greenland is that

simply adopting a foreign model does not necessarily meet the needs of the circumpolar territories. Finding inspiration in models from other countries certainly makes sense, but it is vital to adapt and adjust a model to the needs and circumstances of the populations in question.

Cooper, R. (2014). Children's Advocacy Centers and Indian Country. *Update*, 24(2), 1-4.

In this article, the author explores the extent to which child abuse professionals in Indian Country have adopted multidisciplinary frameworks and the Children's Advocacy Center model.

Newlin, C., & Doggett, C. (2014). [Multidisciplinary response to child maltreatment: International implementation of the Children's Advocacy Center Model](#). In J. R. Conte (Ed.), *Child abuse and neglect worldwide* (Vol. 3, pp. 1-17). Bloomsbury Publishing.

Johnson, L. B. (2013). A qualitative study of communication among child advocacy multidisciplinary team members using a web-based case tracking system. *Journal of Technology in Human Services*, 31(4), 355-367.  
DOI:10.1080/15228835.2013.861783

A qualitative study was conducted to gain information about communication among child advocacy multidisciplinary team (MDT) members when using a Web-based case tracking system. Analysis of the focus groups revealed a number of strengths and barriers. Users positively appraised aptness of the system for expediting communication and saving time. Lack of training and duplication of effort with other systems were recognized as impediments. In addition to the typical reactions to such systems, other factors, such as motivation and subjectivity, are discussed which may affect the success of such systems.

Cross, T. P., Fine, J. E., Jones, L. M., & Walsh, W. A. (2012). Mental health professionals in children's advocacy centers: Is there role conflict? *Journal of Child Sexual Abuse, 21*(1), 91-108. DOI:10.1080/10538712.2012.642466

Two recent chapters in professional books have criticized children's advocacy centers for creating role conflict for mental health professionals because of their work with criminal justice and child protection professionals in children's advocacy centers as part of a coordinated response to child abuse. This article argues that these critiques misunderstand children's advocacy center practice and overestimate the risk of role conflict. Children's advocacy center standards set a boundary between forensic interviewing & therapy, which in most children's advocacy centers are done by separate professionals and never by the same professional for a given child. Many mental health professionals serve children's advocacy centers as consultants with no treatment role. Children's advocacy center therapists are rarely involved in investigation, and their participation in multidisciplinary teams focuses on children's interests and well-being.

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. DOI:10.1016/j.childyouth.2012.02.015

Child Advocacy Centers (CACs) are a child-centered, multidisciplinary response to child abuse. Two important components of a CAC model include the multidisciplinary team (MDT) and case review. The purpose of this study was to assess MDT members' perceptions of the MDT and case review and to test whether there were differences by profession, status, or CAC designation. MDT members (N = 217) affiliated with a CAC in Virginia completed an online survey containing 35 items. CAC staff was more likely to identify problems associated with case review than other professional groups. Investigators perceived case review meetings as lasting too long, whereas service providers did not. Supervisors and frontline workers disagreed on the core function of a CAC, as did CAC staff and investigators/service providers. Accredited and associate

CACs identified problems associated with case review, while developing CACs identified staffing issues as problematic. Research identifying the elements of “effective” MDTs and case review is needed to provide guidance to CAC directors who are most frequently in the role of managing, nurturing, and arranging training for the MDT and coordinating case review meetings. In addition, greater training for MDT members in the importance of case review and collective team identification is warranted.

Smith, T. M. (2011). *Case studies of multidisciplinary child abuse case review teams and their leaders in children's advocacy centers in Pennsylvania* (Publication No. 3453625) [Doctoral dissertation, Indiana University of Pennsylvania]. ProQuest Publishing.

Child abuse is a multi-system problem in that different agencies are charged with different responsibilities in its investigation, evaluation, intervention and treatment. This study explored the roles and relationships of team leaders and team members on child abuse case review teams in Children's Advocacy Centers (CACs) in Pennsylvania. The CAC model has been shown to be a successful collaborative community response to child abuse. This study reviewed the historical background of child abuse and the progression of society's response in developing a collaborative approach. The multidisciplinary team, as it became known, is critical to identifying and managing cases of child abuse. Multidisciplinary team members coordinate services to address issues that cannot effectively be solved by only one system's interaction. Understanding the leadership of multidisciplinary teams and the roles and responsibilities of the team members has been the focus of this research. An important aspect of the integrated CAC model is the case review process. My findings from the qualitative methods used in this study have highlighted the qualities of trust, respect and commitment as important in establishing and sustaining effective multidisciplinary child abuse teams. In addition, key components for consideration included: alignment of foundational documents, leadership quality, meeting location, meeting attendance and participation, and

leadership boundaries. Team leaders and members value the collaborative process and voiced expectations of discipline representation, attendance and participation in case review meetings. These results will inform existing CACs and developing programs, as well as other private sector and non-profit agencies of the benefits of team member and leader acceptance of divergent perspectives and open communication in how to best manage collaborative teams.

Connell, M. (2009). The child advocacy center model. In K. Kuehnle & M. Connell (Eds.), *The Evaluation of child sexual abuse allegations: A comprehensive guide to assessment and testimony* (pp.423-449). John Wiley and Sons.

Walsh, W. A. (2008). Legal system, criminal investigation of victimization of children. In C. Renzetti, & J. Edleson (Eds.), *The Encyclopedia of interpersonal violence* (pp. 404-407). Sage Publications

Chandler, N. (2006). Children's advocacy centers: Making a difference one child at a time. *Hamline Journal of Public Law and Policy*, 28, 315-338.

Simone, M., Cross, T. P., Jones, L. M., & Walsh, W. A. (2005). Children's advocacy centers: Understanding the impact of a phenomenon. In K. Kendall-Tackett & S. Giacomoni (Eds.), *Child victimization: Maltreatment; Bullying and dating violence; Prevention and Intervention* (pp. 1-24). Civic Research Institute, Inc.

Walsh, W., Jones, L., & Cross, T. P. (2003). [Children's advocacy centers: One philosophy, many models](#). *APSAC Advisor*, 15(3), 3-7.

Bell, L. (2001). Patterns of interaction in multidisciplinary child protection teams in New Jersey. *Child Abuse & Neglect*, 25(1), 65–80. DOI:10.1016/S0145-2134(00)00224-6

The objective of this study was to gain an understanding of how multidisciplinary team members in child protection work within the team to provide assessments of, and services to, children & families. 15 multidisciplinary child-protection teams in New Jersey were observed during one meeting of each team. The interaction among team members was recorded & analyzed using a structured observation method. There was a wide variation in participation among team members, with some contributing nothing to the meeting and others contributing a great deal. In some teams, participation by members was more equal than others. Some professional groups & agencies contributed very little to any meeting while others contributed much to many meetings. Professionals are members of multidisciplinary teams because they are expected to contribute to the investigation of child maltreatment cases and to the planning for further work with cases. However, the findings from this study suggest that there is a considerable degree of inequality in levels of participation in multidisciplinary meetings. It is particularly noticeable that staff from the prosecutor's offices participate in every meeting and either the agency as a whole or individual members of it dominate many of the meetings.

[Special Issue: Children's Advocacy Centers](#) (2001). *Children's Law Report*, 6(4), 1-8.

Serious child abuse cases are often complicated by the simultaneous involvement of both the child protection & criminal justice systems, with separate investigations & court proceedings. A children's advocacy center provides an interface between these systems. A primary goal of the coordinated response is to reduce the victimization of children by the system. Team members can exchange information & coordinate their functions while maintaining the mandates of their particular agencies or profession. For example, one professional may interview the child after collaborating with other team members, who observe the interview. Benefits of collaboration include reduction in the number of

interviewers; achieving more comprehensive & accurate information for prosecution and child protection; and more effective treatment & follow-up. Essential components are a child-friendly facility for interviewing, professional interviewers, multidisciplinary investigation and case review, access to timely, specialized medical & mental health services, and follow-up services.

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

This is an exploratory study that describes the process & outcomes of a Midwestern US community's approach to case management of child sexual abuse. Data were abstracted from 323 criminal court files. Specific information gathered included child and suspect demographic data, law enforcement & CPS involvement, child disclosure patterns & caretaker responses, offender confession, offender plea, trial & child testimony information, and sentences received by offenders. Both case process and outcome variables were examined. In this community, criminal court records reflect a sex offense confession rate of 64% and a sex offense plea rate of 70%. Only 15 cases went to trial and in 6 the offender was convicted. Communities can achieve successful outcomes when criminal prosecution of sexual abuse is sought, but the child's testimony is not necessarily the centerpiece of a successful case. In this study, desired outcomes were a consequence of the collaborative efforts of law enforcement, CPS, and the prosecutor's office, which resulted in a high confession and plea rate.

Cramer Jr, R. E. (1986). A community approach to child sexual abuse: The role of the office of the district attorney. *Response, 9*(4), 10-13.

Prosecutors, as the chief law enforcement officers in their communities, are in an excellent position to take the lead in mobilizing agencies and professionals to make the changes

needed to implement a multidisciplinary approach to the problem, an approach that has proven more humane and effective in our community and can be in others as well. Although each community has a unique chemistry, there are basic elements on which a program can be built that are useful to any community.

Cramer Jr, R. E. (1985). [The district attorney as a mobilizer in a community approach to child sexual abuse](#). *University of Miami Law Review*, 40(1), 209-216.

This publication is the earliest lengthy explication of the conceptual model and organizational relationships that became the Children's Advocacy Center model.

Carnes, C. N., & Shadoin, A. L. (n.d.). *The family advocate: Providing support to non-offending caregivers*. National Children's Advocacy Center.

## ***Investigation and Prosecution***

Elenko, J., Dimitropoulos, G., & Parker, N. J. (2026). Examining professional perceptions and use of remote testimony in a child and youth advocacy centre: A convergent mixed methods study. *International Journal on Child Maltreatment: Research, Policy and Practice*, 9(1), 159-175. DOI:10.1007/s42448-025-00239-x

Providing testimony in criminal legal proceedings can be traumatizing for child and youth victims of abuse. Use of testimonial aids, including remote testimony, is one approach to mitigate trauma. Child and Youth Advocacy Centres (CYACs) are a collaborative, cross-sectoral response to child abuse allegations. Recently, CYACs have started implementing remote testimony as part of trauma-informed court supports. There is limited evidence currently available on professional perceptions & use of remote testimony. This study used a convergent mixed methods design to examine implementation of remote testimony at an urban CYAC in Canada. We conducted a survey with professionals who had made a remote testimony request to explore professional perceptions of remote testimony & calculated descriptive statistics from administrative data on remote testimony requests to examine how professional perceptions aligned with remote testimony use. Results from the survey & administrative data were converged by mapping findings onto implementation domains in the interpretation phase. Overall, remote testimony was found to be an acceptable, appropriate, and feasible support in the CYAC context. Considerations for implementation, including perceived technology barriers, use with adults, and the role of multidisciplinary partners, are discussed. Future research that examines remote testimony implementation in multiple sites and with professionals who have not made remote testimony requests is needed to further enhance the understanding of remote testimony as an aid in child abuse cases.

Block, S. D., Johnson, H. M., Gonzales, J. E., Winstead, A. P., Ramsey, M. G., Shockley, K. L., & Williams, L. M. (2024). Finding justice? Recommendations beyond prosecution in 500 cases of child sexual abuse. *Psychology, Public Policy, and Law*, 30(4), 447–461. DOI:10.1037/law0000438

Most child sexual abuse (CSA) cases reported to prosecutors and children’s advocacy centers do not proceed to criminal prosecution (more than 80% not prosecuted in Block et al., 2023). While the motivations for an official report of CSA are likely numerous and complex, it is clear that society strives for justice, safety, and support for the victim and the community. Little is known about recommendations other than the binary decision of prosecution or nonprosecution for a large and diverse sample of CSA reports. This study explored recommendations other than or in addition to prosecution in a sample of 500 CSA reports to prosecutors. Recommendations for the victim, perpetrator, caregiver, other legal action, and state action were recorded. Approximately 25% of cases had at least one recommendation and over 49% of these cases had two or more recommendations, with one case having eight total recommendations. Over 26% of cases recommended therapy for the victim and had an ongoing or new involvement with child protective services. Regression analyses revealed that specific case factors predicted different types of recommendations. For example, the odds of recommending an action related to a victim were 2X more likely when there was a victim disclosure barrier & when the abuse included penetration. This research has the potential to inform policy aimed at achieving meaningful and just outcomes in extremely complicated and challenging CSA cases.

Hendrix-Dicken, A. D., Passmore, S. J., Baxter, M. A., & Conway, L. K. (2023). [McGirt v Oklahoma and what clinicians should know about present-day child abuse and legacies of forced migration](#). *AMA Journal of Ethics*, 25(2), 123–129. DOI:10.1001/amajethics.2023.123.

In 1997, Jimcy McGirt was convicted by the State of Oklahoma for sex crimes against a minor. McGirt appealed his conviction, citing that Oklahoma lacked jurisdiction over the case due to his tribal citizenship, since the crime took place on tribal territory. On July 9,

2020, the Supreme Court of the United States (SCOTUS) reversed the Oklahoma Court of Criminal Appeals' original decision for the case, citing that Congress had failed to disestablish reservations with regard to the Major Crimes Act, which gave the federal government jurisdiction over major felony crimes perpetrated by Native Americans on reservations. This ruling has already caused sweeping changes in the investigations and prosecutions of child maltreatment in eastern Oklahoma, as such cases may fall under the jurisdiction of federal agencies or tribal law enforcement. This article details the historic significance of the decision and the experiences of 3 child abuse pediatricians working as part of a multidisciplinary team while jurisdictional changes were implemented following the SCOTUS ruling.

Jones, L. M., & Mitchell, K. J. (2022). Predictors of multidisciplinary team sustainability in work with child sex trafficking cases. *Violence and Victims, 37*(2), 222-243.  
DOI:10.1891/VV-D-19-00073

A coordinated response by a trained multidisciplinary team (MDT) can help support child sex trafficking (CST) victims, but little is known about factors that influence the development and sustainability of MDTs in this work. An online survey was conducted with 171 professionals who attended a Multidisciplinary Team Child Sex Trafficking (MDT-CST) training to identify factors related to team growth. Increased MDT success was related to: (1) the presence of a CST-specific advocacy organization in the community; (2) other community agencies active in supporting CST victims (e.g., SANE nurses, faith-based organizations, and runaway shelters); (3) a greater breadth of professional representation on the MDT; and (4) agency leadership support for the CST action plan. Most of the MDTs sustained and increased their coordination with other community agencies over time, but the study identified that growth is improved when administrators support team efforts and there are resources and supports for CST victims elsewhere in the community.

Lindenbach, D., Dimitropoulos, G., Bhattarai, A., Cullen, O., Perry, R., Arnold, P. D., & Patten, S. B. (2022). Confidence, training and challenges for Canadian child advocacy center staff when working with cases of online and in-person child sexual exploitation. *Journal of Child Sexual Abuse, 31*(3), 297-315.  
DOI:10.1080/10538712.2022.2037803

Child Advocacy Centers are interdisciplinary hubs that play a vital role in responding to child maltreatment, especially sexual abuse. Sexual abuse cases increasingly involve an online component, but no studies have examined the experience of Child Advocacy Center staff in dealing with online sexual exploitation. This study surveyed 37 staff at five Child Advocacy Centers in Alberta, Canada to understand their ability to recognize and respond to concerns about online and in-person sexual exploitation of their clients. The majority of respondents (54%) dealt with cases that involved grooming, luring, sexual abuse and child sexual abuse imagery (also known as child pornography) in the last year. Staff were equally confident in their ability to recognize and respond to grooming, luring, sexual abuse and child sexual abuse imagery. However, staff were more likely to have formal training in identifying sexual abuse and less likely to encounter difficulties in responding to sexual abuse relative to grooming, luring or child sexual abuse imagery. Clinicians used similar therapies when working with youth impacted by sexual abuse versus child sexual abuse imagery. Given that most Child Advocacy Center staff in our sample dealt with online child sexual exploitation, additional training in this area may be warranted.

Tarshish, N., & Tener, D. (2020). Exemption committees as an alternative to legal procedure in cases of sibling sexual abuse: The approaches of Israeli CAC professionals. *Child Abuse & Neglect, 105*, 104088. DOI:10.1016/j.chiabu.2019.104088

Sibling sexual abuse (SSA) is a widespread form of intrafamilial child sexual abuse frequently regarded as play or normal sexual behavior, and therefore highly underreported. Israeli law allows Child Protection Officers (CPOs) to suspend police intervention after the disclosure of SSA, and refer the family to therapy, by applying to an

“exemption committee.” This study will examine the characteristics of cases referred to the exemption committee or legal procedure and the justifications provided by CPOs to support the decisions. The study was based on 40 family cases referred to the Child Advocacy Center in Jerusalem: 20 cases were referred to an exemption committee & the rest to legal procedure. Qualitative document analysis was conducted on the two groups of cases. Files were then analyzed using the thematic analysis approach. During the decision-making process, CPOs assess each of the cases in a broad & holistic manner, basing their decisions on various contextual factors, including the characteristics of the survivor, the perpetrator, parents & other siblings, and the types of sexual acts involved. This comprehensive approach to understanding & handling the complex family story and nature of SSA underscores the need to address SSA and subsequent interventions, legal or therapeutic, not exclusively in terms of quantifiable criteria, but also in terms of a crisis involving the relationships in the entire family, past & future course of treatment, and the perceptions of family members involved.

Buchan, I. R. (2019). *Engagement in Children's Advocacy Centers' multidisciplinary teams: Law enforcement's perspective* (Publication No. 27548949) [Doctoral dissertation, Indiana University of Pennsylvania]. ProQuest Publishing.

This study explores factors that facilitate or hinder the engagement of law enforcement in multidisciplinary teams (MDTs) at Children's Advocacy Centers (CACs). CACs are a collaborative approach to child sexual abuse. MDTs bring together major disciplines responding to child abuse including law enforcement, children & youth services (CYS), the district attorney's (DA's) office, and medical, therapeutic, & victim services. The MDT collaborates in a joint investigation that avoids the need for children to repeat their abuse story multiple times to different adults, possibly retraumatizing them. As the criminal investigator on the MDT, the law enforcement representative's engagement is vital for the success of the MDT process. The literature indicates that law enforcement officers may face some unique obstacles to CAC MDT engagement. Police officers may encounter

barriers to MDT engagement related to lack of institutional support from law enforcement for their MDT role, gendered role assumptions about CAC MDT assignment of officers, a lack of sufficient training regarding child abuse, and limited resources for their MDT participation. Previous research does not address barriers to CAC MDT engagement for law enforcement and how to address them. Fifteen police officers, in jurisdictions served by 1 of the 32 CACs in Pennsylvania, participated in in-depth individual interviews about their experiences and perceptions with CAC MDTs, following a semi-structured guide. This study, though small, produced 7 key themes and the findings are encouraging: (1) officers want to participate and want the MDT to succeed, and they view men & women as equally well equipped for this work, although women are disproportionately assigned to CACs; (2) CACs & DAS' offices can reduce law enforcement barriers to MDT engagement through education, example, building rapport, and providing resources; and (3) state regulations & policies matter because they can provide basic standards of practice for law enforcement participation with CACs. The key implication is that officer engagement on CAC MDTs is not a law enforcement issue, but all CAC MDT members can play a role in engaging officers and other members in the team's success in serving children & families.

Sanchez, L., Grajeda, C., Baggili, I., & Hall, C. (2019). [A practitioner survey exploring the value of forensic tools, AI, filtering, & Safer Presentation for investigating child sexual abuse material \(CSAM\)](#). *Digital Investigation*, 29, S124-S142.  
DOI:10.1016/j.diin.2019.04.005

For those investigating cases of Child Sexual Abuse Material (CSAM), there is the potential harm of experiencing trauma after illicit content exposure over a period of time. Research has shown that those working on such cases can experience psychological distress. As a result, there has been a greater effort to create & implement technologies that reduce exposure to CSAM. However, not much work has explored gathering insight regarding the functionality, effectiveness, accuracy, and importance of digital forensic tools & data science technologies from practitioners who use them. This study focused specifically on

examining the value practitioners give to the tools & technologies they utilize to investigate CSAM cases. General findings indicated that implementing filtering technologies is more important than safe-viewing technologies; false positives are a greater concern than false negatives; resources such as time, personnel, & money continue to be a concern; and an improved workflow is highly desirable. Results also showed that practitioners are not well-versed in data science & Artificial Intelligence (AI), which is alarming given that tools already implement these techniques and practitioners face large amounts of data during investigations. Finally, the data exemplified that practitioners are generally not taking advantage of tools that implement data science techniques, and that the biggest need for them is in automated child nudity detection, age estimation and skin tone detection.

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

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

statistically significant. Results of this study suggest that the MDT model provides a useful tool for prosecutors when determining whether to accept or reject cases of CSA, while official coordination may be less impactful.

Bracewell, T. E. (2018). Outcry consistency and prosecutorial decisions in child sexual abuse cases. *Journal of Child Sexual Abuse, 27*(4), 424-438.  
DOI:10.1080/10538712.2018.1474413

This study examines the correlation between the consistency in a child's sexual abuse outcry and the prosecutorial decision to accept or reject cases of child sexual abuse. Case-specific information was obtained from one Texas Children's Advocacy Center on all cases from 2010 to 2013. After the needed deletion, the total number of cases included in the analysis was 309. An outcry was defined as a sexual abuse disclosure. Consistency was measured at both the forensic interview and the sexual assault exam. Logistic regression was used to evaluate whether a correlation existed between disclosure and prosecutorial decisions. Disclosure was statistically significant. Partial disclosure (disclosure at one point in time and denial at another) versus full disclosure (disclosure at two points in time) had a statistically significant odds ratio of 4.801. Implications are discussed, specifically, how the different disciplines involved in child protection should take advantage of the expertise of both forensic interviewers & forensic nurses to inform their decisions.

Duron, J. F. (2018). Legal decision-making in child sexual abuse investigations: A mixed methods study of factors that influence prosecution. *Child Abuse & Neglect, 79*, 302-314. DOI:10.1016/j.chiabu.2018.02.022

Prosecution of child sexual abuse cases is an important aspect of a community's response for holding perpetrators accountable and protecting children. Differences in charging rates across jurisdictions may reflect considerations made in prosecutors'

decision-making process. This mixed-methods, multiphase study used data from a Children's Advocacy Center in a suburban county in the Southern United States to explore the factors associated with child sexual abuse cases that are accepted for prosecution and the process followed by prosecutors. Data were sequentially linked in three phases (qualitative-quantitative-qualitative), incorporating 1) prosecutor perceptions about what case characteristics affect charging potential, 2) 100 case records and forensic interviews, and 3) in-depth reviews of cases prosecuted. Content analysis was used to identify influential case elements, logistic regression modeling was used to determine factors associated with a decision to prosecute, and framework analysis was used to further confirm and expand upon case factors. Overall, findings indicate that prosecution is most strongly predicted by caregiver support and the availability of other evidence. The decision to prosecute was found to include a process of ongoing evaluation of the evidence and determination of a balanced approach to justice. The decision to prosecute a case can be influenced by strong and supportive investigative practices. An important implication is that interaction among multidisciplinary professionals promotes communication and efforts, further enhancing discretion about potential legal actions.

Lentz, A. (2018). [The primary purpose of Children's Advocacy Centers: How Ohio v. Clark revolutionized children's hearsay](#). *Roger Williams University Law Review*, 23(1), 9.

Bracewell, T. (2015). [Children's Advocacy Centers' effects on the prosecutorial decision to accept or reject cases of child sexual abuse](#) (Doctoral dissertation, Texas State University).

This study investigates the role of Children's Advocacy Centers (CACs) in the decision to accept or reject cases of child sexual abuse for prosecution made by prosecuting attorneys. The first CACs were developed during a time when infamous cases of false child abuse allegations were in the headlines and shed light on the need for trained professionals to interview suspected child abuse victims. While CACs are now found in

every state and routinely used by professionals charged with investigating child abuse allegations, a dearth of research exists regarding the utility of CACs in reference to prosecutorial decisions. Literature on CACs has primarily focused on effectively interviewing children while lessening any potential traumatic effects from an investigation. While CACs across the county vary in mission statements and foci, two consistent components remain: forensic interviewing and the use of multidisciplinary teams (MDTs). This research examined cases processed through a Texas CAC in an effort to bridge the gap of knowledge in reference to the utility of CACs. Logistic regression analysis was used to examine whether the different components of the CAC were correlated with the prosecutorial decision to accept or reject cases of child sexual abuse. Specifically, forensic interviews, MDT components, sexual assault exams, and case coordination were examined. The findings of the research indicate that the age of the child, sex of the alleged perpetrator, child protection dispositions, outcry of the child, the presence of a child witness, the county in which the alleged offense occurred, and whether the child had a sexual assault exam were all significantly correlated with the prosecutorial decision to accept or reject a case. However, physical findings on sexual assault examinations and case coordination between law enforcement & CPS were not significantly correlated with prosecutorial decisions. Implications for CACs are discussed including suggestions to streamline the prosecutorial screening process for child sexual abuse cases. Limitations for this study are also discussed including the small portion of cases that were used for analysis.

Walsh, W. A., Jones, L. M., & Swiecicki, C. C. (2014). Using child advocacy center tracking data to examine criminal disposition times. *Journal of Child Sexual Abuse, 23*(2), 198-216. DOI:10.1080/10538712.2014.868386

Given the difficulty of obtaining criminal justice data on child abuse cases, information from child advocacy centers could be an important resource for answering questions about criminal justice outcomes for child abuse cases. In this exploratory study, we use

data from one child advocacy center (N = 632) to examine the feasibility of using NCAttrak, a national computerized, Web-based case tracking system, to examine criminal disposition timeframes in child abuse cases. The system data indicated that the time frame for the cases to be criminally resolved varied widely. About one in four child physical and sexual abuse cases with adult offenders took more than one year to reach a final disposition. About 11% of child sexual abuse cases with juvenile offenders took more than one year to reach a criminal disposition. We encourage child advocacy centers using computer-based data systems to think of additional ways they might use this potentially rich source of data.

Hartley, D. J., Mullings, J. L., & Marquart, J. W. (2013). Factors impacting prosecution of child sexual abuse, physical abuse, and neglect cases processed through a children's advocacy center. *Journal of Child & Adolescent Trauma*, 6(4), 260-273. DOI:10.1080/19361521.2013.836586

This study examined the impact of victim, offender, and case characteristics on the decision to accept cases of child maltreatment for prosecution. Data were collected over a 2-year period from a large southern Children's Advocacy Center, and the final sample consisted of 467 substantiated cases of child sexual abuse, physical abuse, and neglect. Logistic regression results indicated that sexual abuse cases were significantly more likely to be accepted for prosecution compared to physical abuse and neglect. Additionally, cases involving female victims and male offenders were more likely to be moved forward. When each type of maltreatment was examined separately, logistic regression results indicated that victim and offender age significantly impacted the decision to prosecute sexual abuse cases. Offender gender and age, as well as availability of medical evidence predicted physical abuse case acceptance, and offender gender and frequency of maltreatment significantly impacted prosecutorial decision making for cases of neglect.

Campbell, R., Greeson, M. R., Bybee, D., & Fehler-Cabral, G. (2012). Adolescent sexual assault victims and the legal system: Building community relationships to improve prosecution rates. *American Journal of Community Psychology, 50*(1-2), 141-154. DOI:10.1007/s10464-011-9485-3

Adolescents are at high risk for sexual assault, but few of these crimes are reported to the police and prosecuted by the criminal justice system. To address this problem, communities throughout the United States have implemented multidisciplinary interventions to improve post-assault care for victims and increase prosecution rates. The two most commonly implemented interventions are Sexual Assault Nurse Examiner (SANE) Programs & Sexual Assault Response Teams (SARTs). The purpose of this study was to determine whether community-level context (i.e., stakeholder engagement and collaboration) was predictive of adolescent legal case outcomes, after accounting for “standard” factors that affect prosecution success (i.e., victim, assault, and evidence characteristics). Overall, 40% of the adolescent cases from these two SANE-SART programs (over a 10-year period) were successfully prosecuted. Cases were more likely to be prosecuted for younger victims, those with disabilities, those who knew their offenders, and instances in which the rape evidence collection kit was submitted by police for analysis. After accounting for these influences, multi-level modeling results revealed that in one site decreased allocation of community resources to adolescent sexual assault cases had a significant negative effect on prosecution case outcomes. Results are explained in terms of Wolff’s concept of “overcoalitioned” communities and Kelly’s ecological principles.

Lippert, T., Cross, T. P., Jones, L. & Walsh, W. (2010). [Suspect confession of child sexual abuse to investigators](#). *Child Maltreatment, 15*(2), 161-170.  
DOI:10.1177/1077559509360251

Increasing the number of suspects who give true confessions of sexual abuse serves justice and reduces the burden of the criminal justice process on child victims. With data from four communities, this study examined confession rates and predictors of

confession of child sexual abuse over the course of criminal investigations (final N = 282). Overall, 30% of suspects confessed partially or fully to the crime. This rate was consistent across the communities & is very similar to the rates of suspect confession of child sexual abuse found by previous research. In a multivariate analysis, confession was more likely when suspects were younger and when more evidence of abuse was available, particularly child disclosure and corroborative evidence. These results suggest the difficulty of obtaining confession but also the value of methods that facilitate child disclosure and seek corroborative evidence, for increasing the odds of confession.

Walsh, W. A., Jones, L. M., Cross, T. P., & Lippert, T. (2010). Prosecuting child sexual abuse: The importance of evidence type. *Crime & Delinquency*, 56(3), 436-454.  
DOI:10.1177/0011128708320484

Corroborating evidence has been associated with a decrease in children's distress during the court process, yet few studies have examined the impact of evidence type on prosecution rates. This study examined types of evidence & whether charges were filed in a sample of child sexual abuse cases. Cases with a child disclosure, a corroborating witness, an offender confession, or an additional report against the offender were more likely to have charges filed, controlling for case characteristics. When cases were lacking strong evidence (confession, physical evidence, eyewitness), cases with a corroborating witness were nearly twice as likely to be charged. Charged cases tended to have at least 2 types of evidence, regardless of whether there was a child disclosure or not.

Miller, A., & Rubin, D. (2009). The contribution of children's advocacy centers to felony prosecutions of child sexual abuse. *Child Abuse & Neglect*, 33(1), 12-18.  
DOI:10.1016/j.chiabu.2008.07.002

To describe trends of felony sexual abuse prosecutions between 1992 and 2002 for two districts of a large urban city that differed primarily in their use of children's advocacy

centers (CACs) for sexual abuse evaluations in children. Aggregate data for two districts of a large urban city were provided from 1992 to 2002 from the district attorney's office, child protective services (CPS) agency, and all CACs serving both districts. Summary statistics were calculated over time and compared between both districts for ecologic trends using negative binomial regression. Over the time period of the study, substantiated reports of child sexual abuse declined: District 1 experienced a 59% decrease in the incidence of reports, while District 2 experienced a 49% decrease in the incidence of reports. Despite this decrease, felony prosecutions of child sexual abuse increased in District 1 (from 56.6 to 93.0 prosecutions/100,000 children, rate ratio 1.64, 95% CI 1.38–1.95), but did not significantly increase in District 2 (from 58.0 to 54.9 prosecutions/100,000 children, rate ratio 0.94, 95% CI 0.73–1.23); by 2002, the rate of felony prosecutions in District 1 was 69% greater (95% CI 37–109%) than the rate in District 2. In 1992, CACs in District 1 evaluated approximately 400 children, increasing to 1,187 children by 2002. The number of children evaluated by CACs in District 2 increased modestly from nearly 800 in 1992 to 1,000 in 2002. Felony prosecutions of child sexual abuse doubled in a district where the use of CACs nearly tripled, while no increase in felony prosecutions of child sexual abuse was found in a neighboring district, where the use of CACs remained fairly constant over time.

Adams, A. (2008). Seen but not heard: Child sexual abuse, incest, and the law in the United States. *Journal of Law & Family Studies*, 11(2), 543–598.

This Note will discuss child sexual abuse and related law in the United States. It will then consider some definitional controversies that arise within child sexual abuse statutes. Next, it will examine the problem of prosecuting child sexual abuse cases and explore Children's Advocacy Centers as one solution to the prosecution problem. Finally, it will address incest loopholes that prevent convicted intrafamilial offenders from receiving the maximum punishment allowed by law.

Walsh, W. A., Lippert, T., Cross, T. P., Maurice, D. M., & Davison, K. S. (2008). How long to prosecute child sexual abuse for a community using a children's advocacy center and two comparison communities?. *Child Maltreatment, 13*(1), 3-13. DOI:10.1177/1077559507307839

This article explores the length of time between key events in the criminal prosecution of child sexual abuse cases (charging decision, case resolution process, and total case-processing time), which previous research suggests is related to victims' recovery. The sample included 160 cases in three communities served by the Dallas County District Attorney. Most cases (69%) took at least 60 days for the charging decision, with cases investigated at the Children's Advocacy Center having a quicker time than either comparison community. Only 20% of cases had a case resolution time within the 180-day target suggested by the American Bar Association standard for felonies. Controlling for case characteristics, one of the three communities and cases with an initial arrest had a significantly quicker case resolution time. Total case processing generally took more than 2 years. Implications include the need to better monitor and shorten case resolution time.

Jones, L. M., Cross, T. P., Walsh, W. A., & Simone, M. (2005). Criminal investigations of child abuse: The research behind "best practices". *Trauma, Violence, & Abuse, 6*(3), 254-268. DOI:10.1177/1524838005277440

This article reviews the research relevant to seven practices considered by many to be among the most progressive approaches to criminal child abuse investigations: multidisciplinary team investigations, trained child forensic interviewers, videotaped interviews, specialized forensic medical examiners, victim advocacy programs, improved access to mental health treatment for victims, and Children's Advocacy Centers (CACs). The review finds that despite the popularity of these practices, little outcome research is currently available documenting their success. However, preliminary research supports many of these practices or has influenced their development. Knowledge of this research can assist investigators and policy makers who want to improve the response to victims,

understand the effectiveness of particular programs, or identify where assumptions about effectiveness are not empirically supported.

Newman, B. S., Dannenfelser, P. L., & Pendleton, D. (2005). Child abuse investigations: Reasons for using child advocacy centers and suggestions for improvement. *Child and Adolescent Social Work Journal*, 22(2), 165-181. DOI:10.1007/s10560-005-3416-9

Child protective service (CPS) and child abuse law enforcement (LE) investigators have been required by the majority of states to work together when investigating criminal cases of child abuse. Child Advocacy Centers (CACs) and other multidisciplinary models of collaboration have developed across the United States to meet these requirements. This study surveyed 290 CPS and LE investigators who use a CAC in their investigations of criminal cases of child abuse. Reasons given for using centers, include legal or administrative mandate and protocol, child appropriate environment, support, referrals, capacity for medical exams, expertise of center interviewers and access to video and audio technology. Respondents also identified ways that centers could be more helpful.

Berliner, L., & Lieb, R. (2001). [Child sexual abuse investigations: Testing documentation methods](https://www.wsipp.wa.gov/ReportFile/744). Washington State Institute for Public Policy. <https://www.wsipp.wa.gov/ReportFile/744>

Stroud, D. D., Martens, S. L., & Barker, J. (2000). Criminal investigation of child sexual abuse: A comparison of cases referred to the prosecutor to those not referred. *Child Abuse & Neglect*, 24(5), 689-700. DOI:10.1016/S0145-2134(00)00131-9

The present study sought to identify characteristics of child sexual abuse cases which differentiate cases referred for criminal prosecution (“criminal-action”) from those not referred (“dropped”) by investigators. The study sample consisted of 1043 children who completed a forensic interview for sexual abuse that allegedly occurred at the hands of

an adult between January 1, 1993 and December 31, 1996 in Bernalillo County of New Mexico. Data was systematically obtained from forensic interview files and offender records at the local prosecutor's office. Differences between criminal-action and dropped cases were found in relation to the children (age, sex and ethnicity), the alleged offenders (age, sex and relationship to child), and the case characteristics (disclosure and injury to the child). The present study provided insight into the characteristics of a previously ignored population (reported child sexual abuse cases that are not referred for prosecution). Recommendations are made to address the needs of these children and their families.

## **Medical**

Haahr-Pedersen, I., Bach, M. H., Banner, J., Spitz, P., Balsløv, M., Perera, C., Bramsen, R. H., & Hansen, M. (2024). [Children's experiences of undergoing forensic interviews and forensic medical examinations in a Danish child advocacy center](#). *Child Indicators Research*, 17(5), 2047–2067. DOI:10.1007/s12187-024-10152-3

Child abuse is a severe global problem associated with various negative consequences. It is therefore important that the services received at Child Advocacy Centers (CACs) are perceived as positive as possible by children affected by abuse. Preliminary research indicates that CACs are successful in terms of providing coordinated, professional services. However, existing research has primarily focused on service and criminal justice system outputs, rather than documenting the experiences of the target group: i.e., children undergoing the CAC proceedings. The present study seeks to investigate the children's experiences of the forensic procedures in a CAC. Qualitative interviews were conducted with 15 children undergoing case proceedings at a Danish CAC. The overall experiences of the children of the forensic interview and forensic medical examination were documented. Additionally, five overall themes were constructed using Thematic Analysis: Localities and surroundings, Relational and communicative work, Ambivalent experiences, Need of information and overview, and Missing out on everyday life. The findings of the current study underline the importance of the physical environment of the CAC, the need of information and overview as well as strong relational and communicative skills among professional as core elements in establishing positive encounters with the CAC. Furthermore, the results indicate how negative experiences of visiting a CAC are not necessarily directly linked to the CAC but may be a result of the children experiencing missing out on well-liked everyday activities. Altogether these results are important to consider when planning future CAC visits to support the well-being of the child.

Cassity-Caywood, W., Griffiths, A., Woodward, M., & Hatfield, A. (2023). [The benefits and challenges of shifting to telehealth during COVID-19: Qualitative feedback from Kentucky's Sexual Violence Resource Centers and Children's Advocacy Centers](#). *Journal of Technology in Behavioral Science*, 8(1), 87-99.  
DOI:10.1007/s41347-022-00296-w

The onset of the COVID-19 pandemic presented novel challenges for service providers addressing mental health issues with a large shift to the utilization of telehealth. While previous research has examined the benefits and challenges of providing mental health and crisis services remotely through telehealth, little research exists examining the use of telehealth in children's advocacy centers (CACs) and sexual violence resource centers (SVRCs). CACs and SVRCs are multi-disciplinary agencies taking a holistic approach to addressing interpersonal violence, making them unique in that they provide a range of direct services beyond mental health counseling (e.g., legal advocacy, medical exams, and prevention education) but all geared toward public health and safety. The current study explored the experiences of direct service providers in Kentucky CACs and SVRCs and their opinions about the most significant challenges and benefits of adapting their practices at the onset of the COVID-19 pandemic. A total of 118 providers participated in the study, and 88 reported using telehealth (defined as communicating with clients via technology such as videoconferencing, phone calls, or email) since the onset of COVID-19. Qualitative data from those 88 respondents regarding the challenges and benefits of using telehealth were collected and coded using a thematic content analysis. 78.6% of the sample indicated that they served primarily rural areas. Benefits noted included increasing treatment access, increasing treatment flexibility, and advancing continuity of care, while challenges included difficulties with technology, client engagement, privacy, and logistical challenges. Responses highlighted that telehealth presented both a number of advantages and difficulties and that more formal guidance for providers at CACs and SVRCs was desired.

Hornor, G., Anderson, A. M., Baumeyer, S., Daniels, A., Doughty, K., Hollar, J., Prince, C., Skeens, M., & Wilkinson, K. (2022). Multidisciplinary approach to emergent sexual abuse in a pediatric emergency department: A simulated child advocacy center model of care. *Journal of Forensic Nursing, 18*(3), 164-173.  
DOI:10.1097/jfn.0000000000000365

The purpose of this study was to compare child sexual abuse interview disclosures and judicial outcomes for cases of child and adolescent sexual abuse/assault seen in a pediatric emergency department (PED) before and after the implementation of a simulated child advocacy center (CAC) multidisciplinary model of care. A retrospective chart and legal records review was conducted from both the PED model of care group and the simulated CAC multidisciplinary model of care for judicial outcomes, child sexual abuse interview disclosures, and sexual abuse case characteristics. The simulated CAC multidisciplinary model of care did not result in increased indictments, pleas, trials, or disclosure of sexual abuse in the sexual abuse interview when compared with the PED model of care. The simulated CAC multidisciplinary model of care did result in a significantly higher rate of sexual abuse interview completion. Demographic risk factors for sexual abuse victimization as well as perpetration have been identified in the literature and were supported by this study. Law enforcement and child protective services were more frequently present in the PED under the simulated CAC multidisciplinary model allowing for improved protection of children.

Toft, J., Myhre, A. K., Sun, Y. Q., Willumsen, T., & Rønneberg, A. (2022). [Oral health history in children referred to a child advocacy center in Norway](#). *Child Abuse & Neglect, 132*, 105789. DOI:10.1016/j.chiabu.2022.105789

Some suspected child victims of physical or sexual abuse undergo dental forensic examinations at child advocacy centers (CACs) in Norway. Their oral health history has not previously been studied. This study aimed to compare oral health history of CAC children to matched children. Additionally, the oral health history of children exposed to sexual abuse was compared to children exposed to physical abuse. The CAC cohort

included 100 children, 3–16 years. The matched cohort, with no known history of abuse, included 63 children. The retrospective study analyzed registered data in the children's dental records. CAC children were more likely than matched children to have caries experience in both primary and permanent teeth, with incidence rate ratio (IRR) 1.50 (95 % CI 1.01–2.25) and 1.92 (1.11–3.30). “Was Not Brought” to dental appointments was more than twice as likely, IRR 2.25 (1.31–3.86), in the CAC cohort. There were no significant differences in reports to the Child Protection Services or dental traumas. Suspected victims of sexual abuse had more caries, IRR 4.28 (2.36–7.77), and fillings, IRR 4.83 (2.55–9.16), in permanent teeth compared to suspected victims of physical abuse. CAC children were more likely to have caries experience and not show up for dental appointments than the matched children. Sexual abuse suspected had four times more caries experience than physical abuse suspected. This study supports the need for addressing oral health in risk evaluations concerning child abuse, and provides valuable information to dental professionals and prosecuting authorities.

Bracewell, T. E., & Greenwood, L. M. (2021). Child sexual assault nurse examinations and prosecutorial decisions to accept or reject cases of child sexual abuse. *Journal of Forensic Nursing, 17*(2), E10–E17. DOI:10.1097/JFN.0000000000000328

Prosecution of child sexual abuse (CSA) cases provides safety for communities and justice for victims. Prosecutorial decisions are multifactorial and include the presence of a structured coordinated community response to outcries and access to skilled healthcare providers. This study examines the impact forensic nurse sexual assault examinations (SAEs) have on prosecution in a population of children seen at a child advocacy center (CAC). The authors examined case data from 553 cases of reported CSA, seen by a forensic nurse in a CAC. Statistical analysis focused on prosecution decisions with and without SAE, with and without physical findings. Logistic regression determined prosecution occurred more often when SAE had been conducted ( $p = 0.026$ , OR = 1.732, 95% CI [1.068, 2.808]), regardless of examination findings. The limitations

include a single location for data and the multifactorial reasons for prosecution of cases. The multifactorial elements contributing to prosecutorial decisions are diverse. The formalized approaches in CACs historically show increased prosecution. Teasing out the impact of an SAE in a CAC may be reflective of positive CAC approaches. Regardless, a statistically significant finding of association uniquely with the SAE, with or without findings, implies more studies are needed to support the role of the forensic nurse in successful prosecutions of CSA cases.

Burkhart, K., & Knox, M. (2020). The presentation of child maltreatment in healthcare settings. In B. D. Carter & K. A. Kulgren (Eds.), *Clinical handbook of psychological consultation in pediatric medical settings* (pp. 451-461). Springer, Cham.  
DOI:10.1007/978-3-030-35598-2\_34

This chapter defines child maltreatment and provides an overview of how maltreatment presents in healthcare settings. Protective and risk factors associated with child maltreatment are identified. Reporting rules for suspected child maltreatment are outlined, as is the role of the consulting psychologist in the hospital setting, child advocacy center, and in the patient-centered medical home. Provision of anticipatory guidance on adverse childhood experiences (ACEs) and toxic stress will be provided as will suggestions for brief intervention on managing common physiological symptoms often associated with trauma. This chapter addresses the role of the consulting psychologist in educating healthcare professionals about the negative effects of child maltreatment including corporal punishment. Evidence-based interventions to address child maltreatment in the outpatient setting are provided. A case example is provided to demonstrate the role of a consulting psychologist in an integrated pediatric primary care setting.

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

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

Taylor, M. A., & Higginbotham, J. C. (2020). Child sexual abuse exam results in West Alabama. *Journal of Child Sexual Abuse*, 29(1), 90-111. DOI:10.1080/10538712.2019.1630881

Child sexual abuse (CSA) is a common problem, and allegations of CSA require a thorough multidisciplinary investigation which includes a comprehensive medical

evaluation. Although most CSA victims will have normal exams, some will have physical injuries, sexually transmitted infections (STIs), and/or other problems. We are reporting the results of the examinations of 573 children evaluated in the West Alabama Child Medical Evaluation Program (WACMEP). This is the first report of CSA exams coming from Alabama and one of a few from a smaller medical center. Most were victimized by a single, older male perpetrator who was known to the family, often related, and had unsupervised access to the child. One-fourth (24.1%) of the children had significant exam findings, including 7.5% with a STI. Females were more likely to have significant findings including most of the STIs. Other historical factors statistically linked to an increased risk of having significant exam findings included being African-American, providing a clear history of abuse, and/or reporting vulvar pain or vaginal symptoms such as discharge, itching, or bleeding. The incidence of significant findings including STIs was similar to previously reported studies from larger urban centers across the United States, United Kingdom, and New Zealand.

Bounds, D. T., Edinburgh, L. D., Fogg, L. F., & Saeywc, E. M. (2019). A nurse practitioner-led intervention for runaway adolescents who have been sexually assaulted or sexually exploited: effects on trauma symptoms, suicidality, and self-injury. *Child Abuse & Neglect, 90*, 99-107. DOI:10.1016/j.chiabu.2019.01.023

Adolescent victims of sexual assault and exploitation suffer significant mental health distress including PTSD, self-harm, suicidal ideation, and attempts. This longitudinal observational study investigated the Runaway Intervention Program's influence on trauma responses at 3, 6, and 12 months for adolescents who have run away at least once and have been sexually assaulted or exploited. Runaways (n = 362) received nurse practitioner (NP) home and community visits, intensive case management, and optional empowerment groups. The setting was an urban Midwestern city's hospital-based Children's Advocacy Center. Trauma responses were measured by the UCLA PTSD-RI index, past 30 days emotional distress scale, and self-harm, suicidal ideation, and suicide

attempt questions. Repeated Measures ANOVA assessed trauma response changes over time. Growth curve analyses using intervention doses determined which aspects of the intervention predicted change. From program entry to 3 and 6 months, mean values decreased significantly for emotional distress (-0.67, -.91) self-harm (-.30, -.55), suicidal ideation (-.45, -.57), suicide attempts (-.58, -.61), and trauma symptoms (-11.8, -16.2, all  $p < .001$ ) all maintained at 12 months. In growth curve models, NP visits independently predicted declines in emotional distress (-.038), self-injury (-.020), suicidal ideation (-.025) and attempts (-.032), while empowerment groups predicted trauma symptoms (-.525) and all others except suicide attempts. The program, especially NP community visits and empowerment group elements, decreased trauma responses in runaway youth with a history of sexual assault. Given high rates of PTSD and emotional distress among runaways, the Runaway Intervention Program offers promise for improving mental health outcomes.

Ceccucci, J. (2018). Evaluating nurse practitioners perceived knowledge, competence, and comfort level in caring for the sexually abused child. *Journal of Forensic Nursing, 14*(1), 42-49. DOI:10.1097/JFN.0000000000000184

The purpose of this project was to evaluate nurse practitioners' (NPs') current approach and self-reported competence in the care of the sexually abused child in the primary care setting. A 50-question survey was distributed to 5,734 NPs who were members of a state nursing organization and nursing alumni. Inclusion criteria included NPs caring for pediatric patients in a primary care setting in New York State. A total of  $N = 325$  responses were obtained, and 110 participants met the inclusion criteria. Very few NPs felt competent to perform a medical forensic examination on a sexually abused child (25.5%), and even fewer felt competent to render a definitive opinion on sexual abuse (17.3%) or to testify in court (12.7%). Most NPs felt the need for more training on child sexual abuse (78.2%). Most would prefer to refer children who are suspected of sexual abuse to an expert (77.3%), but very few (19.1%) are being referred to a local resource, like a Child Advocacy Center when

a parent calls the office with a concern. More research is needed to evaluate clinical practices regarding child sexual abuse. NPs see value in pursuing specialist referrals for child sexual abuse but do not have access to the appropriate resources or are unaware of the availability within their community. NPs should be aware of their own limitations and seek out education to improve their knowledge and skills. Forensic nurses are ideally situated to provide education on the available resources and the recommended clinical guidelines for referral.

Greenbaum, V. J., Livings, M. S., Lai, B. S., Edinburgh, L., Baikie, P., Grant, S. R., Kondis, J., Petska, H. W., Bowman, M. J., Legano, L., Kas-Osoka, O., & Self-Brown, S. (2018). [Evaluation of a tool to identify child sex trafficking victims in multiple healthcare settings](#). *Journal of Adolescent Health, 63*(6), 745–752.  
DOI:10.1016/j.jadohealth.2018.06.032

The purpose was to estimate the prevalence of child sex trafficking (CST) among patients seeking care in multiple healthcare settings & evaluate a short screening tool to identify victims in a healthcare setting. This cross-sectional observational study involved patients from 16 sites throughout the U.S.: 5 pediatric emergency departments, 6 child advocacy centers, and 5 teen clinics. Participants included English-speaking youth ages 11–17 years. For emergency department sites, inclusion criteria included a chief complaint of sexual violence. Data on several domains were gathered through self-report questionnaires and examiner interview. Main outcomes included prevalence of CST among eligible youth; sensitivity, specificity, positive/negative predictive values, & positive/negative likelihood ratios for a CST screening tool. Eight hundred and ten participants included 91 (11.52%) youth from emergency departments, 395 (48.8%) from child advocacy centers, and 324 (40.0%) from teen clinics. Overall prevalence of CST was 11.1%: 13.2% among emergency department patients, 6.3% among child advocacy center patients, and 16.4% among teen clinic patients, respectively. The screen had a sensitivity, specificity, and positive likelihood ratio of 84.44% (75.28, 91.23), 57.50% (53.80, 61.11), and 1.99% (1.76, 2.25), respectively. This study demonstrates a significant rate of CST among patients presenting to emergency

departments (for sexual violence complaints), child advocacy centers, and teen clinics. A six-item screen showed relatively good sensitivity and moderate specificity. Negative predictive value was high. Intervention for a “positive” screen may identify victims and help prevent high-risk youth from becoming victimized. This is one of the first CST screening tools specifically developed and evaluated in the healthcare setting.

Honor, G., & Sherfield, J. (2018). Commercial sexual exploitation of children: Health care use and case characteristics. *Journal of Pediatric Health Care, 32*(3), 250–262.  
DOI:10.1016/j.pedhc.2017.11.004

The purpose of this study was to describe pediatric health care utilization, familial psychosocial factors, child sexual abuse case characteristics, and patient demographic characteristics of adolescents prior to or at the time of their most recent identification as a victim of commercialized sexual exploitation of children (CSEC). A retrospective chart review was conducted for the above detailed information of all adolescents presenting to the Emergency Department (ED) or Child Advocacy Center (CAC) of a pediatric hospital with concerns of suspected CSEC. Sixty-three adolescents were referred to the ED or CAC for CSEC concerns in the eighteen-month period. Nearly all (52, 82.5%) adolescents identified as potential CSEC victims received care at the pediatric hospital within one year of the CSEC concern being identified. Pediatric health care providers, including pediatric nurse practitioners, need to be more skilled in the prevention and identification of CSEC.

Stavas, N., Shea, J., Keddem, S., Wood, J., Orji, W., Cullen, C., & Scribano, P. (2018). [Perceptions of caregivers and adolescents of the use of telemedicine for the child sexual abuse examination](#). *Child Abuse & Neglect, 85*, 47–57.  
DOI:10.1016/j.chiabu.2018.08.009

Childhood sexual abuse is a common cause of morbidity and mortality. All victims should receive a timely comprehensive medical exam. Currently there is a critical shortage of

child abuse pediatricians who can complete the comprehensive child sexual abuse examination. Telemedicine has emerged as an innovative way to provide subspecialty care to this population. Despite the growing popularity of telemedicine, no literature exists describing patient and caregiver perceptions of telemedicine for this sensitive exam. The objective was to explore caregiver & adolescent perspectives of the use of telemedicine for the child sexual abuse examination and discover factors that drive satisfaction with the technology. Caregivers & adolescents who presented for a child sexual abuse medical evaluation at our county's child advocacy center. We completed semi structured interviews of 17 caregivers and 10 adolescents. Guided by the Technology Acceptance Model, interviews assessed perceptions about: general feelings with the exam, prior use of technology, feelings about telemedicine, and role of the medical team. Interviews were audio-recorded, transcribed, coded and analyzed using content analysis with constant comparative coding. There was an overwhelming positive response to telemedicine. Participants reported having a good experience with telemedicine regardless of severity of sexual abuse or prior experience with technology. Behaviors that helped patients and caregivers feel comfortable included a clear explanation from the medical team and professionalism demonstrated by those using the telemedicine system.

Keeshin, B. R., Strawn, J. R., Out, D., Granger, D. A., & Putnam, F. W. (2015). [Elevated salivary alpha amylase in adolescent sexual abuse survivors with posttraumatic stress disorder symptoms](#). *Journal of Child and Adolescent Psychopharmacology*, 25(4), 344-350. DOI:10.1089/cap.2014.0034

Little is known regarding neuroendocrine responses in adolescent girls with posttraumatic stress disorder (PTSD) who have experienced sexual abuse. Therefore, we collected saliva samples three times daily for 3 days to assess concentrations of salivary alpha amylase (sAA) – a surrogate marker for autonomic nervous system (ANS) activity and, in particular, sympathetic activity – in sexually abused adolescent girls. Methods: Twenty-four girls (mean age: 15±1.4 years) who had experienced recent sexual abuse (i.e.,

sexual abuse occurred 1–6 months prior to study enrollment) and 12 healthy comparison subjects (mean age: 14.8±1.3 years) completed a structured interview and assessments to ascertain symptoms of posttraumatic stress, then collected saliva at home upon awakening, 30 minutes after waking, and at 5 p.m. on three consecutive school days. For sexually abused girls, total PTSD symptoms were associated with higher overall morning levels of sAA ( $r[20]=0.51$ ,  $p=0.02$ ), a finding driven by intrusive symptoms ( $r[20]=0.43$ ,  $p<0.05$ ) and hyperarousal symptoms ( $r[20]=0.58$ ,  $p=0.01$ ). There were no significant differences in diurnal sAA secretion between the sexually abused girls and healthy comparison adolescents. Overall morning concentrations of sAA in sexually abused girls are associated with overall PTSD severity as well as symptoms of hyperarousal and intrusive symptoms, possibly reflecting symptom-linked increases in ANS tone. These data raise the possibility that alterations in ANS activity are related to the pathophysiology of sexual abuse-related PTSD in adolescent girls, and may inform therapeutic interventions (e.g., antiadrenergic medications).

Melville, J. D., Kellogg, N. D., Perez, N., & Lukefahr, J. L. (2014). Assessment for self blame and trauma symptoms during the medical evaluation of suspected sexual abuse. *Child Abuse & Neglect*, 38(5), 851–857. DOI:10.1016/j.chiabu.2014.01.020

The purpose of this study was to describe behavioural and emotional symptoms and to examine the effect of abuse-related factors, family responses to disclosure, and child self-blame on these symptoms in children presenting for medical evaluations after disclosure of sexual abuse. A retrospective review was conducted of 501 children ages 8–17. Trauma symptoms were determined by two sets of qualitative measures. Abstracted data included gender, ethnicity, and age; severity of abuse and abuser relationship to child; child responses regarding difficulty with sleep, school, appetite/weight, sadness, or self-harm, parent belief in abuse disclosure, and abuse-specific self-blame; responses to the Trauma Symptom Checklist in Children–Alternate; and the parent’s degree of belief in the child’s sexual abuse disclosure. Overall, 83% of the children had at least one trauma

symptom; 60% had difficulty sleeping and one-third had thoughts of self-harm. Child age and abuse severity were associated with 3 of 12 trauma symptoms, and abuse-specific self-blame was associated with 10 trauma symptoms, after controlling for other variables. The children of parents who did not completely believe the initial disclosure of abuse were twice as likely to endorse self-blame as children of parents who completely believed the initial disclosure. Screening for behavioural and emotional problems during the medical assessment of suspected sexual abuse should include assessment of self-blame and family responses to the child's disclosures. In addition, parents should be informed of the importance of believing their child during the initial disclosure of abuse and of the impact this has on the child's emotional response to the abuse.

Leder, M. R., Leber, A. L., Marcon, M. J., & Scribano, P. V. (2013). Use of APTIMA combo 2: The experience of a child advocacy center. *Journal of Child Sexual Abuse, 22*(3), 297-311. DOI:10.1080/10538712.2013.743954

The Centers for Disease Control and Prevention recommends nucleic acid amplification testing for chlamydia and gonorrhea in sexually abused girls. No studies describe performance of APTIMA Combo 2 Assay with second target confirmation on the same testing platform. This nucleic acid amplification testing is evaluated within a large child advocacy center. Girls 3 to 18 years, 35% of whom reported consensual sexual activity, were prospectively tested by APTIMA Combo 2 on urine/vaginal swabs and by vaginal culture. A case of infection was defined as positive culture or positive urine or vaginal swab nucleic acid amplification testing with second target confirmation. Sensitivity of APTIMA Combo 2 on urine was found to be superior to vaginal culture and comparable to APTIMA Combo 2 on vaginal swabs for both infections. APTIMA Combo 2 on urine is less invasive, and its use may be preferred in this traumatized population.

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. DOI:10.1542/peds.2008-3053

The goals were 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. Charts of all girls 5 to 17 of age who provided a history of nonacute, penile-genital, penetrative abuse were reviewed. Interviews & examinations occurred over a 4-year period at a children's advocacy center. Characteristics of the histories provided by the subjects were examined for associations with definitive findings of penetrative trauma. Five hundred six patients were included in the study. Of the 56 children with definitive examination results, 52 had no history of consensual penile-vaginal intercourse and all were  $\geq 10$  years of age. 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  $>10$  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  $<10$  years of age were twice as likely to report  $>10$  penetrative events, although none had definitive findings on examination. 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.

Hornor, G., Scribano, P., Curran, S., & Stevens, J. (2009). Emotional response to the ano-genital examination of suspected sexual abuse. *Journal of Forensic Nursing*, 5(3), 124-130. DOI:10.1111/j.1939-3938.2009.01045.x

Concerns have arisen among professionals working with children regarding potential emotional distress as a result of the ano-genital examination for suspected child sexual

abuse. The purpose of this study was to describe and compare children's anxiety immediately preceding and immediately following the medical assessment of suspected child sexual abuse, including the ano-genital exam, and to examine demographic characteristics of those children reporting clinically significant anxiety. In this descriptive study, children between the ages of 8-18 years of age requiring an ano-genital examination for concerns of suspected sexual abuse presenting to the Child Assessment Center of the Center for Child and Family Advocacy at Nationwide Children's Hospital were asked to participate. The Multidimensional Anxiety Scale for Children (MASC-10) was utilized in the study. The MASC-10 was completed by the child before and after the physical exam for suspected sexual abuse. Although most (86%) children gave history of sexual abuse during their forensic interview, the majority (83%) of children in this study did not report clinically significant anxiety before or after the child sexual abuse examination. Children reporting clinically significant anxiety were more likely to have a significant cognitive disability, give history of more invasive forms of sexual abuse, have a chronic medical diagnosis, have a prior mental health diagnosis, have an ano-genital exam requiring anal or genital cultures, and lack private/public medical insurance. A brief assessment of child demographics should be solicited prior to exam. Children sharing demographic characteristics listed above may benefit from interventions to decrease anxiety regardless of provider ability to detect anxiety.

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

Child abuse affects the lives of many American children. Child advocacy centers (CACs) have developed because of an increased awareness of the problem of child abuse within our society and the recognition of a true need to better respond to the problem. CACs provide communities with a multidisciplinary approach to investigate, manage, treat, & prosecute cases of child abuse. CACs can be an invaluable resource to primary care

providers, including pediatric nurse practitioners; services provided and ways to access services will be discussed.

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.  
DOI:10.1016/j.chiabu.2005.11.002

Immediate medical assessment has been recommended for children after sexual abuse to identify physical injuries, secure forensic evidence, and provide for the safety of the child. However, it is unclear whether young children seen urgently within 72 hours of reported sexual contact would have higher frequencies of interview or examination findings as compared to those seen non-urgently or whether forensic findings would be affected by child characteristics, type of reported contact, or later events. We evaluated 190 consecutive cases of children under 13 years of age urgently referred during a 5- year period in 1998–2003 to a community child advocacy center and compared them to those non-urgently referred with regard to their physical examination findings, any sexually transmitted infections or forensic evidence, gender, pubertal development, type of contact, reported ejaculation, later bathing or changing clothes, time to examination, and gender, age and relationship of alleged perpetrator. Children seen urgently were younger and had less frequent CPS involvement, more disclosures, and more positive physical examinations, and had more contact with older perpetrators than those seen non-urgently. Overall, most children were female and had normal or non-specific physical examinations. Certain case characteristics were predictive of evidence isolation in the 9% who had positive forensic evidence identified. Semen or sperm was identified from body swabs only from non-bathed, female children older than 10 years of age or on clothing or objects. Female children over 10 years old who report ejaculation or genital contact without bathing have the highest likelihood of positive examinations or forensic evidence. While there are other potential benefits of early examination, physicians seeking to

identify forensic evidence should consider the needs of the child and other factors when determining the timing of medical assessment after sexual 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. DOI:10.1016/S0145-2134(02)00339-3

The goal of this study was to compare rates of positive medical findings in a 5-year prospective study of 2384 children, referred for evaluation of possible sexual abuse, with two decades of research. The prospective study summarizes demographic information, clinical history, relationship of perpetrators, nature of abuse, and clinical findings. The study reports on the results by patterns of referral and the medical examination. There were 2384 children evaluated in a tertiary referral center between 1985 and 1990 for possible sexual abuse. 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 examination; 95.6% of children reporting abuse were normal, 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, 92% were found to be normal at the time of examination by the Child Advocacy Center. The remaining 15/182 (8%) that were found to be abnormal were diagnosed with sexually transmitted diseases, acute or healed genital injuries, and were 17% (15/88) of the total cases found to have medical findings diagnostic of abuse. Interviews of the children indicated that 68% of the girls and 70% of the boys reported severe abuse, defined as penetration of vagina or anus. Penetration was associated with a higher percentage of abnormal findings in girls (6%) compared to 1% of the boys. The relationship of the abuser impacted on the severity of the abuse. Research indicates that medical, social, and legal professionals have relied too heavily on the medical examination in diagnosing child sexual abuse. History from the child remains the single most important diagnostic feature in coming to the

conclusion that a child has been sexually abused. Only 4% of all children referred for medical evaluation of sexual abuse have abnormal examinations at the time of evaluation. Even with a history of severe abuse such as vaginal or anal penetration, the rate of abnormal medical findings is only 5.5%. Biological parents are less likely to engage in severe abuse than parental substitutes, extended family members, or strangers.

Socolar, R. R., Fredrickson, D. D., Block, R., Moore, J. K., Tropez-Sims, S., & Whitworth, J. M. (2001). State programs for medical diagnosis of child abuse and neglect: Case studies of five established or fledgling programs. *Child Abuse & Neglect, 25*(4), 441-455. DOI:10.1016/S0145-2134(01)00219-8

The objective was to describe the programs for medical diagnosis of child abuse and neglect in three states and efforts to establish state-wide programs in two states. To describe common themes and issues that emerged related to the establishment and maintenance of these programs. Five states were selected as case studies to represent a range of experience and type of function embodied in programs that address medical diagnosis of child abuse and neglect. Individuals knowledgeable about the programs or efforts to establish state-wide programs in their home states described these in detail. Inductive analysis was used to identify themes and issues that emerged across the states studied. Themes emerged in three general areas: funding, services, and training. Findings related to *funding* were: 1) State funding was vital for initiation of statewide programs; 2) Alliances with other groups with parallel interests were successfully used to garner support for child abuse programs; 3) Services needed to be adequately reimbursed to be sustained; 4) Political climate often affected funding. With regard to *services* we found: 1) There was no optimal way to organize services, but rather many ways that worked well; 2) It was critical to address local service needs; 3) Provision of standardized quality services was essential. With regard to *training*: 1) Professional training was an integral part of all statewide programs; 2) New technologies, including televideo, have been explored and implemented to assist in training in statewide programs. Each state has taken a

unique approach to programs for the medical diagnosis of child abuse and neglect. However, there are commonalities, particularly among the states that have been successful in establishing and maintaining comprehensive services and/or training.

## ***Mental Health and Treatment***

Cross, T. P., Vieth, V., & Cross, E. M. (2026). [Spiritual care in children's advocacy centers: Results of a survey of CAC directors](#). *Children and Youth Services Review*, 182, 108767. DOI:10.1016/j.childyouth.2026.108767

Many offenders against children use religion to facilitate abuse, which causes children spiritual harm. Moreover, child victims may generally suffer spiritual harm because abuse shakes their belief in a just and loving God. The spiritual harm is often exacerbated if the abuser is clergy and/or a congregation rallies around the abuser. Religion and spirituality can also be important resources for children's recovery. This research assesses spiritual harm and healing encountered in Children's Advocacy Centers (CAC), which coordinate the investigative and service response in thousands of child abuse cases. The project surveyed all 964 U.S. Children's Advocacy Centers directors and 172 responded. The results indicate that, particularly in the Southern region, many CACs are seeing spiritual harm in their practice, and some are also witnessing spirituality used to help children heal. The most common responses to children raising a spiritual question were to recommend the child discuss it with their therapist and to refer the child to a local faith community, but the survey results suggest that most members of the multidisciplinary team, including therapists, lack training on spiritual care and most CACs have limited relationships with local faith communities. Over one-third of CAC directors either strongly or somewhat favored a spiritual care program or have implemented one, but a larger percentage were uncommitted. However, most respondents reported being interested in learning more and receiving resources and guidance, suggesting that the path is open for improvement in providing spiritual care to child victims in CACs.

Druskin, L. R., Elias, H., Phillips, S. T., Parker, S. M., Franzese, S. N., Shultz, T., Capage, L., & McNeil, C. B. (2026). The role of adverse childhood experiences and adaptive skills in treatment engagement at a rural Appalachian child advocacy center. *Journal of Child & Adolescent Trauma, 19*, 835–845. DOI:10.1007/s40653-025-00775-1

Few studies examine protective factors for maintaining high treatment engagement in the context of elevated adverse childhood experiences (ACEs). The current study aimed to evaluate the role of child ACEs in predicting attendance, explore differences in ACE prevalence within a highly traumatized sample, and explore the interaction between ACEs and adaptive skills in predicting attendance. A retrospective review of 85 charts was conducted for children receiving therapy services at a rural Child Advocacy Center (CAC). Demographics, ACE information, child adaptive skill levels, and attendance information were reviewed from charts of children who received at least 6 months of therapy services at a CAC. Child participants averaged 4.71 ACEs. Child ACEs were significantly, negatively correlated to 6-month therapy attendance rates. There was a significant interaction between ACEs and adaptive skills in predicting attendance. At average and high levels of adaptive skills, child adaptive skills served as a significant moderator of the negative relation between child ACE score and attendance at 6 months. Moderate and high adaptive skills in children may reflect children's resilience in the face of adversities, paradoxically lessening a family's engagement in their child's therapeutic services. It is critical to provide caregivers with information about the impact of ACEs across the lifespan and the positive role that engagement in treatment may play in children receiving the benefits of treatment.

Stats, M., Vazquez-Westphaln, B., Casey, E., Ronis, S. D., & Westphaln, K. K. (2026). [Talk with me about it: Child and youth perspectives on healing after child abuse](#). *Child Protection and Practice, 8*, 100287. DOI:10.1016/j.chipro.2026.100287

Child and youth perspectives are underrepresented in literature about healing after child abuse. This study aimed to 1) describe child and youth experiences with healing after

abuse, 2) examine variation in essential healing factors by age cohort, and 3) identify child and youth informed opportunities to enhance healing after child abuse. Sixty-one Children's Advocacy Centers (CACs) across the United States were recruited to participate. A total of 3715 responses from children aged 7–17 years old were collected via the National Children's Alliance Outcome Measurement System from October 2021 to March 2023. This descriptive qualitative study used a cross-sectional survey design. Sample characteristics were assessed by frequencies and percentages. Qualitative data were analyzed using Braun and Clark's six phase thematic analysis. Data were quantified to assess code occurrence and subgroup analyses were conducted to assess for variation among age cohort. The analytic sample (N = 3627) consisted of children aged 7–17 years old. The most common themes associated with healing after abuse included happiness, feeling better, feeling good, and safety. Perceptions about what was most important to heal varied per age cohort, but talking about it, family, friends, and music were prominent subthemes. Across all age groups, the theme of talking about it was the most important thing CACs could do to promote healing. Children and youth have valuable insights regarding their healing after child abuse. Opportunities exist to better integrate child voices into the programs and services that support them.

Allen, B., Berliner, L., & Ferrer Pistone, L. (2025). [Phase-based treatment for problematic sexual behavior of preteen children: Clinical outcomes from community implementation trials](#). *Evidence-Based Practice in Child and Adolescent Mental Health*, 1-13. DOI:10.1080/23794925.2025.2534941

Children with problematic sexual behavior (PSB) are increasingly coming to the attention of mental health providers, but treatment options are limited. This paper reports on the community implementation of Phased-Based Treatment (PBT) for preteen problematic sexual behavior (PSB), an evidence-informed and individually administered protocol. Five training programs were conducted to train mental health clinicians practicing in association with children's advocacy centers (CACs). Clinicians treated clients at their

agency and reported pre- and post-treatment data from caregiver-report outcome measures. Of 108 cases that began treatment, 61 completed the PBT protocol (56.5%); this retention rate is comparable to other community trials and evaluations. Analyses revealed significant improvements in general PSB ( $t = 10.81, p < .001, d = 1.39$ ) and interpersonal/intrusive forms of PSB ( $t = 12.8, p < .001; d = 1.68$ ) over the course of treatment ( $M = 12.36$  sessions). Secondary analyses showed significant improvement in other clinical outcomes, including emotional problems ( $t = 3.04, p = .004, d = .41$ ), conduct problems ( $t = 4.05, p < .001, d = .55$ ), hyperactivity ( $t = 2.66, p = .01, d = .36$ ), and prosocial behavior ( $t = -2.53, p = .014, d = -.35$ ). Although a randomized controlled trial in an academic setting is ongoing, these results suggest that PBT is potentially effective in community settings for the treatment of childhood PSB.

Jouriles, E. N., Sitton, M. J., Rancher, C., Johnson, J., Reedy, M., Mahoney, A., & McDonald, R. (2025). [Spirituality, self-blame, and trauma symptoms among adolescents waiting for treatment after disclosing sexual abuse](#). *Child Abuse & Neglect, 160*, 107214. DOI:10.1016/j.chiabu.2024.107214

Adolescents who have been sexually abused commonly experience trauma symptoms, and many spend considerable time waiting for treatment. This study examines the extent to which adolescent perceptions of divine spiritual support, divine spiritual struggles, and self-blame collected during a screening assessment predict trauma symptoms at the beginning of treatment. Participants were 224 adolescents (92.9 % female, Mean age = 13.46 years; 53.6 % identified as Hispanic/Latino/a and 24.1 % Black/African American). All obtained services at a Children's Advocacy Center in the southern United States. Adolescents reported on trauma symptoms, divine spiritual support, divine spiritual struggles, and self-blame appraisals at a screening assessment (T1). Trauma symptoms were also reported a second time when beginning treatment (T2). The mean level of trauma symptoms declined over time for the total sample,  $t(223) = 9.37, p < .001, d = 0.63$ . Greater divine spiritual struggles ( $\beta = 0.10, t[219] = 1.98, p = .049, sr^2 = 0.02$ ) and self-blame

for the abuse ( $\beta = 0.11$ ,  $t[219] = 2.03$ ,  $p = .044$ ,  $sr^2 = 0.02$ ) at the screening assessment were associated with higher levels of trauma symptoms at the beginning of treatment, controlling for sex, trauma symptoms and age at the screening assessment. Assessing adolescents' divine spiritual struggles and self-blame for sexual abuse may be important in triage and treatment planning for youth who have experienced sexual abuse.

Mii, A. E., Coffey, H. M., McCoy, K., Sonnen, E., Meidlinger, K., Huit, T. Z., May, G. C., Flood, M. F., & Hansen, D. J. (2024). Sleep, emotional, and behavioral problems among youth presenting to treatment following sexual abuse. *Journal of Child & Adolescent Trauma*, 17(2), 411-423. DOI:10.1007/s40653-023-00590-6

Research indicates that sleep problems are fairly common in childhood. However, the relationship between child sexual abuse (CSA) and sleep problems and how sleep issues influence psychological symptoms in children presenting for treatment remain unclear. The purpose of this study was to examine the presence of sleep problems and the association between sleep problems and psychological symptoms in youth presenting to treatment following CSA. Participants included 276 non-offending caregiver-child dyads at pre-treatment and 106 dyads at post-treatment. Youth were 6 to 19 years old and predominately female (82.9%). Caregivers were 23 to 72 years old and predominately female (87.4%). Youth and caregivers identified as predominately European American (76.6% and 86.0%, respectively). Results indicated that caregiver endorsement of a particular youth sleep problem (as measured by the Child Behavior Checklist sleep items) at pre-treatment ranged between 17.9 and 51.4%. Sleep problems were positively associated with psychological symptoms per caregiver- and youth self-report. Interestingly, a substantial proportion of youth reported decreased sleep problems at the end of treatment even though the treatment did not target sleep issues. This study highlights the commonality of sleep problems in children who experienced sexual abuse. Findings suggest that CSA interventions that do not directly address sleep may be missing a component that can contribute to successful recovery. The results provide

preliminary evidence that sleep problems and mental health concerns among youth who experienced CSA are associated, indicating a need for further investigation into the association and potential implications for treatment. Other implications for future research and treatment following CSA are discussed.

McGuier, E. A., Aarons, G. A., Byrne, K. A., Campbell, K. A., Keeshin, B., Rothenberger, S. D., Weingart, L. R., Salas, E., & Kolko, D. J. (2023). [Associations between teamwork and implementation outcomes in multidisciplinary cross-sector teams implementing a mental health screening and referral protocol](#). *Implementation Science Communications*, 4(1), 13. DOI:10.1186/s43058-023-00393-8

Teams play a central role in the implementation of new practices in settings providing team-based care. However, the implementation science literature has paid little attention to potentially important team-level constructs. Aspects of teamwork, including team interdependence, team functioning, and team performance, may affect implementation processes and outcomes. This cross-sectional study tests associations between teamwork and implementation antecedents and outcomes in a statewide initiative to implement a standardized mental health screening/referral protocol in Child Advocacy Centers (CACs). Multidisciplinary team members (N = 433) from 21 CACs completed measures of team interdependence; affective, behavioral, and cognitive team functioning; and team performance. Team members also rated the acceptability, appropriateness, and feasibility of the screening/referral protocol and implementation climate. The implementation outcomes of days to adoption and reach were independently assessed with administrative data. Associations between team constructs and implementation antecedents and outcomes were tested with linear mixed models and regression analyses. Team task interdependence was positively associated with implementation climate and reach, and outcome interdependence was negatively correlated with days to adoption. Task and outcome interdependence were not associated with acceptability, appropriateness, or feasibility of the screening/referral protocol. Affective team functioning (i.e., greater liking, trust, and respect) was associated

with greater acceptability, appropriateness, and feasibility. Behavioral and cognitive team functioning were not associated with any implementation outcomes in multivariable models. Team performance was positively associated with acceptability, appropriateness, feasibility, and implementation climate; performance was not associated with days to adoption or reach. We found associations of team interdependence, functioning, and performance with both individual- and center-level implementation outcomes. Implementation strategies targeting teamwork, especially task interdependence, affective functioning, and performance, may contribute to improving implementation outcomes in team-based service settings.

Shepard, L. D., Campbell, K. A., Byrne, K. A., Thorn, B., & Keeshin, B. R. (2023). [Screening for & responding to suicidality among youth presenting to a children's advocacy center \(CAC\)](#). *Child Maltreatment*, 29(2), 272–282. DOI:10.1177/10775595231163592

Youth presenting to a Children's Advocacy Center (CAC) for a forensic interview are at increased risk for suicidality, but no data exist for suicidality or suicide screening and response at the time of the forensic interview. The current study applied a suicide and traumatic stress screening and response protocol, the Care Process Model for Pediatric Traumatic Stress (CPM-PTS), with youth (11–18 years) presenting for a forensic interview to one of 16 participating CAC locations, 2018–2020. 46.2% of youth screened for traumatic stress and suicidality (N = 1651) endorsed thoughts of suicide or self-harm in the past two weeks, and 13.6% were assessed as high risk for suicide. High symptoms of traumatic stress increased the risk of suicidal thinking as well as of high risk suicidality. CAC workers, both clinicians and non-clinicians, facilitated screening and provided prevention response. Suicide screening and response at the CAC at the time of the forensic interview appears important and feasible.

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

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

Conradi, L., Hazen, A., & Covert, J. (2022). [The fast and the furious: The rapid implementation of tele-mental health practices within a children's advocacy center](#). *Global Implementation Research and Applications*, 2(4), 305-320. DOI:10.1007/s43477-022-00065-0

We work at a large, urban children's advocacy center (CAC) that provides treatment and services to approximately 2000 children and families each year who have experienced

child abuse and other forms of trauma. While the complexity and impact of the COVID-19 pandemic on both physical and mental health are only beginning to be understood, families with histories of abuse and other traumatic experiences are particularly vulnerable to the negative impacts of isolation due to the extended lockdown. When the COVID-19 pandemic was identified as a public health crisis, the team of providers at the CAC pivoted to meet the newly emerging needs of the children and families served. Tele-mental health practices (TMH) were immediately implemented that required a deep understanding of the imminent safety concerns related to conducting TMH when the client may not feel safe at home. Further, while most of the clients referred for services have experienced child abuse and/or other types of trauma, COVID-19 is its own potentially traumatic event that can further exacerbate an individual's lack of safety and vulnerability to trauma. The current paper provides an overview of the rapid implementation of TMH practices within a large, urban CAC setting. We share the specific tele-mental health practices and implementation strategies that were put into place because of COVID-19 and how they align with the Consolidated Framework for Implementation Research, as well as recommendations for how agency leadership can better facilitate the implementation of innovative practices in similar settings.

Jouriles, E. N., Johnson, E., Rancher, C., Johnson, J. L., Cook, K., & McDonald, R. (2022). Adolescents who have been sexually abused: Trauma symptoms and self-blame while waiting for treatment. *Journal of Clinical Child & Adolescent Psychology*, 53(4), 680–689. DOI:10.1080/15374416.2022.2051527

Adolescents who have been sexually abused commonly experience trauma symptoms, and many are referred for trauma-based treatment. However, they sometimes spend considerable time on waitlists before beginning treatment. This study examines the course of trauma symptoms among adolescents who have been sexually abused and are waiting for treatment, and the extent to which self-blame for the abuse predicts trauma symptoms at the beginning of treatment. Participants were 127 adolescents

(89.0% female, Mage = 13.61 years; 53.2% identified as Hispanic) at a Children's Advocacy Center in the southern United States. All had reported being sexually abused. Participants reported on their trauma symptoms and self-blame appraisals at a screening assessment (T1), and trauma symptoms were re-assessed at the beginning of treatment (T2). The mean level of trauma symptoms declined over time for the total sample. Regression analyses indicated that greater self-blame for the abuse at T1 was associated with higher levels of trauma symptoms at T2, even when controlling for T1 trauma symptoms and other correlates of T2 trauma symptoms. Higher levels of trauma symptoms at T1 and adolescent sex (female) were also associated with higher levels of trauma symptoms at T2. Findings suggest that assessing for self-blame for sexual abuse may be important in triage and treatment planning for youth with trauma symptoms after experiencing sexual abuse.

Jouriles, E. N., Sitton, M. J., Adams, A., Jackson, M., & McDonald, R. (2022). Non supportive responses to adolescents who have experienced sexual abuse: Relations with self-blame and trauma symptoms. *Child Abuse & Neglect*, 134, 105885. DOI:10.1016/j.chiabu.2022.105885

Youth who have experienced sexual abuse sometimes also experience non-supportive responses, such as accusations of lying, from people in their family & social environment. Little is known about how such responses from different sources (caregivers, friends, other adults) correlate with one another and operate together in the prediction of youth problematic thinking, such as self-blame, and trauma symptoms. The objective was to better understand how non-supportive responses from different sources relate to one another and contribute to youth problems following sexual abuse. Participants were 475 youths (Mage = 13.57, SD = 1.77) brought to a children's advocacy center in the southern United States. Participants completed measures of non-supportive responses from caregivers, friends, & other adults. They also completed measures of abuse-specific self-blame & trauma symptoms. Non-supportive responses from caregivers, friends, & other

adults correlated with each other and with abuse-specific self-blame and trauma symptoms (correlations ranged from 0.12 to 0.18; all p values <.001). Results of regression analyses indicated that only non-supportive responses from caregivers contributed independently to abuse-specific self-blame, whereas non-supportive responses from caregivers & friends contributed to trauma symptoms. In the aftermath of sexual abuse, non-supportive responses from caregivers and friends relate to youth trauma symptoms. Assessing non-supportive responses broadly across the social network can be useful in understanding youth adjustment following sexual abuse.

Beer, O. W., Phillips, R., Letson, M. M., & Wolf, K. G. (2021). Personal and professional impacts of work-related stress alleviation strategies among child welfare workers in child advocacy center settings. *Children and Youth Services Review*, 122, 105904. DOI:10.1016/j.childyouth.2020.105904

High levels of occupational stress, burnout, & compassion fatigue have been challenges affecting social workers, organizations, and service users for decades. Studies have historically focused on quantifying these outcomes, missing the opportunity to qualitatively explore the role of cognitive, emotional, and behavioral responses in practitioners' stress experiences. Research is particularly lacking regarding the impact of occupational stress on child welfare workers (CWWs) within Children's Advocacy Centers (CACs), a population who routinely works with child abuse victims. This study analyzed three open-ended responses from a national online survey examining compassion fatigue in CACs to understand the impact of work-related stress on CWWs. Thematic analysis identified several themes regarding the professional and personal impact of work-related stress, as well as strategies used to alleviate stress. CWWs in CAC settings are uniquely impacted by occupational stress at both the personal and professional level. CWWs adopt engaging & avoidant coping behaviors to alleviate work-related stress. This qualitative study addresses a critical gap in understanding the differences and commonalities among work-related stress & coping responses to environments deemed

stressful by CWWs in CACs. Further research is essential for developing effective stress-management approaches for front line providers addressing family violence.

Herbert, J. (2021). [\*Rates of therapy use following a disclosure of child sexual abuse\*](#). Australian Institute of Family Studies.

Therapy for children disclosing sexual abuse is important for addressing the effects of trauma and the potentially lifelong impacts of abuse. However, there are often considerable barriers to children & their families being able to access these services. This paper presents findings from a systematic literature search on the typical rates of referral, engagement and completion of therapy following a disclosure of child sexual abuse to police or child protection authorities. Understanding the accessibility of therapy across studies & contexts allows services and policy makers across systems (i.e. criminal justice, child protection, community support & mental health systems) to better understand the accessibility and level of demand for local services when designing intake procedures & developing interventions. No Australian jurisdictions have available and current data on rates of referral, engagement and completion of therapy following the disclosure of child sexual abuse. In part, this is because of the range of government and non-government agencies involved in the delivery of this therapy. The lack of published Australian data to include in the review highlights the need for increased local research attention on the barriers to therapy use following disclosure.

Jouriles, E. N., Gower, T., Rancher, C., Johnson, E., Jackson, M. L., & McDonald, R. (2021). Families seeking services for sexual abuse: Intimate partner violence, mothers' psychological distress, and mother-adolescent conflict. *Journal of Family Psychology*, 35(1), 103–111. DOI:10.1037/fam0000798

Child sexual abuse (CSA) and intimate partner violence (IPV) are both global problems with negative health implications. This study examines whether mothers' lifetime

experiences of IPV relate to their own psychological distress and to mother-adolescent conflict in families in which an adolescent has disclosed sexual abuse. The recency of IPV was examined as a potential moderator of these relations. Participants were 356 adolescents and their nonoffending mothers. Families were seeking services from a children's advocacy center in the southern United States. Mothers reported their IPV victimization (both lifetime and past month) and symptoms of psychological distress; mothers and adolescents both reported on mother-adolescent conflict. In bivariate analyses, mothers' lifetime experiences of IPV were positively related to mothers' psychological distress, and to mother and adolescent reports of mother-adolescent conflict. These same relations emerged in regression analyses that controlled for characteristics of the sexual abuse (time between the disclosure of CSA and the assessment, severity, relationship to the alleged perpetrator, duration), and adolescent age and sex. Recency of IPV did not moderate these relations. In exploratory analyses, mothers' lifetime experiences of IPV were more strongly associated with mother-son conflict than with mother-daughter conflict. In addition, mothers' psychological distress partially mediated the relation between their lifetime experiences of IPV and their reports of mother-adolescent conflict. The findings point to the potential utility of conducting IPV screenings with caregivers in families seeking services for an adolescent after a sexual abuse disclosure.

Racine, N., Dimitropoulos, G., Hartwick, C., Eirich, R., van Roessel, L., & Madigan, S. (2021). [Characteristics and service needs of maltreated children referred for mental health services at a child advocacy centre in Canada](#). *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 30(2), 92-103.

There is a dearth of Canadian-based literature on children referred to treatment services following maltreatment exposure. In order to inform assessment, intervention, and program development to improve outcomes, insight into the demographics and mental health needs of this population is required. A retrospective file review of 176 children and

youth who were referred for assessment and treatment at a mental health partner agency within a Canadian Child Advocacy Centre was conducted from January 2016 to June 2017. A standardized protocol was developed to extract data on family and child demographic characteristics, type of maltreatment, other adversity exposure, presenting concerns of the child, and mental health service utilization. The majority of children were female (66.5%), 4.5% were 0 to <5 years, 66.5% were 5 to <13 years, and 29.0% were 13 to <18 years of age. More than half of the children (53.4%) had multiple forms of maltreatment, with 67% exposed to sexual abuse. Exposure to other forms of adversity was also common, including domestic violence (53.4%) and parental mental health difficulties (52.3%). Most children had more than five presenting concerns at the time of referral, and most went on to receive intervention services. Sixty-nine percent of families had not previously received child mental health treatment, although 41.5% had prior child welfare involvement. Thirty percent of families ended treatment prematurely. The current study illustrates the complex profile and mental health needs of children referred for treatment following maltreatment exposure. Results may have implications for clinical care improvement that support maltreated children.

Schreier, A., Coffey, H. M., May, G., & Hansen, D. J. (2021). Financing mental health services at child advocacy centers for victims of child sexual abuse and their families. *Aggression and Violent Behavior, 65*, 101638. DOI:10.1016/j.avb.2021.101638

Child sexual abuse (CSA) is a significant public health concern and is associated with a multitude of negative health outcomes. A substantial body of research has shown that experiences of CSA increase risk for short-term and long-term negative sequelae across psychological, behavioral, physical, and biological domains. Mental health treatments have been effective at decreasing children's mental health symptomology after CSA and preventing future negative outcomes. Child Advocacy Centers (CACs) are a common entry point for children following disclosure of CSA and are intended to streamline services, promote collaboration, and increase accessibility of mental health services.

CACs rely on the blending and braiding of multiple funding sources to provide mental health services. Yet, traditional funding mechanisms are insufficient to meet the mental health needs of this population. Specific barriers related to the current funding system and the community context of mental health service provision are discussed. The CAC model provides a unique opportunity to increase access to mental health services through innovative funding mechanisms. Recommendations for strengthening the CAC model through policy research and advocacy are provided.

Taylor, E. K., Dopp, A. R., Lounsbury, K., Thompson, Y., Miller, M., Jorgensen, A., & Silovsky, J. F. (2021). [Enhancing early engagement \(E3\) in mental health services training for children's advocacy center's victim advocates: Protocol for a randomized controlled trial](#). *Pilot and Feasibility Studies*, 7, 212. DOI:10.21203/rs.3.rs-375263/v1

Child maltreatment is a major public issue in the United States, yet most children affected by abuse or neglect never engage in evidence-based practices (EBP) for child mental health. Children's Advocacy Centers (CACs') are uniquely situated to serve as Family Navigators who connect children impacted by maltreatment to appropriate EBPs. In fact, the CAC position of Victim Advocate mirrors the Mental Health Family Navigator national initiative. We developed, implemented, and will evaluate web-based and consultative training for Victim Advocates to enhance early engagement in services (E3 training). The interactive web-based training will embed key targets of knowledge and skills related to family engagement, trauma, & EBP services. Participating CACs will be randomized to E3 webinar-based training, E3 webinar plus consultation, or delayed training. The project will test the E3 training's impact on key mechanisms of change (e.g., knowledge, skills) to improve rates of screening, referral, and access to EBP services. The feasibility of implementing the training program, and differential impact and costs by level of training will be examined. The overarching goal of this project is to test a training that is readily implemented through CACs and examine the mechanisms for improving early engagement and, ultimately, child & adolescent mental health outcomes. Results and

cost findings will be used to plan a large-scale comprehensive, mixed-methods Hybrid Type II effectiveness-implementation & cost-effectiveness trial of Family Navigator E3 training. If outcomes are positive, considerable infrastructure exists to support the scale-up and sustainability of E3 training nationwide, by embedding the training in national CAC training protocols.

Arkow, P. (2020). [Human-animal relationships and social work: Opportunities beyond the veterinary environment](#). *Child and Adolescent Social Work Journal*, 37(6), 573-588. DOI:10.1007/s10560-020-00697-x

A species-spanning approach that incorporates clients' relationships with their companion animals into family genograms, schools of social work curricula, continuing education, interviews, assessments, & interventions offers increased career opportunities, professional & personal growth and development, and a more comprehensive resolution of clients' issues, social justice concerns, and the prevention of family violence. This article identifies six reasons why social workers should be cognizant of human-animal relationships and introduces 9 ways, with action steps, in which social workers can include these relationships into training and practice outside the more developed field of veterinary social work. These venues include agencies working in child protection & child sexual abuse, children's advocacy centers & courthouse facility dogs, animal shelters, domestic violence shelters, public policy advocacy, clinical practice, agencies working with older & disabled populations, veterinary sentinels for intimate partner violence, and pet support services for homeless populations. Such attention to the human-animal bond can utilize social workers' problem-solving skills to improve delivery of services, identify clients' risk & resiliency factors, enhance social and environmental justice, expand academic inquiry, and increase attention to all of the vulnerable members of families & communities.

Brewerton, T. D., Ralston, M. E., Dean, M., Hand, S., & Hand, L. (2020). Disordered eating attitudes and behaviors in maltreated children and adolescents receiving forensic assessment in a child advocacy center. *Journal of Child Sexual Abuse*, 29(7), 769–787. DOI:10.1080/10538712.2020.1809047

Previous studies have indicated that childhood sexual abuse (CSA) and other forms of child maltreatment (CM), as well as their subsequent posttraumatic symptoms, are significant risk factors for the development of disordered eating behaviors & attitudes and eating disorders (EDs). However, there are no known reports of CM based on forensic interview & assessment that have been linked to disordered eating behavior & attitudes, or EDs, especially in children & adolescents. We examined the hypothesis that ED-related symptoms would be significantly associated with trauma-related symptoms in children with reported maltreatment. Girls & boys referred for forensic assessment of alleged maltreatment completed the Kids' Eating Disorders Survey, the Eating Disorders Inventory for Children (EDI-C), the Trauma Symptom Checklist for Children, and the Adolescent Dissociative Experiences Scale, among others. Significant positive correlations between most EDI-C subscale scores and most TSC-C subscale scores (PTSD, dissociation, anxiety, depression, sexual concerns) were found in the total sample and girls alone. Participants with credible, substantiated disclosures had significantly higher scores on several ED-related measures than those with non-credible, non-substantiated disclosures. Linear regression analysis indicated that PTSD and dissociative symptoms were significant predictors of EDI-C scores in those with substantiated disclosures. Findings support the hypothesis that ED-related symptoms are significantly linked to authenticated CM.

Dopp, A. R., Munday, P., Silovsky, J. F., Hunter, M., & Slemaker, A. (2020). [Economic value of community-based services for problematic sexual behaviors in youth: A mixed method cost-effectiveness analysis](#). *Child Abuse & Neglect*, 105, 104043. DOI:10.1016/j.chiabu.2019.104043

This study used a mixed quantitative–qualitative approach to investigate the economics of the implementation of Problematic Sexual Behavior – Cognitive–Behavioral Therapy

(PSB-CBT), an evidence-based treatment for problem sexual behaviors in youth. Participants and setting were youth (N = 413) participated in PSB-CBT at six program sites in youth service agencies across the United States. We used cost-effectiveness ratios (CERs) to compare the direct and indirect costs of PSB-CBT to self- and caregiver-reported youth clinical outcomes (i.e., problem sexual behavior as well as secondary behavioral health problems). CERs represented the cost of achieving one standard unit of change on a measure (i.e.,  $d = 1.0$ ). The design and interpretation of those quantitative analyses were informed by qualitative themes about program costs and benefits that were derived from interviews with 59 therapists, administrators, and stakeholders. CERs (i.e., \$ per SD) were \$1,772 per youth for problem sexual behavior and ranged from \$2,867 to \$4,899 per youth for secondary outcomes. These quantitative results, considered alongside the qualitative perspectives of interviewees, suggested that the implementation of PSB-CBT was cost-effective. The results were robust to uncertainty in key parameters under most, but not all, conditions. The results have important implications for decisions made by administrators, policymakers, and therapists regarding use of community-based approaches to address problematic sexual behavior of youth.

Eirich, R., Racine, N., Garfinkel, D., Dimitropoulos, G., & Madigan, S. (2020). Risk and protective factors for treatment dropout in a child maltreatment population. *Adversity and Resilience Science*, 1(3), 165-177. DOI:10.1007/s42844-020-00011-9

Many children start but do not complete trauma treatment, and there is little knowledge of factors that predict treatment dropout in children who have endured maltreatment. The current study examines the risk and protective factors associated with premature treatment dropout within a sample of 118 children (aged 3-18) referred to a Child Advocacy Centre due to maltreatment, specifically abuse & neglect. In this retrospective chart review, data on risk (i.e., adverse childhood experiences [ACEs] and number of presenting clinical symptoms at intake) and protective factors (e.g., peer support,

caregiver support) were extracted from clinical files by two trained coders using a standardized data extraction protocol. Results revealed that, after adjusting for child age, ACEs score, & presenting clinical concerns, children with more protective factors were less likely to drop out of treatment. Child age also emerged as a significant predictor of treatment dropout, such that older children were more likely to drop out of treatment prematurely. Results suggest that older children & children with fewer protective factors present may benefit from increased retention efforts to reduce treatment dropout.

Jenkins, C. S., Grimm, J. R., Shier, E. K., van Dooren, S., Ciesar, E. R., & Reid-Quiñones, K. (2020). Preliminary findings of problematic sexual behavior-cognitive behavioral therapy for adolescents in an outpatient treatment setting. *Child Abuse & Neglect, 105*, 104428. DOI:10.1016/j.chiabu.2020.104428

The lack of empirical support for interventions commonly used to treat adolescents with problematic sexual behaviors (PSB) has led to restrictive policies & interventions largely based on perceptions of these youth as younger versions of adult sex offenders, without consideration for developmental and etiological differences between populations. This study's aim is to evaluate a low-intensity outpatient treatment regarding the reduction of internalizing symptoms and externalizing behaviors to include, PSB. The study examined outcomes for 31 adolescents who completed Problematic Sexual Behavior – Cognitive Behavioral Therapy for Adolescents (PSB-CBT-A) at a Children's Advocacy Center between 2013 and 2016. Evaluation of PSB & other symptomology was conducted through pre- and post-treatment administration of standardized instruments. Adolescent PSB-CBT-A treatment completers demonstrated a trend towards statistical significance in reduction of PSB on the YSBPI from 5.33 (SD = 6.86) at pre-treatment to 0.17 (SD = 0.41) at completion. Additionally, significant reductions in caregiver-reported youth internalizing and externalizing problems were associated outcomes of completing PSB-CBT-A ( $t(13) = 5.00, p < .001$  and  $t(13) = 2.34, p = .036$ , respectively). The promising results

achieved in this study support further exploration of low-intensity outpatient treatment interventions for adolescents with PSB.

Shawler, P., Silvis, V. G., Taylor, E. K., Shields, J., Beasley, L., & Silovsky, J. F. (2020). Early identification of youth with problematic sexual behavior: A qualitative study. *Child Abuse & Neglect, 105*, 104317. DOI:10.1016/j.chiabu.2019.104317

Early intervention efforts designed for youth with problematic sexual behavior (PSB) have strong promise. Prompt identification of youth with PSB is critical to ensuring early intervention and effective response. The current study explored the complexities of how PSB of youth is identified in the community. A qualitative semi-structured interview approach was utilized to explore the perceptions & experiences of community members involved in cases of youth with PSB. Participants included 100 community members from 8 geographically diverse locations in the United States. Themes involving identification of PSB were classified by qualitative analyses, beginning with thematic analysis followed by focused coding. Results indicated multiple pathways for the identification of youth with PSB involving a variety of professionals & agencies. Victim disclosure and witnessing the PSB were the most common identification pathways, with caregivers & school personnel the most common initial identifiers. Once identified, cases were reported to child welfare, law enforcement, and/or behavioral health agencies. Complications due to unclear response pathways & fears held by caregivers were notable. Developmentally appropriate, evidence-informed policies & procedures for the identification of and response to PSB in youth within and across professions would facilitate a public health response to for prevention and early responses to PSB of youth.

Smith, A. B., Dopp, A. R., Perrine, C. M., Parisi, K. E., Vanderzee, K. L., John, S., Edge, N. A., & Kramer, T. L. (2020). Training providers at Children's Advocacy Centers to treat early childhood trauma: Perspectives on barriers, facilitators, and sustainability. *Children and Youth Services Review, 118*, 105379.  
DOI:10.1016/j.childyouth.2020.105379

Nearly half of child maltreatment victims are under the age of six, yet mental health providers are rarely trained in evidence-based treatments for this population. As interdisciplinary agencies that coordinate responses to child maltreatment, Children's Advocacy Centers (CACs) are well-positioned to facilitate access to trauma-focused treatment for an early childhood population, provided the proper training. The present study was a qualitative evaluation of the implementation of Child-Parent Psychotherapy (CPP), a treatment that addresses traumatic stress and child-parent attachment in children ages 0-5, in a statewide network of seventeen CACs. Participants were 17 clinicians, supervisors, and senior leaders from ten CACs who completed qualitative interviews about their experiences with implementation of CPP and their plans for sustainment of CPP. They were interviewed after approximately 8 months of an 18-month CPP training initiative and again approximately 2 months after the training initiative ended. Interview transcripts were coded using a conventional content analysis approach. We identified 11 major themes related to barriers and facilitators in the implementation and sustainment of CPP in CACs. Facilitators included meaningful expansion of services and certain aspects of the training process (e.g., group supervision). Barriers included difficulties with caregiver engagement and clinicians feeling "lost" during the extended learning process for CPP. Factors anticipated to affect future sustainment of CPP included staff turnover at CACs and the availability of CPP training in the future. Our results have implications for clinicians, administrators, and policymakers interested in the use of evidence-based treatments for specialty populations in multidisciplinary settings like CACs.

Tener, D., Newman, A., Yates, P., & Tarshish, N. (2020). Child Advocacy Center intervention with sibling sexual abuse cases: Cross-cultural comparison of professionals' perspectives and experiences. *Child Abuse & Neglect, 105*, 104259. DOI:10.1016/j.chiabu.2019.104259

Despite being a complex phenomenon with potentially significant short- and long-term consequences for all involved including siblings, parents & the family as a whole, sibling sexual abuse (SSA) has not received sufficient empirical and clinical attention. Practitioners are often left to cope without appropriate guidance. This study aimed to compare staff perspectives and experiences of working with sibling sexual abuse cases across two Child Advocacy Centers (CACs) within different countries and different cultural and legal contexts. Participants were staff members from two Child Advocacy Centers: one in Jerusalem, Israel, and the other in Montgomery County, Pennsylvania, United States of America. This qualitative cross-cultural comparative study analyzes staff experiences of sibling sexual abuse cases based upon 14 focus groups, in Jerusalem & Montgomery County. Findings reveal that both CACs focused on parents, the parents' negative emotional responses to SSA, and the impossible nature of their predicament. The Montgomery County CAC tended to emphasize the needs of the victim while being attuned to the legal proceedings, whereas the Jerusalem CAC emphasized supportive therapeutic responses for the whole family. The differences across the two Child Advocacy Centers are related to the different legal & cultural contexts of the two CACs and underscore the need to review what may be the most appropriate policy & practice response to SSA that does not itself cause further harm.

Wamser-Nanney, R. (2020). Risk factors for attrition from pediatric trauma-focused treatment. *Child Maltreatment, 25*(2), 172-181. DOI:10.1177/1077559519874406

Rates of attrition from pediatric trauma-focused treatments are high, yet few studies have examined predictors of dropout. The aim of the study was to investigate whether higher levels of caregiver- and child-reported pretreatment difficulties predicted attrition

from trauma-focused therapy. 172 children aged 6–18 ( $M = 10.53$ ,  $SD = 3.36$ ) and their caregivers were included in the study. Two operational definitions of attrition were utilized: clinician-rated dropout and whether the child received an adequate dose of treatment (i.e., 12 or more sessions). Rates of clinician-rated attrition were high (76.2%); however, 73.8% received an adequate dose. Despite expectations, higher levels of rule-breaking & aggressive behavior were related to clinician-rated dropout ( $d = 0.59$ ,  $.63$ , respectively) but were not significant predictors in a logistic regression model. Child-reported symptoms were unrelated to clinician-rated attrition. Higher levels of caregiver-reported anxiety/depression, somatic complaints, & trauma-related difficulties corresponded with adequate dose ( $ds = 0.52$ – $1.06$ ). Yet only caregiver-reported sexual concerns predicted adequate dose in a regression model. Caregiver- and child-reported symptoms may be unrelated to clinician-rated treatment completion and appear to play a small role in understanding whether the child received an adequate dose of treatment.

Wamser-Nanney, R., Sager, J. C., & Campbell, C. L. (2020). Does maternal support mediate or moderate the relationship between sexual abuse severity and children's PTSD Symptoms?. *Journal of Child Sexual Abuse*, 29(3), 333–350.  
DOI:10.1080/10538712.2020.1733160

Maternal support and abuse severity are often considered to be vital factors in predicting children's functioning following childhood sexual abuse (CSA); however, much of the prior research has examined support & abuse severity as main effects, without consideration of how these factors may interrelate to predict children's post-CSA functioning. Further, even though mediators & moderators are conceptually distinct, maternal support has been theorized to be both a mediator and a moderator of symptoms, and it is unclear if support acts as either among sexually abused children. The aim of the present study was to investigate whether caregiver-reported maternal support mediates or moderates the relationships between sexual abuse severity and children's trauma-related symptoms. The study included 235 treatment-seeking children ages 3–16 and their non-offending

mothers. Contrary to expectations, caregiver-rated maternal support did not mediate nor moderate the relationship between abuse severity and children's symptoms. Caregiver-rated maternal support may play a small role in mitigating sexually abused children's trauma symptoms. Irrespective of abuse severity, children with less supportive mothers may not be at heightened risk for experiencing higher levels of trauma-related difficulties.

Yoon, S., Dillard, R., Pei, F., McCarthy, K. S., Beaujolais, B., Wang, X., Maguire-Jack, K., Wolf, K., & Cochey, S. (2020). Defining resilience in maltreated children from the practitioners' perspectives: A qualitative study. *Child Abuse & Neglect, 106*, 104526. DOI:10.1016/j.chiabu.2020.104516

The current study sought to address this gap by examining definitions of resilience in practitioners who work directly with maltreated children. 27 participants were recruited through two agencies that serve victims of child maltreatment in an urban Midwestern city. Through a series of 27 qualitative interviews, the current study examined the following research question: "How is resilience defined and understood by practitioners working with children who have experienced child maltreatment?" Thematic coding and analysis were used to analyze the data. Findings suggest five unique themes described by practitioners as their definition of resilience: (a) surviving; (b) thriving; (c) perseverance; (d) reconciling & integrating traumatic experiences into healthy identity development; and (e) advocating for self. Findings highlight the spectral & nuanced nature of resilience among maltreated children. Implications for theory, research & practice are discussed.

Bi, S., Rancher, C., Johnson, E., Cook, K., McDonald, R., & Jouriles, E. N. (2019). Perceived loss of social contact and trauma symptoms among adolescents who have experienced sexual abuse. *Journal of Child Sexual Abuse, 28*(3), 333-344. DOI:10.1080/10538712.2018.1544599

Child sexual abuse (CSA) is a robust predictor of trauma symptoms. Past research has identified many correlates of trauma symptoms following disclosure of CSA. Theory

suggests that loss of social contact may be another important contributor to adolescents' trauma symptoms following CSA. A clinical sample of 166 adolescents (95% female) between 11 and 19 years ( $M = 13.80$ ,  $SD = 1.87$ ) reported on perceived loss of social contact, the extent to which the CSA was coercive, appraisals of self-blame for the abuse, supportiveness of a primary nonabusing caregiver, and trauma symptoms. The adolescent's relationship to the abuser, abuse severity and duration were coded from forensic interviews. Results indicated that greater perceived loss of social contact was associated with higher levels of trauma symptoms, even after controlling for other correlates of trauma symptoms and demographic variables. These findings suggest that perceived loss of social contact may be an important variable to consider in assessing and intervening with adolescents who have been sexually abused.

Dillard, R., Maguire-Jack, K., Showalter, K., Wolf, K. G., & Letson, M. M. (2019). Abuse disclosures of youth with problem sexualized behaviors and trauma symptomology. *Child Abuse & Neglect*, *88*, 201–211. DOI:10.1016/j.chiabu.2018.11.019

The majority of youth with problem sexualized behaviors (PSB) have substantiated experiences of abuse or exposures to violence. Little is known about specific abuse experiences that may differentiate youth with PSB from those without. Few studies have examined the types of abuse associated with post-traumatic stress symptomology. The current study explored two research questions: Do children with PSB differ from children without PSB in terms of their abuse disclosures?; and Are the types of abuse disclosed associated with the child's scores on a post-traumatic stress measure?. Data were analyzed for youth ( $N=950$ ) ages 3–18 years who completed a clinical assessment at a child advocacy center in the Midwest during the 2015 calendar year. Youth completed assessments that included a forensic interview & either the Trauma Symptom Checklist for Young Children (TSCYC) for children ages 3–10 years, or the Trauma Symptom Checklist for Children (TSCC) for children ages 11–16 years. Bivariate logistic regression was used to answer the research questions. Findings indicated that youths who disclosed

offender to victim fondling were less likely to disclose PSB (OR=0.460, p= .026), and children exposed to pornography were more likely to disclose PSB (OR=3.252, p= .001). Additionally, youth who disclosed physical abuse (OR=1.678, p= .001) or victim to offender sexual contact (OR=2.242, p= .003) had higher odds of clinically significant trauma scores. Implications for practitioners and future research directions are discussed.

Gewirtz O'Brien, J. R., Moynihan, M., Saewyc, E., & Edinburgh, L. D. (2019). Featured intervention for exploited and trafficked youth: The Minnesota Runaway Intervention Program. *Child Abuse and Neglect, 100*, 104141.  
DOI:10.1016/j.chiabu.2019.104141

This invited article is one of several comprising part of a special issue focused on child trafficking & health. The purpose of each invited article is to describe a specific program serving trafficked children, intended to raise awareness of innovative counter-trafficking strategies emerging worldwide and facilitate collaboration on program development and outcomes research. This article describes the Minnesota Runaway Intervention Program (RIP), a Minneapolis-St. Paul based program dedicated to supporting youth aged 12–17 who have run away and experienced sexual violence, including sexual assault & exploitation. It is a comprehensive, health care focused intervention, embedded within a hospital-based Child Advocacy Center. RIP is developed and led by nurse practitioners who provide services tailored to participants' diverse needs, including health care, case management services, and a therapeutic empowerment group.

Nelson, A. (2019). [Understanding fear and self-blame symptoms for child sexual abuse victims in treatment: An interaction of youth age, perpetrator type, and treatment time period](#) (Publication No. 89) [Undergraduate honors thesis, University of Nebraska].

Child Sexual Abuse victims have been known to experience a wide array of emotional and behavioral symptomology following abuse. These symptoms can have a negative

impact on victims in the future if proper intervention and treatment is not provided. This study focuses specifically on the symptomology of fear & self-blame in victims and what factors influence the efficacy of treatment due to these symptoms' continuous and impartial characteristics. Participants were 333 sexually abused youth attending Project SAFE (Sexual Abuse Family Education), a cognitive-behavioral treatment program through a local Child Advocacy Center. Children were 6 to 18 years old. A repeated measures analysis was performed looking at the interaction between treatment time period (pretreatment, midpoint treatment, and post-treatment), victim age at the start of treatment (child vs. adolescent), and perpetrator type (family vs. non-family). The main effect of treatment time period was found to be significant for fear scores and self-blame/guilt scores. This indicates that, regardless of a child's CSA perpetrator or their age, the treatment is still beneficial at reducing symptoms of fear and self-blame/guilt.

Rancher, C., Jouriles, E. N., Johnson, E., Cook, K., & McDonald, R. (2019). Self-blame for interparental conflict among female adolescents who have been sexually abused. *Journal of Family Psychology, 33*(8), 982-987. DOI:10.1037/fam0000539

This study evaluated whether self-blame appraisals for interparental conflict relate to conduct problems among female adolescents who have been sexually abused. Participants included female adolescents who had experienced sexual abuse and a current, primary nonabusing caregiver. Families presented for services at a children's advocacy center. Female adolescents (N = 263, Age 11-17 years, M = 13.68, SD = 1.74) reported on conduct problems, self-blame appraisals for interparental conflict, self-blame appraisals for their sexual abuse, perceptions of the frequency and severity of interparental conflict, & whether the sexual abuse involved coercion. Caregivers reported on adolescent conduct problems and their contact with a romantic partner. Adolescent relationship to the alleged abuser and the severity and duration of the sexual abuse were coded from forensic interviews & case records. Adolescent self-blame appraisals for interparental conflict were positively associated with adolescent & caregiver reports of

adolescent conduct problems. These relations emerged even after controlling for other theoretically important variables, such as self-blame appraisals for sexual abuse. Adolescent appraisals for interparental conflict may be an important target for assessment and intervention for female adolescents who have been sexually abused.

Suglia, S. F., Kulick, E. R., & Brown, J. (2019). [Childhood adversities and prior involvement with child protective services](#). *Injury Epidemiology*, 6(1), 48. DOI:10.1186/s40621-019-0224-9

We aimed to determine the relation between childhood adversities and prior involvement with Child Protective Services (CPS) history among children presenting for evaluation at a Child Advocacy Center (CAC). The study evaluated children presenting to a CAC from 2009–2014. A 5 item child adversity measure, based on mother’s report, was characterized into a scale of none, one, or two or more adversities. Caseworkers at the CAC assessed whether families had a prior history of involvement with CPS. Among the 727 children included in the analyses, 43% had a prior history of involvement with CPS. 26% of the children experienced one childhood adversity while 29% experienced two or more. In regression analyses adjusting for socio-demographics, experiencing one (Prevalence Ratio (PR) 1.25 95%CI 1.0–1.5) or two or more adversities (PR1.67 95%CI 1.4, 2.0) was associated with higher prevalence of CPS history compared to those who reported none. Childhood adversities are associated with prior contact with CPS, suggesting there are missed opportunities to provide services to high-risk families. CACs may be in a unique position to advocate for families and prevent further victimization of children.

Blank, C. A. (2018). [Child Advocacy Centers in the United States and music therapy](#). *In Voices: A World Forum for Music Therapy* 18(4). DOI:10.15845/voices.v18i4.2589

In the United States, children who suffer trauma or abuse receive services through Children’s Advocacy Centers (CACs). CACs coordinate the work of multidisciplinary

teams (MDT) including law enforcement, mental health, medical, and social service personnel to help children & families heal. CACs are autonomous groups made up of affiliations with many local agencies. This article provides a description of the National Children's Alliance (NCA) standards for implementing treatment, including the state of music therapy implementation in CACs. The literature has shown that music therapy can be helpful to address needs of children & families who have experienced trauma, suggesting that this may offer a helpful treatment modality in CACs. However, music therapy is rarely available in CACs. This may be, in part, a result of the lack of randomized controlled trials, a key determining factor for inclusion in the annotated bibliography that accompanies the NCA Standards (National Children's Alliance, 2013). Music therapy practice has addressed the clinical needs of children & teens who have been abused. This work is often presented in clinical reflections, not randomized controlled trials. Music therapy is currently not included in the treatment modalities utilized by CACs because of a perceived lack of evidence base. This article attempts to synthesize the information available to provide CACs with the current state of research in music therapy with children who have been abused. This article also provides music therapists with a depth of information about the structure & function of CACs, including a synthesis of the NCA Standards of Practice. The article presents a description for the implementation of music therapy services in a CAC in New Jersey and includes recommendations for music therapists who wish to seek out opportunities for clinical practice at CACs.

Elmi, M. H., Daignault, I. V., & Hébert, M. (2018). Child sexual abuse victims as witnesses: The influence of testifying on their recovery. *Child Abuse & Neglect, 86*, 22-32.  
DOI:10.1016/j.chiabu.2018.09.001

Victims of child sexual abuse (CSA) are likely to show a wide range of adaptation difficulties. In addition, some children and their families are involved in legal proceedings following the child's disclosure. However, little is known about the effects of legal involvement on CSA victim's mental health and recovery. In this longitudinal study, the

effects of testifying were examined in a sample of 344 children at initial assessment (67% of girls) receiving services in a Child Advocacy Centre, of which 130 children testified. The participants' age ranged from 6 to 14 years old ( $M = 9.42$   $SD=2.14$ ). Children and their parents completed a series of measures to evaluate the child's mental health (e.g. depression, anxiety, PTSD) at four points in time over a 2-year period. Multilevel analysis indicates that all the children showed significant improvement over time but the group who testified more than once shows higher levels of emotional distress 2 years after the initial assessment. This study highlights the importance of documenting the experience of CSA victims in the justice system in order to establish the adequate conditions to support child witnesses.

Wherry, J. N., & Herrington, S. C. (2018). Reliability and validity of the Trauma Symptom Checklist for Children and Trauma Symptom Checklist for Young Children screeners in a clinical sample. *Journal of Child Sexual Abuse, 27*(8), 998-1010. DOI:10.1080/10538712.2018.1517109

This study reports on the reliability and validity for two measures developed for screening of symptoms in child sexual abuse (CSA)—the Trauma Symptom Checklist for Children-Screening Form (TSCC-SF) and the Trauma Symptom Checklist for Young Children-Screening Form (TSCYC-SF). The sample of 200 children and caregivers received outpatient treatment. Internal consistencies ranged from an alpha of 0.79–0.85. Concurrent validity was demonstrated by correlations with the TSCC and TSCYC. The TSCC-SF General Trauma (GT) was only correlated Child Behavior Checklist ( $r = .236$  for the Anxious Depressed Scale with the TSCC GT; however, all Child Behavior Checklist scales correlated with the TSCYC GT ranging from .422 to .692, and with the SC with  $r = .713$ ), and the Children's Attributional and Perceptual Scale. Findings support reliability and validity reported elsewhere. The TSCC-SF and TSCYC-SF show promise for screening and triage of CSA victims in many settings.

Allen, B., & Hoskowitz, N. A. (2017). Structured trauma-focused CBT and unstructured play/experiential techniques in the treatment of sexually abused children: A field study with practicing clinicians. *Child Maltreatment, 22*(2), 112-120.  
DOI:10.1177/1077559516681866

Structured, trauma-focused cognitive-behavioral therapy (CBT) techniques are widely considered an effective intervention for children who experienced sexual abuse. However, unstructured (i.e., nondirective) play/experiential techniques have a longer history of widespread promotion and are preferred by many practicing clinicians. No evidence is available, however, to determine how the integration of these techniques impacts treatment outcome. In this study, community-based clinicians who received training in a structured, trauma-focused cognitive-behavioral intervention administered pretreatment and posttreatment evaluations to 260 sexually abused children presenting with elevated posttraumatic stress. In addition, they completed a questionnaire describing the treatment techniques implemented with each child. Overall, significant improvement was observed for each of the six clinical outcomes. Regression analyses indicated that technique selection was a significant factor in posttreatment outcome for posttraumatic stress, dissociation, anxiety, and anger/aggression. In general, a greater utilization of the structured CBT techniques was related to lower posttreatment scores, whereas a higher frequency of play/experiential techniques was associated with higher posttreatment scores. However, no interaction effects were observed. The implication of these findings for clinical practice and future research are examined.

Baxter, M. A., Hemming, E. J., McIntosh, H. C., & Hellman, C. M. (2017). Exploring the relationship between adverse childhood experiences and hope. *Journal of Child Sexual Abuse, 26*(8), 948-956. DOI:10.1080/10538712.2017.1365319

To explore the relationship between adverse childhood experiences and hope, a convenience sample of caregivers bringing in children for medical investigation of child abuse at a regional child advocacy center were surveyed for adverse childhood experiences and dispositional hope. Hope in this sample had a significant negative

correlation to the adverse childhood experiences subscale “abuse” ( $r = -.19$ ;  $p < .05$ ). The relationship between hope and the other adverse childhood experiences subscales “neglect” ( $r = -.14$ ) and “dysfunctional family” ( $r = -.16$ ) was not statistically significant. An analysis of variance was performed to determine if caregivers who have experienced both sexual and physical abuse ( $M = 29.67$ ;  $SD = 15.96$ ) have lower hope scores compared to those caregivers who have experienced neither physical nor sexual abuse ( $M = 42.64$ ;  $SD = 18.44$ ). This analysis ( $F(1, 84) = 5.28$ ;  $p < 0.05$ ) showed that caregivers who experienced both physical and sexual abuse scored significantly lower on hope compared to their counterparts who experienced no adverse events, with an estimated effect size of moderate strength ( $d = 0.70$ ). Higher adverse childhood experiences scores are associated with lower hope. This result was especially true for those adult caregivers who reported experiencing both physical and sexual abuse when compared to adults who did not experience either form of child trauma. While the empirical literature continues to demonstrate the negative consequences of adverse childhood experiences across the life span, hope offers a compelling new line of inquiry in child maltreatment research especially for studies targeting prevention or intervention.

Foster, J. M. (2017). The fears and futures of boy victims of sexual abuse: An analysis of narratives. *Journal of Child Sexual Abuse, 26*(6), 710–730.  
DOI:10.1080/10538712.2017.1339223

Qualitative analysis of boys’ narratives about child sexual abuse revealed several themes, including memories of the abuse, the disclosure and subsequent events, the healing journey, and a meta-theme titled “fear and safety.” In this article, boys’ ( $N = 19$ ) experiences related to fear and safety and the healing journey are explored. The narratives provided a unique look at boys’ road to recovery, perceptions of counseling, and hopes for their futures. Recommendations for counseling boy victims are discussed.

Gonzalez, J. E., Wheeler, N. J., & Daire, A. P. (2017). Exploratory analyses of cognitive schemas for child and adolescent sexual abuse survivors: Implications for the research to practice gap. *Journal of Mental Health Counseling, 39*(1), 25-38.  
DOI:10.17744/mehc.39.1.03

Childhood abuse is pervasive and can contribute to long-term adverse consequences for the victim. Child advocacy centers (CAC) provide a community-based and coordinated response to intervention, including mental health counseling. Although evidence-based treatments include techniques to address problematic thinking, these are reported as less preferred and underused by CAC counselors. The present study employs multivariate analysis to examine the influence of cognitive schemas on treatment outcomes for 58 children who received services from a CAC. We found significant improvements in pre to post scores on the Trauma Symptom Checklist for Children (TSCC) subscales for depression and anxiety. Additionally, treatment outcomes of participants with clinically significant pre-Trauma and Attachment Belief Scale (TABS) total scores significantly differed from participants with non-significant pre-TABS scores. Clinical and research implications are presented related to counseling services for survivors of child abuse.

Kenny, M. C., Vazquez, A., Long, H., & Thompson, D. (2017). Implementation and program evaluation of trauma-informed care training across state child advocacy centers: An exploratory study. *Children and Youth Services Review, 73*, 15-23.  
DOI:10.1016/j.childyouth.2016.11.030

Awareness of Trauma-Informed Care (TIC) is essential for all professionals employed at child advocacy centers (CAC). This study evaluated the effectiveness of a training program that utilized a modified version of a TIC curriculum accessible through the National Child Traumatic Stress Network (NCTSN) among CAC workers in Florida. The workers' TIC knowledge level (n=203) was examined prior to the training, immediately thereafter, and in a 12-month follow-up. Participants in general had similar levels of TIC knowledge before the training although the knowledge level was significantly affected by

race/ethnicity, years of working experience, and educational degree. The results also indicated that participants' TIC knowledge significantly increased after training, with an effect size of 0.71. This increase appeared to be universal among participants. Further, the significant increase still maintained in the 12-month follow-up test. The analysis of participants' responses to two open-ended questions suggested that most participants were satisfied with the program. It is suggested that training efforts need to be conducted frequently to ensure that CAC employees get repeated exposure to the information in order to ultimately improve the services they provide to victims.

Lai, B. S., Tiwari, A., Self-Brown, S., Cronholm, P., & Kinnish, K. (2017). [Patterns of caregiver factors predicting participation in trauma-focused cognitive behavioral therapy.](#) *Journal of Child & Adolescent Trauma*, 12(1), 97-106. DOI:10.1007/s40653-017-0177-5

This study examined patterns of caregiver factors associated with Trauma- Focused Cognitive Behavioral Therapy (TF-CBT) utilization among trauma-exposed youth. This study included 41 caregivers (caregiver age M = 36.1, SD = 9.88; 93% African American) of youth referred for TFCBT, following a substantiated forensic assessment of youth trauma exposure. Prior to enrolling in TF-CBT, caregivers reported on measures for parenting stress, attitudes towards treatment, functional impairment, caregiver mental health diagnosis, and caregiver trauma experiences. Classification and regression tree methodology were used to address study aims. Predictors of enrollment and completion included: attitudes towards treatment, caregiver trauma experiences, and parenting stress. Several caregiver factors predicting youth service utilization were identified. Findings suggest screening for caregivers' attitudes towards therapy, parenting stress, and trauma history is warranted to guide providers in offering caregiver-youth dyads appropriate resources at intake that can lead to increased engagement in treatment services.

Wherry, J. N., & Dunlop, C. E. (2017). TSCC and TSCYC screening forms in a clinical sample: Reliability, validity, and creating local clinical norms. *Child Maltreatment, 23*(1), 74-84. DOI:10.1177/1077559517725207

Clinical norms were developed for two screening tools recently developed by Briere and published by Psychological Assessment Resources. The screening measures were derived from the most predictive items of the Trauma Symptom Checklist for Children (TSCC) and the Trauma Symptom Checklist for Young Children (TSCYC). Both screening measures (TSCC–Screening Form and TSCYC–Screening Form) have a total of 20 items measuring general trauma (12 items) and sexual concerns (8 items). Briere and Wherry report on the reliability and validity of the instrument when used with a normative group of children who are not identified as abused. This clinical sample of abused children seeking services from a child advocacy center was comprised of 86.1% females and 55.4% Hispanic children. Data were collected for 177 TSCYCs and 261 TSCCs. Internal consistencies ranged from an  $\alpha$  of .74 to .85, and correlation coefficients indicating validity with the longer scales ranging from an  $r = .563$  to .807.  $T$  score norms were calculated for this clinical sample. The measure has promise as a tool for screening multiple domains with child and caregiver informants; and in addition to its psychometric properties, it assesses sexualized behavior, suicidal thoughts, and trauma.

Hahn, H., Oransky, M., Epstein, C., Stover, C. S., & Marans, S. (2016). Findings of an early intervention to address children's traumatic stress implemented in the child advocacy center setting following sexual abuse. *Journal of Child & Adolescent Trauma, 9*(1), 55-66. DOI:10.1007/s40653-015-0059-7

It has been well established that childhood exposure to abuse and trauma constitutes a major threat to children's development, as well as to later psychiatric, physical, and behavioral health. Identification of, and early intervention with, children experiencing symptoms of traumatic stress is an important goal. The Child and Family Traumatic Stress Intervention (CFTSI) has demonstrated effectiveness in reducing children's traumatic stress symptoms and reducing the odds of full or partial PTSD diagnosis at 3

months following end of treatment in a previous randomized controlled trial. The current chart review of CFTSI cases completed with 114 caregiver–child dyads in a Child Advocacy Center setting found that the brief, early family–strengthening intervention is effective in reducing symptoms in a diverse sample of children and adolescents who recently experienced and/or disclosed sexual abuse.

Self-Brown, S., Tiwari, A., Lai, B., Roby, S., & Kinnish, K. (2016). Impact of caregiver factors on youth service utilization of trauma-focused cognitive behavioral therapy in a community setting. *Journal of Child and Family Studies, 25*(6), 1871–1879.  
DOI:10.1007/s10826-015-0354-9

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an increasingly available evidence-based therapy that targets the mental health symptoms of youth who have experienced trauma. Limited research has examined how to engage and retain families in TF-CBT services in community settings. Using a mixed-methods approach, the goal of this exploratory study was to identify caregiver factors that impact youth enrollment and completion of community-delivered TF-CBT. The study included 41 caretakers of youth referred to therapy at a local child advocacy center following a forensic assessment substantiating youth trauma exposure. Caregiver factors examined include caregiver demographics, trauma exposure, and mental health symptomology. Results from multivariate logistic regressions indicate that caregivers reporting more children residing in the household were significantly more likely to enroll youth in therapy (OR 2.27; 95 % CI 1.02, 5.03). Qualitative analyses further explicate that parents with personal trauma or therapy experiences expressed positive opinions regarding therapy services for youth, and were more likely to enroll in or complete services. Findings suggest that caregivers with personal traumatic experience and related symptomatology view therapy as important and are more committed to their child receiving therapy. Future research on service utilization is warranted and should explore offering parental psychoeducation or

engagement strategies discussing therapy benefits to parents who have not experienced trauma and related mental health symptomatology.

Wherry, J. N., Huffhines, L. P., & Walisky, D. N. (2016). A short form of the Trauma Symptom Checklist for Children. *Child Maltreatment, 21*(1), 37-46.  
DOI:10.1177/1077559515619487

The purpose of the current study was to develop a short form (SF) of the Trauma Symptom Checklist for Children (TSCC). The TSCC-SF maintained 29 items, from the original 54 items, in a sample (N = 215) of sexually abused children who were seeking treatment at a child advocacy center. Exploratory factor analysis refined the original measure, and confirmatory factor analysis provided evidence for best fit for a six-factor, 29-item model. The TSCC-SF evidenced good internal reliability and showed convergent validity with child ratings of post-traumatic stress disorder (PTSD) symptoms obtained from the University of California at Los Angeles PTSD Reaction Index. The TSCC-SF has promise as a shorter assessment measure with sexually abused children in numerous settings, including child advocacy centers and pediatric clinics, where efficient screening and assessment are essential for providing the best standard of care.

Bick, J., Zajac, K., Ralston, M. E., & Smith, D. (2014). [Convergence and divergence in reports of maternal support following childhood sexual abuse: Prevalence and associations with youth psychosocial adjustment](#). *Child Abuse & Neglect, 38*(3), 479-487. DOI:10.1016/j.chiabu.2013.11.010

This study examined the convergence and divergence in mothers' and children's reports of maternal support following disclosures of childhood sexual abuse (CSA). One hundred and twenty mothers and their children (ages 7 to 17 years) reported on two aspects of support following CSA disclosures: mothers' belief in the child's disclosure and parent-child discussion of the abuse incident. Whereas 62% of mothers' and children's reports on mothers' belief of the disclosure positively converged (i.e., both reported that mothers

“completely believed” the child’s disclosure), 37% of mothers’ and children’s reports diverged, and the remaining 1% negatively converged (i.e., both reported that the mother only believed the child “somewhat”). Positively convergent responses were associated with youths’ lower risk for tobacco and illicit drug use. Forty four percent of mothers’ and children’s reports on whether details of the CSA were discussed positively converged (i.e., both reported that details were discussed), 33% diverged, and 23% negatively converged (i.e., both reported that details were not discussed). Relative to other patterns of reporting, negatively convergent responses were associated with higher levels of trauma symptoms. Findings have implications for identifying high-risk mother-child dyads based on patterns of informant reporting following CSA.

Hubel, G. S., Campbell, C., West, T., Friedenber, S., Schreier, A., Flood, M. F., & Hansen, D. J. (2014). Child advocacy center based group treatment for child sexual abuse. *Journal of Child Sexual Abuse, 23*(3), 304-325. DOI:10.1080/10538712.2014.888121

The present study examines initial symptom presentation among participants, outcomes, and social validity for a group treatment for child sexual abuse delivered at a child advocacy center. Participants were 97 children and their nonoffending caregivers who were referred to Project SAFE (Sexual Abuse Family Education), a standardized, 12-week cognitive-behavioral group treatment for families who have experienced child sexual abuse. Sixty-four percent of children presented with clinically significant symptoms on at least one measure with established clinical cutoffs. Caregivers of children who presented with clinically significant symptoms reported more distress about their competence as caregivers. Children who presented as subclinical were more likely to have experienced intrafamilial sexual abuse. Posttreatment results indicated significant improvements in functioning for all children who participated in treatment, with greater improvements reported for children who initially presented with clinically significant symptoms. Overall, the program was rated favorably on the posttreatment evaluation of social validity.

Allen, B., Gharagozloo, L., & Johnson, J. C. (2012). Clinician knowledge and utilization of empirically-supported treatments for maltreated children. *Child Maltreatment*, 17(1), 11-21. DOI:10.1177/1077559511426333

Efforts to disseminate empirically-supported treatments (ESTs) for maltreated children are confronted with numerous challenges, and the success of these efforts is unclear. The current study reports on the results of a nationwide survey of 262 clinicians serving maltreated children in the United States. From a provided list, clinicians were asked to identify interventions they believed possessed adequate empirical support, as well as the interventions they commonly used, were trained to use, or would like to receive training to use. Results showed that clinicians generally are unable to identify ESTs, and many of the interventions clinicians reported most commonly using and being trained to use are not typically considered to be empirically-supported (with the exception of Trauma-Focused Cognitive-Behavioral Therapy). Greater ability to accurately identify ESTs was predicted by favorable attitudes toward evidence-based practice; however, beliefs that non-ESTs were empirically-supported were best predicted by training background (e.g., professional discipline, education level, & theoretical orientation). Finally, regression analyses found that the interventions clinicians identified as empirically-supported predicted the interventions in which clinicians received training, which in turn predicted the interventions commonly used. Implications of these findings for dissemination and policy are discussed.

Allen, B., & Johnson, J. C. (2012). Utilization and implementation of Trauma-Focused Cognitive-Behavioral therapy for the treatment of maltreated children. *Child Maltreatment*, 17(1), 80-85. DOI:10.1177/1077559511418220

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is one of the most researched and widely disseminated interventions for maltreated children. This study describes the findings of a survey of 132 mental health clinicians in children's advocacy centers (CACs) across the United States to determine the percentage of clinicians who are trained in and

utilize TF-CBT and the frequency with which TF-CBT components are implemented. A total of 103 (78%) of the clinicians reported being trained in and utilizing TF-CBT on a regular basis; however, only 66% of these clinicians (58% of the full sample) reported being likely to use each component. The most preferred components were teaching relaxation skills & providing psychoeducation, whereas teaching caregiver child behavior management skills, developing a trauma narrative, and cognitive restructuring were less preferred. Results are discussed in the context of continued dissemination efforts and implications for improving clinical practice.

Bonach, K., & Heckert, A. (2012). Predictors of secondary traumatic stress among Children's Advocacy Center forensic interviewers. *Journal of Child Sexual Abuse, 21*(3), 295-314. DOI:10.1080/10538712.2012.647263

This study examined various predictor variables that were hypothesized to impact secondary traumatic stress in forensic interviewers from children's advocacy centers across the United States. Data were examined to investigate the relationship between organizational satisfaction, organizational buffers, and job support with secondary traumatic stress using the Secondary Traumatic Stress Scale. The most salient significant result was an inverse relationship between three indicators of job support and secondary traumatic stress. Also significant to secondary traumatic stress were the age of interviewer and whether the forensic interviewer had experienced at least one significant loss in the previous 12 months. Implications for future research, training, program practice, and policy are discussed.

Cohen, J. A., Mannarino, A. P., Kliethermes, M., & Murray, L. A. (2012). [Trauma-focused CBT for youth with complex trauma](#). *Child Abuse & Neglect*, 36(6), 528–541.  
DOI:10.1016/j.chiabu.2012.03.007

Many youth develop complex trauma, which includes regulation problems in the domains of affect, attachment, behavior, biology, cognition, & perception. Therapists often request strategies for using evidence-based treatments (EBTs) for this population. This article describes practical strategies for applying Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for youth with complex trauma. TF-CBT treatment phases are described and modifications of timing, proportionality & application are described for youth with complex trauma. Practical applications include a) dedicating proportionally more of the model to the TF-CBT coping skills phase; b) implementing the TF-CBT Safety component early & often as needed throughout treatment; c) titrating gradual exposure more slowly as needed by individual youth; d) incorporating unifying trauma themes throughout treatment; and e) when indicated, extending the TF-CBT treatment consolidation & closure phase to include traumatic grief components and to generalize ongoing safety & trust. Recent data from youth with complex trauma support the use of the above TF-CBT strategies to successfully treat these youth and the above strategies can be incorporated into TF-CBT to effectively treat youth with complex trauma. Practical strategies include providing a longer coping skills phase which incorporates safety and appropriate gradual exposure; including relevant unifying themes; and allowing for an adequate treatment closure phase to enhance ongoing trust & safety. Through these strategies therapists can successfully apply TF-CBT for youth with complex trauma.

Connors-Burrow, N. A., Tempel, A. B., Sigel, B. A., Church, J. K., Kramer, T. L., & Worley, K. B. (2012). The development of a systematic approach to mental health screening in Child Advocacy Centers. *Children and Youth Services Review*, 34(9), 1675–1682.  
DOI:10.1016/j.chilyouth.2012.04.020

We report on efforts to implement a new protocol of mental health screening for children seen in Child Advocacy Centers (CACs), including the results from the first year of

implementation with 1685 families. The parent-reported child screening results (obtained on 46.3% of children) indicate that while many children were not experiencing significant symptoms of internalizing or externalizing problems, a subset of children had very elevated scores. At the one-week and one-month screening, consistent predictors of more severe internalizing problems included age, a parent or step-parent as the offender, and having been removed from the home. For externalizing problems, consistent predictors included Caucasian ethnicity and having been removed from the home. By the one-week follow-up, about half of those interviewed (50.8%) had entered counseling or had an appointment pending. The likelihood of initiating mental health services was increased when the alleged abuse type was sexual, when the child had been removed from the home, and when the child's internalizing and externalizing symptoms were more severe. Surveys of the CAC staff implementing the new process suggest that it helped them understand the needs of the children, though their ability to reach some families was a barrier to implementation.

Dietz, T. J., Davis, D., & Pennings, J. (2012). Evaluating animal-assisted therapy in group treatment for child sexual abuse. *Journal of Child Sexual Abuse, 21*(6), 665-683.  
DOI:10.1080/10538712.2012.726700

This study evaluates and compares the effectiveness of three group interventions on trauma symptoms for children who have been sexually abused. All of the groups followed the same treatment protocol, with two of them incorporating variations of animal-assisted therapy. A total of 153 children ages 7 to 17 who were in group therapy at a Child Advocacy Center participated in the study. Results indicate that children in the groups that included therapy dogs showed significant decreases in trauma symptoms including anxiety, depression, anger, post-traumatic stress disorder, dissociation, and sexual concerns. In addition, results show that children who participated in the group with therapeutic stories showed significantly more change than the other groups. Implications and suggestions for further research are discussed.

Gonzalez, J. E. (2012). [Influence of family and victim demographic factors on treatment completion for children exposed to abuse and family violence](#). *University of Central Florida Undergraduate Research Journal*, 6(2), 94-101.

The Children's Bureau of Administration on Children, Youth, and Families (2010) estimates that over 75 million children disclose being victims of sexual abuse, physical abuse, neglect, psychological maltreatment, and medical neglect each year. However, for agencies that provide services to victims of child sexual abuse and neglect, successfully completing treatment for clients is challenging but imperative in decreasing the likelihood of the child or adolescent developing long-term emotional, psychological, and behavioral consequences (DePanfilis, 2006). According to McPherson, Scribano, & Stevens (2012), child survivors of sexual abuse are more likely to complete treatment if their mother attends sessions and supports the child throughout the counseling process. The present study examines the influence of demographic factors on treatment completion of 292 children who received services from a child advocacy center. The findings identify differences between caregivers' type of relationships to the victims and appointment cancellations.

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. DOI:10.1177/0886260511416466

Child sexual abuse (CSA) often requires psychological treatment to address the symptoms of victim trauma. Barriers to entry and completion of counseling services can compromise long-term well-being. An integrated medical & mental health evaluation and treatment model of a child advocacy center (CAC) has the potential to reduce barriers to mental health treatment. Objective: (a) to describe characteristics between CSA patients who engage versus those who do not engage in mental health treatment and (b) to identify factors associated with successful completion of mental health treatment goals. For design/setting, a retrospective cohort study was conducted of CSA

patients (ages 3-16 years) referred to mental health services following a CAC assessment. Outcome variables included linkage with and completion of treatment. Independent variables included demographics, abuse characteristics, and therapist characteristics. Data were abstracted from the CAC & billing databases. 490 subjects were evaluated. Subjects were as follows: predominately female (74%), White (60%), and more than half received Medicaid (56%). Mean age was 8.4 years. About 52% linked with mental health services and 39% of patients that successfully linked with mental health services completed therapy. Successful linkage was independently associated with referrals to other counseling services. Successful completion of therapy was independently associated with caregiver participation in therapy and if the patient was referred to other counseling services. There were no differences between subjects that linked and/or completed therapy and those that did not with regard to demographic characteristics or abuse severity. In contrast to previous reports, efforts at our CAC seem to overcome linkage barriers in this population. However, there remain challenges in achieving successful completion of treatment goals in this population. Engaging caregivers' involvement in therapy services had a positive effect with successfully achieving treatment goals.

Staudt, M., & Williams-Hayes, M. (2011). A state survey of child advocacy center therapists' attitudes toward treatment manuals and evidence-based practice. *Journal of Child Sexual Abuse, 20*(1), 1-13. DOI:10.1080/10538712.2011.539999

The objective of this descriptive study was to examine Child Advocacy Center therapists' attitudes toward treatment manuals and evidence-based practices and to gather information about the treatments they use most frequently. An online survey was sent to 30 therapists employed by 15 Child Advocacy Centers in a southeastern state. The response rate was 70%. The respondents generally had positive attitudes toward the use of treatment manuals and the implementation of evidence-based practices. The treatment utilized most frequently was trauma focused cognitive-behavioral therapy.

More outcome research of Child Advocacy Center services is needed, and information about how children and parents perceive the acceptability and outcomes of Child Advocacy Center services can be used to enhance services.

Tavkar, P., & Hansen, D. J. (2011). Interventions for families victimized by child sexual abuse: Clinical issues and approaches for child advocacy center-based services. *Aggression & Violent Behavior, 16*(3), 188-199.  
DOI:10.1016/j.avb.2011.02.005

Child sexual abuse poses serious mental health risks, not only to child victims but also to non-offending family members. As the impact of child sexual abuse is heterogeneous, varied mental health interventions should be available in order to ensure that effective and individualized treatments are implemented. Treatment modalities for child victims & non-offending family members are identified and described. The benefits of providing on-site mental health services at Child Advocacy Centers to better triage and provide care are discussed through a description of an existing Child Advocacy Center-based treatment program. Recommendations for research and clinical practice are provided.

Cossel, T. K. (2010). [Child sexual abuse victims and their families receiving services at a Child Advocacy Center: Mental health and support needs](#). *The McNair Scholars Research Journal, 1*.

The present study aimed to document the effects of child sexual abuse among children, non-offending parents, and siblings to further address the needs of child victims and their families. Following abuse, children are often referred to Child Advocacy Centers (CACs) for mental health and other support needs. Today most sexually abused children receive homogenized treatment from CACs; however, there is variability in the needs these children and their family members present with. Research has begun to investigate the variability in symptom patterns of sexual abuse victims, finding aspects of the abuse including severity, duration, frequency, & amount of force seem to affect the types of

symptoms displayed by sexual abuse victims. This exploratory study examined the nature of presenting needs of sexually abused youth & their families. Participants were child victims, their siblings, and their caregivers seeking treatment at a Midwestern CAC. Participants were given a battery of measures that assessed mental health, efficacy, expectations, knowledge and behaviors. As hypothesized, there was heterogeneity in the mental health and support needs of child victims & family members. Varying expectations, levels of efficacy, and mental health states of child victims, siblings and parents seem to contribute to the need for different types of treatment and support for sexually abused children & their families. Based on these findings, it would be beneficial for CACs to incorporate programs to address the varied mental health and support needs of child sexual abuse victims and their families.

Favre, T., Hughes, C., Emslie, G., Stavinoha, P., Kennard, B., & Carmody, T. (2009).

[Executive function in children and adolescents with major depressive disorder.](#)  
*Child Neuropsychology: A Journal on Normal and Abnormal Development in Childhood and Adolescence*, 15(1), 85-99. DOI:10.1080/09297040802577311

The present investigation examined neurocognitive functioning, focusing on executive functioning (EF), in 39 children and adolescents with Major Depressive Disorder (MDD) and 24 healthy control subjects all ages 8 to 17 years. The Wechsler Intelligence Scale for Children-Third Edition along with several measures of executive functioning including the Wisconsin Card Sorting Task, Trail Making Test, Controlled Oral Word Association Test, and the Stroop Color Word Test were administered. The neurocognitive profiles for the group of depressed children and adolescents were grossly intact as most scores on intellectual and EF measures fell within the average range and did not differ from the comparison group. Mental processing speed was decreased in the MDD versus normal control group and 27% of the depressed group performed below average on the Trail Making Test. This investigation provided a good base from which to compare future literature on EF in outpatients with early-onset MDD.

Lippert, T., Favre, T., Alexander, C., & Cross, T. P. (2008). Families who begin versus decline therapy for children who are sexually abused. *Child Abuse & Neglect, 32*(9), 859-868. DOI:10.1016/j.chiabu.2008.02.005

The objective was to identify child characteristics, factors related to the therapy referral, and caregivers' psychological and social variables that predict sexually abused children's beginning therapy following a therapy referral. Investigators abstracted data from case records of 101 families whose children were referred to a Children's Advocacy Center for therapy because of sexual abuse. Face-to-face interviews were conducted with a subsample of 45 caregivers 2-3 months after the referral to therapy. Case record and interview variables were entered into bivariate and multiple variable logistic regression analyses to identify predictors of entry into therapy. Only 54% of children had started therapy by 2 months post referral. The odds of entry into therapy were 2.10 times greater for non-Black versus Black children and, contrary to what would be expected, 13.90 times greater for children whose mother figures were accused of neglectful supervision. Among those interviewed ( $n = 45$ ), caregivers who initiated child therapy more often saw therapy as giving emotional help and reported that they themselves felt comfortable making disclosures to a therapist. They also differed with respect to the activities they liked to do with their children. Many children who experience sexual abuse and are referred to therapy never begin it. Black children are overrepresented among these. In-depth interviews may reveal more subtle differences between families initiating and declining therapy than case records. High rates of non-initiation of psychotherapy for sexually abused children indicate the need to identify how these rates could be reduced. To this end, the present study suggests the usefulness of focusing attention on engagement of Black families and on proactive involvement with caregivers identified as potentially unsupportive of their children.

Brown, S. D. (2007). [An investigation of trauma symptom reduction in a clinical sample of sexually abused children using the trauma symptom checklist for children](#) (Publication No. 3300997) [Doctoral dissertation, Georgia State University]. ProQuest Publishing.

School counselors have a duty to formulate strategies that aid in the detection & prevention of child sexual abuse. This may be accomplished in a number of ways, such as designing programs, providing training to teachers regarding recognizing & reporting abuse indicators, and collaborating with child protection & other mental health professionals to provide additional aftercare for sexually abused children in the school setting. Much can be learned about trauma symptomology from a clinical sample of sexually abused children. The Trauma Symptom Checklist for Children (TSCC) is a 54-item self-report instrument for children & adolescents 8–16 years of age which assesses the frequency of thoughts, feelings, and behaviors related to traumatic events they have experienced. To understand better the trauma symptomology of children & adolescents, the author analyzed an existing data set of TSCC protocols from children who received treatment for sexual abuse from a children’s advocacy center in a metropolitan area near a large city in the southeastern United States. Although a large number of potential participants were lost to follow up (N = 54), T2 analyses revealed significant differences between the groups only on the length of time in therapy. A repeated measures analysis of variance was performed on data from children & adolescents who completed therapy (N = 31) to test whether differences on Depression and Posttraumatic Stress scale scores would exist across the course of therapy. Although no statistically significant findings emerged, implications for clinical practice and research became apparent. Specifically, differences in cutoff T-scores on TSCC scales may be more useful to clinicians for treatment and termination planning purposes than statistically significant differences. In addition, assessing clients at intervals measured by session number, rather than by length of time, may provide more generalizable results for within- and between-participants clinical and research comparisons. These implications may aid clinical and

school counselors & researchers to recognize and serve the specific needs of sexually abused children in their respective settings.

## ***Victims and Advocates/Prevention***

Bennett, C. R., Ejiyofu, B., Samuel, S., Treves-Kagan, S., Hambrick, M., Johnson, L., Lennon, R., Mirand, D., Hirsch, O., Grayson, A., & Molnar, B. E. (2026). [Implementation of a school-based child sexual abuse prevention program in an urban elementary school: Lessons learned from a pilot evaluation study of the Healthy Relationships Project](#). *Journal of Child Sexual Abuse*, 1-27.  
DOI:10.1080/10538712.2026.2667224

Child-focused, school-based prevention is the most common type of universal prevention of child sexual abuse (CSA) utilized in the United States (U.S.). Implementation of school-wide CSA primary prevention programming in busy urban elementary schools in high-need communities can be complex, made even more so by the sensitive nature of the topic of CSA. The Healthy Relationships Project (HRP), created by Prevent Child Abuse Vermont, consists of manualized, developmentally-appropriate, CSA primary prevention curricula implemented since 1990 in 30 U.S. States. Informed by the Social Ecological Model by Bronfenbrenner, the HRP works across ecological levels with curricula that include training for school staff, six classroom lessons, and caregiver workshops. A rigorous stepped-wedge randomized trial to evaluate schoolwide implementation of the HRP in public and public-charter schools in high-need wards in Washington, DC, among Pre-K through 5th grade students is underway. Prior to the trial's start, the research team evaluated a pilot of the intervention in one public charter school. This pilot study involved mixed-methods research consisting of pre-intervention surveys with staff/faculty (n = 27) and caregivers (n = 27), pre- and post-intervention interviews with staff, faculty and caregivers (n = 4), and a post-intervention focus group with staff/faculty (n = 1 focus group with four participants). Strengths and challenges of implementation, the sensitivity associated with the topic of CSA, and the acceptability and feasibility of engagement of stakeholders were identified as themes. The complexities of implementation of this CSA prevention model in an urban public-charter school, in a high-need neighborhood, will be presented for others implementing similar preventive interventions.

de Vries, I., Kafafian, M., Gobar, S., & Farrell, A. (2025). [Social network exposure to commercial sexual exploitation and risk of harm to youths](#). *JAMA Network Open*, 8(6), e2513520. DOI:10.1001/jamanetworkopen.2025.13520

Commercial sexual exploitation (CSE) of young people (aged 6–26 years) poses a considerable public health and social challenge. Understanding how social network exposure to CSE influences CSE risk may inform targeted prevention strategies for at-risk youths. The objective was to examine the association between social network exposure to CSE and personal risk of experiencing CSE among youths, with a focus on how exposure interacts with childhood adversities. This cross-sectional study used data collected between January 1, 2015, and December 31, 2022, from a CSE program at a children’s advocacy center in the northeastern US. Eligibility criteria included referral for suspected or confirmed CSE risk. Social relationships with offenders, peers, and others sharing residential placements were examined as potential sources of exposure. The final analyses were completed on March 20, 2025. Experiencing CSE was the main outcome. Logistic regression was used to assess associations between youth network exposure to CSE and the risk of experiencing CSE, and social network analyses were conducted to identify patterns in the connections between youths with and without CSE experiences. A total of 997 youth were included in the study (mean [SD] age, 14.7 [2.1] years; 903 female [90.6%]). Youths exposed to CSE through their social networks were significantly more likely to experience CSE (adjusted odds ratio, 2.92; 95% CI, 1.91–4.47). A significant interaction between social exposure and childhood adversities revealed that social network exposure was associated with higher CSE risk among youth with fewer adversities (adjusted odds ratio, 1.45; 95% CI, 1.22–1.74). Network analyses revealed that youth experiencing CSE were more likely to be connected to one another ( $\beta$  [SE], 0.32 [0.14]), highlighting the clustering of CSE within social networks. These findings suggest that prevention strategies should aim to reduce unmitigated exposure to individuals experiencing CSE and focus on fostering supportive and healthy relationships. This study underscores the potential for social network modeling to identify at-risk youth and inform prevention efforts.

Kenny, M. C., Ortiz Diaz, K., & Stephens, D. (2025). Lessons learned from a drop-in center for girls who have experienced commercial sexual exploitation. *Journal of Human Trafficking*, 1-6. DOI:10.1080/23322705.2025.2479404

Recovery from commercial sexual exploitation (CSE) includes the provision of many services. Project Girls Owning Their Lives and Dreams (GOLD), a multidisciplinary program for females who have experienced CSE, provides a range of free services at a drop-in center, based on individuals' post trafficking needs and treatment choices. Perceptions from the staff involved in the establishment of another drop-in center at a second location, their obstacles and challenges faced, and the factors that eventually led to its closure are presented. Results show that staff had general agreement about what services were necessary and common elements for the therapeutic environment. Transportation and staffing were among the key obstacles identified, and issues with enrollment were cited as one of the major reasons for subsequent closure of the center. The perceptions of these workers may inform other agency personnel who are considering the creation of a drop-in center.

Mori, C., Devereux, C., Racine, N., Hartwick, C., & Madigan, S. (2025). Descriptive characteristics and exploratory treatment outcomes of a population referred for problematic sexual behavior at a Child and Youth Advocacy Centre. *Child Abuse & Neglect*, 167, 107594. DOI:10.1016/j.chiabu.2025.107594

Key inquiries into Problematic Sexual Behavior (PSB) in children include identifying risk factors, descriptive characteristics, and evaluating treatment outcomes of PSB populations. Cognitive Behavioral Therapy for PSB (PSB-CBT) is an evidence-informed and developmentally appropriate intervention. However, further research is needed to assess PSB-CBT in community clinics. The objective was to provide a descriptive overview of population characteristics and to explore treatment outcomes of a PSB-CBT intervention program offered at a Child and Youth Advocacy Centre (CYAC). Participants included 61 children and their families who attended a PSB-CBT treatment group in person at a CYAC between 2015 and 2019 (83.6 % male; Mage = 8.9 years). A retrospective

case file review was conducted. Descriptive characteristics were extracted from case files and summarized. Dependent comparison analyses were conducted to examine pre-post differences in caregiver-reported sexual behaviors, parenting stress, clinical symptoms, and self-reported trauma symptoms. Children who engaged in a PSB-CBT intervention and their families displayed varied sociodemographic, adversity, symptom, and sexual behavior characteristics. Pre- to post-intervention decreases were observed in sexual behaviors  $t(29) = 4.40, p < .001$  and parenting stress  $t(27) = 2.16, p = .012$ . Decreases in clinical and trauma symptoms were generally not observed. Descriptive characteristics of children with PSB reflect a heterogeneous sample, aligned with a developmentally informed understanding of PSBs in children. Results support findings that PSB-CBT within CYACs is a developmentally appropriate treatment to reduce sexual behavior problems and parenting stress. Providing best-practice treatments to children with PSB and their families would be supported by further empirical research examining PSB-CBT.

North, M. N., Thompson, Y. T., Jorgensen, A., Taylor, E. K., Miller, M., Ralston, E., & Silovsky, J. F. (2025). [Lean on me: The role of organizational and supervisory support in understanding work outcomes in victim advocates](#). *Children and Youth Services Review, 171*, 108170. DOI:10.1016/j.childyouth.2025.108170

Burnout, or the exhaustion caused from a buildup of stressors, is a prevalent issue amongst helping professionals such as victim advocates due to problems of high workload, understaffing, and secondary traumatic stress. Turnover is a common result of burnout when employees do not have the resources needed to counterbalance workplace demands. Voluntary turnover can be harmful to organizations and the populations they serve. Resources potentially beneficial to employees are support from their supervisor and their organization more broadly. Thus, we used a longitudinal mixed methods approach to test the effect of support on burnout and turnover intention in victim advocates working within the contexts of Children's Advocacy Centers (CACs) in the United States, a population with limited study. This sample was representative of

victim advocates working within U.S. CACs. This longitudinal study disseminated three surveys over the course of one year with the purpose of examining the relationships among organizational and supervisor support, burnout, and turnover intention. Qualitative responses were also gathered to examine factors that contribute to burnout and retention of victim advocates. Findings revealed that organizational and supervisory support's effect on turnover was mediated by burnout and that a driving force for retention was commitment to the population they serve. Potential strategies that may be used to ameliorate stress and strain, enhance well-being and work performance, and reduce turnover intention are discussed, including building a collaborative and psychologically safe interpersonal environment in the agency and with community partners and illuminating positive impact on families served.

Metzger, I. W., Moreland, A., Garrett, R. J., Reid-Quiñones, K., Spivey, B. N., Hamilton, J., & López, C. (2023). Black moms matter: A qualitative approach to understanding barriers to service utilization at a children's advocacy center following childhood abuse. *Child Maltreatment, 28*(4), 648-660. DOI:10.1177/10775595231169

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

enforcement (LE) agencies, providing case management services, and having more diverse staff and discussing racial stressors. We conclude by identifying specific barriers to the initiation and engagement in services for Black families, and we provide suggestions for CACs seeking to improve engagement of Black families referred for trauma-related mental health services.

Hintz, B. E. (2022). [\*The role of a certified child life specialist within a child advocacy center\*](#) (Publication No. 738) [Master's thesis, Eastern Washington University]. EWU Digital Commons.

Childhood abuse and neglect is currently a prevalent issue in our society. Children who do not receive adequate support and ongoing services experience lasting impacts on their mental health and ability to cope with future events. Child Advocacy Centers (CAC) are community-based agencies that promote the intervention of childhood abuse and neglect. This setting, paired with the tailored support of Certified Child Life Specialists (CCLS), is an under-researched yet promising combination of services that can encourage the healing process for these children and their families. This study aims to understand the role of CCLSs in a CAC and how their support can impact children and families. Using a comparative case study approach, in-depth information was gathered for two separate CACs that employ CCLSs full-time. Content analysis of the interview data revealed ten themes: 1) CCLS collaborates and communicates with different populations, 2) CCLS provides preparation and support, 3) CCLS meets psychosocial needs, 4) CCLS supports the family as a whole, 5) CCLS role is multifaceted, 6) CCLS engages in opportunities to improve practice, 7) CCLS enhances the goals of the CAC, 8) Children and families are grateful for CCLS role, 9) Children have positive experiences with CCLS support, and 10) Families have positive experiences with CCLS support. These findings prompt discussion on the importance of adding child life to the multidisciplinary team at CACs throughout the United States.

Hornor, G., Billa, A., Daniels, A., Ibrahim, A., Landers, T., Prince, C., Wilkinson, K., & Wolfe, K. (2022). Online sexual solicitation of children and adolescents in a high risk population. *Journal of Pediatric Health Care*, 36(5), 449-456.  
DOI:10.1016/j.pedhc.2022.04.010

The Internet provides a powerful potential tool for sexual predators. Experiencing trauma, including sexual abuse, can increase child and adolescent risk of experiencing online sexual solicitation. A retrospective chart review was conducted for the detailed information of all children and adolescents aged 8–18 years presenting to the Child Advocacy Center of large, tertiary care, Midwestern U.S. pediatric hospital with concerns of sexual abuse. Three-hundred twenty-five children and adolescents were seen in the Child Advocacy Center during the 9 months; 139 (42.8%) denied talking to anyone online that they had not met offline (face to face in real life), 88 (27.1%) reported talking to individuals online that they had not met offline but never talking about sex; 65 (20%) reported online sexual solicitation with individuals they had not met offline; and 33 (10.2%) reported highest-risk behaviors online involving meeting someone offline or having sex with someone offline whom they had met online. The number of youth involved in online sexual solicitation illustrates that children who have been sexually abused are at increased risk for sexual solicitation. This study also suggests that young children are vulnerable to online sexual solicitation. Youth engaged in these concerning online behaviors with individuals of all ages.

Schneider, K. M. (2022). [\*Making a difference through video: Child sexual abuse, children's advocacy centers, & the community\*](#) (Master's thesis, Pennsylvania State University). ScholarSphere. DOI:10.26207/dx9b-1d66

Making a Difference Through Video: Child Sexual Abuse, Children's Advocacy Centers, & The Community explores the concept of reframing a community's thoughts and actions towards child sexual abuse prevention and education, instead of believing that child sexual abuse is inevitable. Through this creative final project, I created a series of short-form videos for the Lancaster County Children's Alliance, the Children's Advocacy Center

for Lancaster County (PA), accredited by the National Children's Alliance. The Center brings together child abuse professionals who support the needs of child victims and non-offending family members. It is essential that the videos vary in length and communicative angles to increase shareability and reach. Depending on the content of each video, the videos could link to additional social feeds, resources, and community events or experiences being offered. By educating the communities about prevention, intervention, and treatment, Children's Advocacy Centers, like the Lancaster County Children's Alliance, address the horrific reality of child sexual abuse. It is time to stop thinking that the responsibility solely relies on the parents to prevent their children from being harmed. We need to reframe this idea and shift our mindset that a safe childhood is an adult's responsibility - a community's responsibility.

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

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

trafficking survivors. Finally, recommendations are provided for CACs regarding the intake and identification of trafficking cases more broadly.

Todahl, J. L., Schnabler, S., Barkhurst, P. D., Ratliff, M., Cook, K., Franz, D., Schwartz, S., Shen, F., & Trevino, S. (2021). Stewards of children: A qualitative study of organization and community impact. *Journal of Child Sexual Abuse, 30*(2), 146-166.  
DOI:10.1080/10538712.2021.1885547

Child sexual abuse is a persistent public health, human rights, and social justice issue that continues at unacceptable levels. This qualitative study investigated organizational and community impact of Stewards of Children (SOC) in the context of a statewide initiative to prevent child sexual abuse. Participants, representing 11 sites, were SOC trainers or in administrative and leadership roles with their organizations. The study focused on four research questions: 1) How has your organization been impacted (by SOC), if at all? 2) How have your relationships with other organizations and groups changed, if at all? 3) How has the perception of your organization changed in the community, if at all? and 4) Have you noticed changes in your community as a result of Stewards of Children trainings? The findings include 3 themes and 7 subthemes. Participants uniformly agreed that SOC had an impact on their organization, their relationship with partner and new-partner organizations, and that it contributed to increased awareness about a) the problem of child sexual abuse overall, b) their organization among multiple groups and partners, and c) the full array of services and expertise provided by SOC organizations.

Tener, D., Tarshish, N., & Turgeman, S. (2020). "Victim, perpetrator, or just my brother?" Sibling sexual abuse in large families: A child advocacy center study. *Journal of Interpersonal Violence, 35*(21-22), 4887-4912. DOI:10.1177/0886260517718831

Sibling sexual abuse (SSA) is a continuum of childhood sexual behaviors that do not fit the category of age-appropriate curiosity. Although SSA may be the most prevalent and longest lasting form of intrafamilial sexual abuse—as well as the one with the worst

repercussions—it is also the least reported, studied, & treated. Based on 100 mostly religious Jewish families referred to a child advocacy center (CAC) in Jerusalem from 2010–2015, this qualitative study examines SSA characteristics, dynamics, & perceptions of deviancy in multisibling subsystems. The findings are based on an analysis of case summaries, demographic charts, & documented conversations between social workers and siblings. Qualitative document analysis reveals 2 types of SSA dynamics: “identified perpetrator” and “routine relationship,” the latter being a particularly understudied dynamic that challenges common stereotypes. We also found sibling perceptions of deviancy to vary along a continuum from deviant to completely normative. These perceptions are affected by the type of dynamics as well as by factors associated with disclosure. Our findings highlight the importance of studying the lived experiences of children involved in SSA as an input with critical policy, treatment, & research implications. Interventions must be adjusted to the family system & sibling subsystem’s perceptions and needs to avoid treatment that exacerbates the crisis already experienced by the family. Common assumptions, there must be a “perpetrator”, abuse is necessarily traumatic; and treatment should focus on the trauma, are challenged by the routine type. We conclude that treatment should account for the complexity of SSA by shedding these assumptions and considering the sibling subsystem as an autonomous unit within the large family.

Young, T. L., Womack, B., Maynard, Q., Yang, F., Boltz, L., Brazeal, M., Young, S. R., & Nelson-Gardell, D. (2019). A qualitative data analysis: Family victim advocates in child advocacy centers. *Journal of Family Social Work, 22*(4-5), 389-404.  
DOI:10.1080/10522158.2019.1616239

Family victim advocates in child advocacy centers provide a valuable resource to children & parents involved in child abuse investigations. This work requires that family victim advocates be knowledgeable in such areas as child development, crisis intervention, community resources, family relationships, child welfare & criminal justice

systems. Because family victim advocates provide essential services to parents & caregivers, the role requires ongoing training and education to remain current on the ever-changing complexities of working with not only the children & families but also the criminal & child protection systems responsible for investigating these cases. The current study reports the findings from a nationwide survey of family victim advocates employed in child advocacy centers related to their motivation for doing the work as well as their perceptions of their training and potential training needs. A group of doctoral students comprised the research team & worked collaboratively under the supervision of university faculty to conduct the qualitative data analysis. The findings describe the characteristics & motivations of family victim advocates working in child advocacy centers and emphasize the need for more advanced trainings that focus on skill-building & strengths-based practices utilized to support children & parents in child abuse cases.

Vanderzee, K. L., Pemberton, J. R., Conners-Burrow, N., & Kramer, T. L. (2016). Who is advocating for children under six? Uncovering unmet needs in child advocacy centers. *Children and Youth Services Review, 61*, 303–310.  
DOI:10.1016/j.childyouth.2016.01.003

Evidence suggests that children under the age of 6 years are affected by trauma, yet there are few studies available to determine how well their needs are addressed in the mental health system. Child Advocacy Centers (CACs) offer a promising avenue for expanding the system of care for very young children exposed to sexual and/or physical abuse. This study used a mixed-methods approach to examine the type and extent of CAC services for very young children in one state. Quantitative results revealed that the youngest children were less likely to be referred for counseling and less likely to already be engaged in counseling when an investigation is initiated. Qualitative results from interviews with CAC advocates suggest that advocates have variable perceptions regarding the effects of trauma on young children, and they do not consistently receive training in the mental health needs of traumatized children under 6. Our results confirm

the need for an expanded system of service delivery for the youngest and most vulnerable child maltreatment victims.

Carlson, F. M., Grassley, J., Reis, J., & Davis, K. (2015). [Characteristics of child sexual assault within a child advocacy center client population](#). *Journal of Forensic Nursing, 11*(1), 15-21. DOI:10.1097/JFN.0000000000000063

This descriptive study summarized data from a Child Advocacy Center (CAC) to illustrate how such information might be used to profile the scope and character of child sexual abuse (CSA) at the community level. This detailed information is not available from national or state data but is needed to understand the circumstances of the children receiving services and the type of care they may need. Variables included victim demographics, type of sexual abuse and relationship to the perpetrator, and the person to whom the victim was most likely to disclose their sexual assault. A total sample of 841 cases reports was reviewed. Chi square tests were used to determine if there were statistically significant associations between the age groupings, type of abuse and the perpetrator according to age grouping. Those children most often seen at this CAC were female (73%), white (67%), and living with their mothers, with both parents, or with parent and stepparent (80%). The incidence of CSA increased for girls across age groups. However, boys aged 6 to 10 years comprised the greatest percentage of the males (56%) who experienced CSA. For all three age groups, over half of the perpetrators were identified as relatives. Most children (85%) experienced high impact sexual abuse behaviors of fondling, penetration, or some combination thereof. Children most often disclosed CSA to their mothers. Understanding patterns of CSA at the local level provides guidance beyond national and state data to forensic nurses regarding child and family needs within their communities.

Edinburgh, L., Pape-Blabolil, J., Harpin, S. B., & Saewyc, E. (2015). [Assessing exploitation experiences of girls and boys seen at a child advocacy center](#). *Child Abuse & Neglect*, 46, 47–59. DOI:10.1016/j.chiabu.2015.04.016

The primary aim of this study was to describe the abuse experiences of sexually exploited runaway adolescents seen at a Child Advocacy Center. We also sought to identify risk behaviors, attributes of resiliency, laboratory results for sexually transmitted infection (STI) screens, and genital injuries from colposcopic exams. We used retrospective mixed-methods with in-depth forensic interviews, together with self-report survey responses, physical exams & chart data. Forensic interviews were analyzed using interpretive description analytical methods along domains of experience and meaning of sexual exploitation events. Univariate descriptive statistics characterized trauma responses and health risks. The first sexual exploitation events for many victims occurred as part of seemingly random encounters with procurers. Older adolescent or adult women recruited some youth working for a pimp. However, half the youth did not report a trafficker involved in setting up their exchange of sex for money, substances, or other types of consideration. 78% scored positive on the UCLA PTSD tool; 57% reported DSM IV criteria for problem substance use; 71% reported cutting behaviors, 75% suicidal ideation, and 50% had attempted suicide. Avoidant coping does not appear effective, as most patients exhibited significant symptoms of trauma. Awareness of variations in youth's sexual exploitation experiences may help researchers & clinicians understand potential differences in sequelae, design effective treatment plans, and develop community prevention programs.

Edinburgh, L., Pape-Blabolil, J., Harpin, S. B., & Saewyc, E. (2014). [Multiple perpetrator rape among girls evaluated at a hospital-based Child Advocacy Center: Seven years of reviewed cases](#). *Child Abuse & Neglect*, 38(9), 1540–1551. DOI:10.1016/j.chiabu.2014.05.008

The aim of this study was to describe contextual events, abuse experiences, and disclosure processes of adolescents who presented to a hospital-based Child Advocacy

Center for medical evaluation and evidentiary collection as indicated after experiencing multiple perpetrator rape during a single event ( $n = 32$ ) and to compare these findings to a group of single perpetrator sexual assaults ( $n = 534$ ). This study used a retrospective mixed-methods design with in-depth, forensic interviews and complete physical examinations of gang-raped adolescents. Patients ranged from 12 to 17 years ( $M = 14$  years). Girls who experienced multiple perpetrator rape during a single event were more likely to have run away, to have drunk alcohol in the past month, and to have participated in binge drinking in the past 2 weeks. Acute presentation of these victims were rare but 30% had hymenal transections and 38% had sexually transmitted infections (STIs). Forensic interviews revealed alcohol was a common weapon used by offenders, and its use resulted in victims experiencing difficulty in remembering and reporting details for police investigation or physical and mental health care. Most victims were raped at parties they attended with people they thought they could trust, and they felt let down by witnesses who could have helped but did not intervene. Although relatively rare, multiple perpetrator rape during a single event is a type of severe sexual assault experience and has significant risks for deleterious health outcomes. These victims require health care by trained providers to diagnose physical findings, treat STIs, screen for trauma, and support victims.

Young, T. H., Williams, J., & Nelson-Gardell, D. (2014). [Family victim advocates: The importance of critical job duties](#). *Psicologia: Teoria e Pesquisa*, 30(4), 393-400.

Child advocacy centers across the United States intervened in more than 250,000 child abuse cases in 2011 (National Children's Alliance, 2012). Understanding the work of family victim advocates is imperative to helping children and families in child abuse cases. In this exploratory study, we surveyed advocates and program directors from child advocacy centers (CACs) across the United States to compare their perceptions of the critical job duties of family victim advocates. Data analysis revealed that CAC directors rated the importance of these duties significantly higher than family victim advocates.

Results suggest the need for additional training to ensure that family victim advocates understand the importance of critical job duties to meet the needs of children and families in child abuse cases.

Edinburgh, L. D., Harpin, S. B., Garcia, C. M., & Saewyc, E. M. (2013). [Differences in abuse and related risk and protective factors by runaway status for adolescents seen at a US Child Advocacy Centre](#). *International Journal of Child and Adolescent Resilience*, 1(1), 4-16.

This study examined the abuse prevalence & characteristics, and risk & protective factors, among both runaway and non-runaway adolescents evaluated at a Child Advocacy Center (CAC) in Minnesota, which had implemented a referral program to assess runaways for potential sexual assault or sexual exploitation. A cross-sectional analysis of self-report and chart data for the 489 adolescent girls were evaluated between 2008-2010. Chi-square and t-tests by runaway status compared abuse experiences, trauma responses, health issues, and potential protective assets associated with resilience between runaways & non-runaways. Bivariate logistic regressions explored the relationship of these risk and protective factors to self-harm, suicide attempts, & problem substance use, separately for runaways & non-runaways who had experienced sexual abuse. Runaways were significantly more likely than non-runaways to have experienced severe sexual abuse, to have used alcohol & drugs, and reported problem substance use behavior, higher levels of emotional distress, more sexual partners, and they were more likely to have a sexually transmitted infection (STI). Runaways had lower levels on average of social supports associated with resilience, such as connectedness to school, family or other adults. Yet higher levels of these assets were linked to lower odds of self-harm, suicide attempt and problem substance use for both groups. CACs should encourage referrals of runaway adolescents for routine assessment of sexual assault, and incorporate screening for protective factors in addition to trauma responses in their assessments of adolescents evaluated for possible sexual abuse, to guide interventions.

Glassner, S. (2011). [Responding to child sexual abuse: Exploring the case files of children under the age of 6 admitted to a children's advocacy center for evaluation](#) (Publication No. 1511429) [Master's thesis, University of North Texas]. ProQuest Publishing.

Research suggests that roughly 25% of women and 10% of men within the United States were sexually abused at some point during childhood. With such high rates of victimization affecting society, the current study explores a population of children under the age of 6 who were suspected of being sexually victimized and thus admitted to a children's advocacy center (CAC) for evaluation. This investigation contributes to the literature concerning child sexual abuse (CSA) by exploring the characteristics of these alleged victims, the characteristics of their suspected offenders, the alleged victim's familial demographics characteristics, and by looking at the data pertaining to the incarceration rates of the suspected offenders identified within the sample.

Edinburgh, L., Saewyc, E., Thao, T., & Levitt, C. (2006). Sexual exploitation of very young Hmong girls. *Journal of Adolescent Health, 39*(1), 111-118.  
DOI:10.1016/j.jadohealth.2005.09.003

Recent increases in Hmong girls referred to a Midwest hospital-based child advocacy center prompted this comparison of abuse experiences for Hmong extra-familial sexual abuse cases versus peers. Retrospective chart review of all girls, aged 10 to 14 years, with extra-familial sexual abuse 1998–2003 (n 226). Fourteen percent of cases were Hmong (n 32). Demographics, risk behaviors, abuse experiences, physical findings and legal outcomes were compared for Hmong (H) and Other (O) girls using chi-square. Multivariate logistic regressions explored differences in gynecologic findings and sexually transmitted disease (STD) results. Hmong girls were more likely to be runaways (90% H vs. 8% O), truant (97% H vs. 13% O), self-mutilating (38% H vs. 10% O), and suicidal (41% H vs. 21% O). Seventy-seven percent of Hmong reported gang rape, prostitution, or multiple assaults versus 16% Others; most had 5 perpetrators (69% H vs. 2% O) and 5 assaults (75% H vs. 24% O, both p .001). Gynecologic findings were more prevalent among Hmong girls

(63% H vs. 21% O). Controlling for penetration, number of partners/assaults, and acuity at examination, Hmong ethnicity predicted gynecologic findings (adjusted odds ratio [AOR] 6.57). Hmong girls were more likely to have a positive chlamydia screen (36% H vs. 4% O, p .001), but only number of perpetrators was an independent predictor (AOR 15.09). Most cases were prosecuted, but Hmong had higher prosecution rates (83% H vs. 57% O, p .001). : Hmong girl assault experiences were markedly more severe than peers. Health care providers need appropriate knowledge of Hmong culture to conduct forensic examinations. Abused Hmong girls need culturally sensitive, developmentally appropriate after-care that helps connect them back with families and school.

## **Secondary Traumatic Stress**

Price, T. Z. (2026). *Adverse effects of traumatic stress on forensic interviewers in children's advocacy centers* (Publication No. 32574886) [Doctoral dissertation, Regent University]. ProQuest Publishing.

When child abuse is suspected, a caregiver or other trusted adult will take the child to a children's advocacy center (CAC). At the CAC, a trained forensic interviewer conducts an interview in a child-friendly setting and asks non-traumatizing, developmentally appropriate questions. The lack of comprehensive research on the study of traumatic stress on forensic interviewers is a critical issue that needs to be addressed to prevent potential negative consequences for the interviewers, the children, and the children's advocacy centers they work for. Using a trauma-informed perspective, this literature review explores how forensic interviewers experience and are influenced by work-related traumatic stress. The findings reveal that forensic interviewers are deeply affected by their roles, often reporting significant impacts on both their professional performance and personal lives. These results highlight the need for ongoing supervision, accessible mental health resources, and targeted interventions that foster healthy coping mechanisms for forensic interviewers.

Wymer, B., Limberg, D., Wolfe, K., LoDato, K., & Guest, J. (2025). [A supervision intervention for child sexual trauma clinicians: A single-case design](#). *Single Case in the Social Sciences*, 2(4), 49-66. DOI:10.15763/issn.1936-9298.2025.2.4.49-66

Novice mental health clinicians who have high trauma caseloads are at risk for secondary traumatic stress (STS) responses, which can impact their ability to function effectively in professional roles. Support within clinical supervision has the potential to have an impact on STS responses in clinicians; however, there is a dearth of literature regarding specific supervision interventions that are evidence-based to reduce or prevent STS responses among clinicians treating trauma, specifically with high caseloads of child survivors of sexual abuse (CSSA). Due to the absence of supervision intervention

studies among clinicians working with this population, the current study implemented a multiple baseline single case research design to measure the effectiveness of an affective check-in supervision intervention in reducing STS responses in mental health clinicians working with CSSA in child advocacy centers. Results demonstrated a small basic effect in reduction of two participants' STS levels. Therefore, no causal interpretations were made. However, we draw conclusions regarding what was observed in the data to provide potential implications for clinical supervision and training.

Beer, O. W., Beaujolais, B., Wolf, K. G., Ibrahim, A., & Letson, M. M. (2023). [How Children's Advocacy Centers law enforcement officers cope with work-related stress: Impacts and approaches to self-care](#). *Policing and Society*, 33(4), 385-397. DOI:10.1080/10439463.2022.2127712

Work-related stress has been identified as being harmful for law enforcement officers' (LEOs) health. The absence of effective coping strategies exacerbates the negative psychophysiological impacts on health. The literature suggests that law enforcement employers and communities also feel the impact of stress among LEOs. This study addresses the gap in the current literature in terms of qualitative-based exploration of the personal and professional impacts of LEOs working within Children's Advocacy Centers (CACs) and self-care and stress alleviation practices in response to environmental stressors. CAC LEOs' responses to three open-ended responses were analyzed from a national survey in the United States. Thematic analysis was utilized to identify emerging themes in relation to the: (1) personal, (2) professional impacts of work-related stress, and (3) the self-care or stress alleviation strategies adopted by LEOs. LEOs face multiple personal and professional stressors that impact their coping behaviours and health outcomes. Variation exists among LEOs in terms of coping behaviours and requires further investigation. This study highlights several gaps in the literature, including the personal and professional impacts of work-related stress among LEOs and the subsequent coping strategies adopted by LEOs in response to stressful working

environments. Future research should further explore the impacts of work-related stress, coping strategies, and the development of effective stress prevention reduction approaches for this population.

Starcher, D., & Stolzenberg, S. N. (2020). [Burnout and secondary trauma among forensic interviewers](#). *Child & Family Social Work, 25*(4), 924–934. DOI:10.1111/cfs.12777

Child Advocacy Centers provide a child-friendly environment for the forensic interview and subsequent investigation of child victimization cases. However, very little research has examined the effects of burnout, secondary trauma and organizational stressors on forensic interviewers. The present study examined the following research questions. To what extent do forensic interviewers experience burnout and secondary trauma associated with their profession? How do organizational stressors increase these outcomes among interviewers? Data were collected by conducting an online survey of interviewers working at Child Advocacy Centers across the United States. Results indicate burnout and secondary trauma among interviewers in this sample. Decreased job support, increased funding constraints and heavy agency caseloads all result in burnout and secondary trauma. Policy recommendations include continued training and mental health services for interviewers. Future researchers should conduct qualitative interviews and examine how other factors, such as forensic interviewing protocols, influence interviewers' job experience and mental health.

Letson, M. M., Davis, C., Sherfield, J., Beer, O. W., Phillips, R., & Wolf, K. G. (2019). Identifying compassion satisfaction, burnout, & traumatic stress in Children's Advocacy Centers. *Child Abuse & Neglect, 110*, 104240. DOI:10.1016/j.chiabu.2019.104240

Little research exists examining burnout related to the multidisciplinary team (MDT) working in a Children's Advocacy Center (CAC) setting. To measure compassion satisfaction, burnout, and secondary traumatic stress (STS) among CAC MDT

professionals; identify work and worker characteristics that may impact compassion satisfaction, burnout, and STS; understand professional and personal impacts of occupational stress; and explore coping responses. A cross sectional survey was sent electronically to child abuse professionals working in CAC settings across the United States. Demographics and work characteristics were collected. Participants completed the Professional Quality of Life (ProQOL) to evaluate compassion satisfaction, burnout, and STS and answered open-ended questions regarding professional and personal impacts of occupational stress. Upon completion, participants received their ProQOL scores and additional stress management resources. A total of 885 participants completed the ProQOL (mean age = 42.07; 85% female). Overall mean scores were average for compassion satisfaction, high average for burnout, and in the top quartile for STS. All three scales differed significantly by MDT professional role ( $ps < 0.001$  to  $0.01$ ) and employment length ( $ps < 0.001$  to  $0.003$ ). Child welfare workers had significantly higher burnout scores than all other professions except law enforcement and prosecutors and significantly lower compassion satisfaction scores than most others. Professionals providing on-call services had significantly higher burnout ( $p < 0.001$ ). These results contribute to our understanding of MDT professions who might be at higher risk for burnout and STS and help inform future interventions to support the MDT.

Starcher, D. (2019). [\*"This is not easy work": Examining burnout and secondary trauma among forensic interviewers\*](#) (Publication No. 13858001) [Doctoral dissertation, Arizona State University]. ProQuest Publishing.

Child advocacy centers provide a safe, child-friendly environment for the forensic interview and subsequent investigation of child victimization cases. However, very little research has examined the effects of burnout, secondary trauma, and organizational stressors on forensic interviewers. The goal of the present project was addressing the following research questions. Do forensic interviewers experience burnout and secondary trauma associated with their profession? How do organizational stressors mitigate or

increase these effects among forensic interviewers? Data was collected by conducting an online survey of forensic interviewers working at child advocacy centers across the United States. Specifically, burnout was measured with the Oldenburg Burnout Inventory, and secondary trauma was measured with the Secondary Traumatic Stress Scale (STSS). The current study utilized bivariate correlations, and OLS regression models to analyze the effects of burnout, secondary trauma, & organizational stressors on forensic interviewers. The results indicate burnout & secondary trauma among interviewers in the sample. Job support, funding constraints, and heavy caseloads all influence the outcome measures. Policy recommendations include continued education, training, and mental health services for forensic interviewers. Future researchers should conduct qualitative interviews and expand on variables within the current dataset such as note taking, peer evaluations, and forensic interviewing protocols in order to gain further insight into this population.

Walsh, D., Yamamoto, M., Willits, N. H., & Hart, L. A. (2018). [Job-related stress in forensic interviewers of children with use of therapy dogs compared with facility dogs or no dogs](#). *Frontiers in Veterinary Science*, 5, 46. DOI:10.3389/fvets.2018.00046

Sexually abused children providing essential testimony regarding crimes in forensic interviews now sometimes are provided facility dogs or therapy dogs for comfort. Facility dogs are extensively trained to work with forensic interviewers. Interviews can impact child welfare workers' mental health causing secondary traumatic stress (STS). To investigate this stress, first data were gathered on stress retrospectively for when interviewers initially started the job prior to working with a dog, and then currently, from forensic interviewers using a facility dog, a therapy or pet dog, or no dog. These retrospective and secondary traumatic stress scale (STSS) data compared job stress among interviewers of children using: a certified, workplace facility dog (n = 16), a volunteer's trained therapy dog or the interviewer's pet dog (n = 13/3), or no dog (n = 198). Retrospective scores of therapy dog and no dog interviewers' stress were highest for the

first interviewing year 1 and then declined. Extremely or very stressful retrospective scores differed among the three groups in year 1, and were significantly elevated for the therapy dog group as compared with the facility dog group. All interviewing groups had elevated STSS scores; when compared with other healthcare groups that have been studied, sub-scores were especially high for Avoidance: a psychological coping mechanism to avoid dealing with a stressor. STSS scores differed among groups ( $p < 0.016$ ), primarily due to Avoidance sub-scores ( $p < 0.009$ ), reflecting higher Avoidance scores for therapy dog users than no dog users ( $p < 0.009$ ). Facility dog users more consistently used dogs during interviews and conducted more interviews than therapy/pet dog users; both groups favored using dogs. Interviewers currently working with therapy dogs accompanied by their volunteers reported they had experienced heightened stress when they began their jobs; their high stress levels still persisted, indicating lower inherent coping skills and perhaps greater empathy among interviewers who later self-selected to work with therapy dogs. Results reveal extreme avoidant stress for interviewers witnessing children who are suffering and their differing coping approaches.

Perron, B. E., & Hiltz, B. S. (2006). [Burnout and secondary trauma among forensic interviewers of abused children](#). *Child and Adolescent Social Work Journal*, 23(2), 216–234. DOI:10.1111/cfs.12777

This study examined factors associated with burnout and secondary trauma among forensic interviewers of abused children. Sixty-six forensic interviewers who are affiliated with advocacy centers across the United States completed an online survey. The Oldenburg Burnout Inventory and Secondary Traumatic Stress Scale were used to measure burnout and secondary trauma, respectively. Results indicate that organizational satisfaction has a moderate inverse relationship with burnout and a slight inverse relationship with secondary trauma. The number of forensic interviews conducted or length of employment in forensic interviewing did not have a strong relationship with either burnout or secondary trauma.