



The National Children's Advocacy Center

Recent Research Affecting Children's Advocacy Centers – Are We Working? Are We Needed?

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The NCAC models, promotes, and delivers excellence in child abuse response and prevention through service, education, and leadership.

Approximately 75,000,000 children in the United States

- Research suggests that one in four girls and one in seven boys will be the victim of some type of sexual abuse/assault before age 18.
- You can do the math this translates to almost **15,000,000** children who will be sexually abused or assaulted over the next 18 years!





How do these compare with CSA?

- 11.6% of children are not covered by health coverage
 - *8,700,000 vs. 15,000,000 sexually abused – **CSA 1.7 times more common***
- Disabled children (information from Joni and Friends International Disability Center)
 - *4,000,000 vs. 15,000,000 sexually abused – **CSA 3.75 times more common***
- Mental retardation (information from Joni and Friends International Disability Center)
 - *786,000 vs. 15,000,000 sexually abused – **CSA 19 times more common***

How do these compare with CSA?

- Autism – 1 in 150 children
 - *500,000 over the next 18 years vs. 15,000,000 sexually abused – **CSA 30 times more common***
- Childhood Cancer - 10,500 children in 2007
 - *198,000 over the next 18 years vs. 15,000,000 sexually abused – **CSA 75 times more common***



Centers for Disease Control and Prevention

- **History of child sexual abuse linked with increased risk for:**
 - *alcoholism and alcohol abuse*
 - *chronic obstructive pulmonary disease*
 - *Depression*
 - *fetal death*
 - *illicit drug use*
 - *ischemic heart disease*
 - *liver disease*
 - *intimate partner violence*
 - *multiple sexual partners*
 - *sexually transmitted diseases*
 - *Smoking*
 - *suicide attempts*
 - *unintended pregnancies*



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Welcome to the MDT, now get to work!

How do we orient new members of the MDT?

Jones, L.M., Cross, T.P., Walsh, W.A., and Simone, M. (2005).

Criminal investigations of child abuse – the research behind “best practices”. *Trauma, Violence, and Abuse*, 6(3), 254-268.



Investigation “Best Practices”

- Multidisciplinary Team investigations
- Trained child forensic interviews
- Videotaped interviews
- Specialized forensic medical examiners
- Victim advocacy and support programs
- Access to mental health treatment
- Children's Advocacy Centers (CACs)





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We just need to talk to the kid.

Does using the CAC really help?

**Cross, T.P., Jones, L.M., Walsh,
W.A., Simone, M., & Kolko, D.J.
(2007).**

Child forensic interviewing in children's advocacy centers:
Empirical data on a practice model. *Child Abuse and
Neglect*, 31, 1031-1052.



Forensic Interviews worth it?

- Purpose - examine whether:
 - *CAC cases have more MDT collaboration regarding forensic interviews than comparison samples,*
 - *CAC cases have fewer forensic interviews and interviewers than comparison samples,*
- Part of the Multi-Site Evaluation of Children's Advocacy Centers involving the CACs in four communities and comparison communities without CAC services (Dallas, TX; Charleston, SC; Huntsville, AL; and Pittsburgh, PA).



Forensic Interviews worth it?

- A **forensic interview** was defined as:
 - *“a professional interview designed to assess or evaluate the truth about a suspicion of child maltreatment”.*
- “Subjects” - 1,069 sexual abuse cases in which forensic interviews were conducted and seen at the research sites
 - *Both CACs and comparison communities*
 - *Cases between December 2001 and 2003*



Forensic Interviews worth it?

- No significant differences between the CAC and comparison communities regarding the number of forensic interviews conducted.
- CAC communities demonstrated significantly higher rates of coordinated investigations between law enforcement/CPS
 - CAC – 81%
 - Comparison – 52%



Forensic Interviews worth it?

- Coordinated Interviews/Investigations:
 - *Team forensic interviews:*
 - CAC – 28%
 - Comparison – 6%
 - *Case Review:*
 - CAC – 56%
 - Comparison – 7%
 - *Video/Audio tape of forensic interview:*
 - CAC – 52%
 - Comparison – 17%

Forensic Interviews worth it?

- 83% of the forensic interviews in the CAC communities were conducted at the CAC – other interview settings:
 - *Medical facility – 6%*
 - *School – 5%*
 - *Home – 4%*
- Alternatively, in the comparison communities, the most common location of forensic interviews were:
 - *CPS Offices – 22%*
 - *Police Station – 18%*
 - *School – 19%*
 - *Home – 16%*



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Is it working for our staff?

This work is not for everyone, but what can we do to support those on the front lines?

Perron, B.E. & Hiltz, B.S. (2006).

Burnout and secondary trauma among forensic interviewers of abuse children. *Child and Adolescent Social Work Journal*, 23(2), 216-234.



Burnout, or what?

- Purpose - to critically examine the factors associated with burnout and secondary trauma among forensic interviewers of children.
- 60 experienced Forensic Interviewers, most with advanced degrees, completed online surveys
 - *Oldenburg Burnout Inventory (OLBI)*
 - *Secondary Traumatic Stress Scale (STSS)*
 - *Satisfaction with Organization Scale (SOS)*
 - *General Self-Efficacy Scale (GSE)*
 - *Demographics Questionnaire*

Burnout, or what?

- The number of forensic interviews conducted is not significantly correlated to:
 - *Disengagement* ($r = .07$)
 - *Exhaustion* ($r = .10$)
 - *Secondary trauma* ($r = -.11$)
 - Those who conduct the most interviews were only slightly higher on disengagement.
- There was a significant correlation between years of employment and burnout on the disengagement scale.
 - *2+ years of service*

Burnout, or what?

- Individuals with higher organizational satisfaction had:
 - *Significantly lower scores on disengagement and exhaustion*
- “Supervisors who are concerned about burnout may want to give attention to aspects of the organization and organizational climate that may be a source of stress.”
(p. 230)





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Ten Fatal Flaws That Derail Leaders

What can we learn from business?



The Worst Leaders

- Data sources:
 - *Study 1 – 360-degree feedback data on more than 450 Fortune 500 executives – compared 31 fired over 3 year period with the 419 who kept job*
 - *Study 2 – 360-degree feedback from more than 11,000 leaders and identified the 10% who were considered least effective*
 - *Process 3 – compare 31 from Study 1 with bottom 10% in Study 2*



The Worst Leaders

- Lack energy and enthusiasm
- Accept their own mediocre performance
- Lack clear vision and direction
- Have poor judgement
- Don't collaborate



The Worst Leaders

- Don't walk the walk
- Resist new ideas
- Don't learn from mistakes
- Lack interpersonal skills
- Fail to develop others





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I hope they like our new CAC!

Is this really better in the minds of
our clients?

Jones, L.M., Cross, T.E., Walsh, W.A., & Simone, M. (2007).

Do children's advocacy centers improve families' experiences of child sexual abuse investigations? *Child Abuse and Neglect*, 31, 1069-1085.



Is this working for you?

- Purpose - examine whether cases seen at the participating CACs were more likely to result in higher ratings of caregivers' and children's satisfaction with services than cases seen in the comparison communities which were not served by CACs.
- Part of the Multi-Site Evaluation of Children's Advocacy Centers involving the CACs in four communities and comparison communities without CAC services (Dallas, TX; Charleston, SC; Huntsville, AL; and Pittsburgh, PA).



Is this working for you?

- 284 sexual abuse cases (229 from the CAC cases and 55 comparison cases):
 - *Child's mother being the respondent in a majority of the cases - 79%*
 - *Alleged victim was at least 8 years old*
- 120 of these children also participated in a follow-up interview regarding their satisfaction with the case processes (90 from the CAC cases and 30 from the comparison cases).



Is this working for you?

- Caregivers whose children were seen at the CAC reported **higher** rates of satisfaction than caregivers whose children were seen at the comparison sites
- There was increased **Investigator Response** satisfaction scores when the following occurred:
 - *Substantiated finding by CPS*
 - *Criminal charges being filed*
 - *Investigator believing that the abuse occurred*
- Caregivers from the CAC samples were significantly **more satisfied** with the interview experience than caregivers from the comparison samples

Is this working for you?

- Most children expressed moderate to high satisfaction with the investigation, but:
 - 20% felt “very scared” during the forensic interview
 - 11% did not think the investigators understood children very well
 - 19% did not think the investigators explained what was happening very well
 - 33% thought they had to explain things to the investigator too many times
 - Significantly more children from the CAC sample described themselves as being “not at all” or “not very” scared versus kids from the comparison communities



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We might find some evidence.

Who really gets an exam?

Does having a CAC help?

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 and Neglect*, 31, 1053-1068.





Medical Exam, or not?

- Purpose - assess whether CACs influence the delivery and timing of forensic medical exams, who receives these exams, and the satisfaction of caregivers with these exams.
- Subjects - 1,220 sexual abuse cases
 - *Additionally, a subset of 143 caregivers were interviewed regarding their satisfaction with forensic medical services.*
- Part of the Multi-Site Evaluation of Children's Advocacy Centers involving the CACs in four communities and comparison communities without CAC services (Dallas, TX; Charleston, SC; Huntsville, AL; and Pittsburgh, PA).

Medical Exam, or not?

- Children who were most likely to receive a medical exam:
 - *Younger children*
 - *Those with suspected penetration*
 - *Those who were physically hurt or injured while being abused*
 - *Those with supportive non-offending caregivers*
- Received forensic medical exam:
 - *CAC cases – 48%*
 - *Non-CAC cases – 21%*

Medical Exam, or not?

- No penetration in abuse disclosure:
 - *These children seen at CACs were **4** times more likely to receive forensic medical exam versus children in the comparison sample.*
- Penetration in abuse disclosure:
 - *These children seen at CACs were **1.5** times more likely to receive forensic medical exam versus children in the comparison sample.*





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Should we have a CAC/MDT?

Does it really help process these cases?

**Walsh, W.A., Lippert, T., Cross, T.E.,
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.





Prosecution timelines

- Purpose –
 - *Examine the length of time between key events in the criminal prosecution of child sexual abuse*
 - *Compare the processing time for child sexual abuse cases to standards suggested for felony cases in general*
 - *Explore what case characteristics are associated with timely case resolution in child sexual abuse cases*
 - *Compare prosecution rates and outcomes in communities with a CAC vs. without a CAC*
- Subjects:
 - *160 child sexual abuse cases which were referred for prosecution and whose case was resolved during the study period were included.*



Prosecution timelines

- Recommendations – In 1992, the American Bar Association proposed that:
 - *90% of felony cases be completed within 120 days of arrest,*
 - *99% of felony cases be completed within 180 days of arrest,*
 - *100% of felony cases be completed within 1 year of arrest.*

 - *90% of misdemeanor cases be completed within 30 days of arrest,*
 - *100% of misdemeanors be completed within 90 days of arrest.*
- These case processing standards have been adopted by 39 states.

Prosecution timelines

- Charging decision in child sexual abuse cases:
 - *Cases seen at the CAC had a significantly faster charging decision:*
 - CAC – 80% within 1-60 days
 - Comparison A – 49% within 1-60 days
 - Comparison B – 58% within 1-60 days
- Case Resolution Time
 - *20% were resolved within 180 days*
 - *30% took more than two years after indictment or were still pending*

Prosecution timelines

- There were no significant differences in cases pending versus cases resolved except for the charges filed
 - *Pending cases were less likely to have an aggravated sexual assault charge*
 - *Pending cases were more likely to have a Indecency with a Child charge*
- This suggests that more serious cases appear to be resolved more quickly



Prosecution timelines

- Total Case Processing Time:
 - *Less than one year - 36%*
 - *Between 1-2 years – 29%*
 - *More than 2 years (or still pending) – 36%*

- Only 36% of all cases were resolved within the ABA guidelines described earlier



Miller, A. & Rubin, D. (2009).

The contribution of children's advocacy centers to felony prosecutions of child sexual abuse. *Child Abuse and Neglect*, 33, 12-18.



Contribution of CAC to Prosecution rates

- The purpose of this study was to describe trends in felony CSA prosecutions across two neighboring districts in a large urban city when one district experienced significant increase in CAC participation in CSA cases compared to the neighboring district whose use of the CAC did not change substantially.
- Data was obtained from the CACs, DA's offices, and CPS in two adjoining districts of a large urban city (1992-2002)
 - *One district dramatically increased its use of the CAC for CSA cases while the other minimally increased its use.*

Contribution of CAC to Prosecution rates

- Child Protective Services Findings:
 - *Children with substantiated sexual abuse cases between 1994-2002:*
 - District 1 – 2,617
 - District 2 – 2,320
 - *Decrease in the number of CPS substantiated cases of sexual abuse during this time:*
 - District 1 – 59%
 - District 2 – 49%



Contribution of CAC to Prosecution rates

- Child Advocacy Center Findings:
 - *Number of children evaluated by CACs for possible sexual abuse (1992 vs. 2002):*
 - District 1 – 295% increase
 - District 2 – 125% increase



Contribution of CAC to Prosecution rates

- District Attorney's Offices Findings:
 - *Total number of felony prosecutions of child sexual abuse (1992 vs. 2002):*
 - District 1 – 194 to 382 (196% increase)
 - District 2 – 112 to 111 (1% decrease)
 - *When controlled for rates per 100,000 children:*
 - District 1 – 56.6 to 93.0 (164% increase)
 - District 2 – 58.0 to 54.9 (5% decrease)



Contribution of CAC to Prosecution rates

- District Attorney's Offices Findings:
 - *The prosecution rate was similar in both districts in 1992, but **69% higher** in District 1 by 2002.*
 - *Despite increased prosecutions, the **conviction rate did not change** significantly between the districts over this time period.*





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So what? How does child abuse affect me?

Putting child abuse in terms others can understand.

**Bonomi, A.E.; Anderson, M.L.;
Rivara, F.P.; Cannon, E.A.;
Fishman, P.A.; Carrell, D; Reid,
R.J.; & Thompson, R.S.(2009).**

Health care utilization and costs associated with
childhood abuse. *Journal of General Internal
Medicine, 23(3), 294-300.*



Cost of healthcare for abuse survivors

- The purpose of this study was to examine the actual health care utilization and costs associated with child abuse. This data was pulled from data maintained by a large health care delivery system.
- Participants - 3,333 women who received insurance from the Group Health Cooperative for at least 12 of the 41 calendar quarters in the study's time frame.



Cost of healthcare for abuse survivors

- Women were asked about their history of childhood physical and sexual abuse:
 - *“Before you were 18, was there any time when you were punched, kicked, choked, or received a more serious physical punishment from a parent or other adult guardian?”*
 - *“Before you were 18, did anyone ever touch you in a sexual place or make you touch them when you did not want them to?”*



Cost of healthcare for abuse survivors

- 34% reported a history of childhood abuse:
 - *Physical Abuse only* – 6.5%
 - *Sexual Abuse only* – 20.1%
 - *Physical and Sexual Abuse* – 7.2%
- Total annual health care costs were higher for all groups of women who experienced some form of child abuse:
 - *Both physical and sexual abuse* – 36%
 - *Sexual abuse only* – 16%
 - *Physical abuse only* – 22%



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So it's child abuse. After age 18 it is over.

What is the longer term impact of child abuse on adult women? These are our mothers after all!

**Rohde, P., Ichikawa, L., Simon,
G.E., Ludman, E.J., Linde, J.A.,
Jeffery, R.W., & Operskalski,
B.H. (2008).**

Associations of child sexual and physical abuse with obesity and depression in middle-aged women. *Child Abuse & Neglect*, Vol. 32, 878-887.

They were just kids: what is the big deal?

- The purpose of this study was to better understand the associations of obesity and depression with childhood maltreatment.
- Participants – 4,461 women
 - *Those who last reported a Body Mass Index (BMI) of 30 or more were sampled at 100%,*
 - *Those who last reported a BMI of less than 30 were sampled at 12%,*
 - *Those with an unknown BMI were sampled at 25%.*

They were just kids: what is the big deal?

- Data was obtained through a population-based survey of middle-aged women enrolled in Group Health Cooperative, a prepaid health plan serving approximately 500,000 members in the Northwest U.S. The trained interviewers used the following instruments:
 - *Childhood Trauma Questionnaire (Child maltreatment history)*
 - *Body Mass Index (Obesity)*
 - *Patient Health Questionnaire (Depression)*
 - *Questionnaire on Eating and Weight Patterns (Binge eating)*
 - *Single question (Body dissatisfaction)*



They were just kids: what is the big deal?

- History of child abuse:
 - *Sexual Abuse - 15.4%*
 - *Physical Abuse – 12.3%*
 - These are somewhat lower than prior studies (1 in 6.5 women)
- Women with a history of either sexual or physical abuse:
 - *Approximately twice the likelihood of both **current obesity** and **depression** in middle age when compared to non-abused middle age women.*
- Both child sexual abuse and child physical abuse predicted:
 - *Binge eating and body dissatisfaction in middle-aged women*

Widom, C.S., Czaja, S.J., & Dutton, M.A. (2008).

Childhood victimization and lifetime victimization. *Child Abuse and Neglect*, 32, 785-796.



They were just kids: what is the big deal?

- **Purpose** - to determine whether childhood victimization contributes to increased vulnerability for subsequent victimization in adolescence and adulthood.
- This is the first prospective study of its kind, using data from adults who have been followed since 1967-1971 when they were children in the Midwest.



They were just kids: what is the big deal?

- **Subjects** - 892 adults who had previously participated in numerous surveys
 - *79 had been victims of physical abuse*
 - *68 had been victims of sexual abuse*
 - *406 had been victims of neglect*
 - *396 had no history of child abuse*
- **Design** - Participants completed the Lifetime Trauma and Victimization History which surveys lifetime trauma and victimization history.

They were just kids: what is the big deal?

- 98.9% of the participants had experienced at least one trauma in their lifetime
 - *Similar %'s for both abused and non-abused individuals*
- Total average number of traumas/victimizations:
 - *Abused – 15.03*
 - *Non-abused – 11.09*
 - Individuals who were victims of neglect or multiple abuses reported significantly higher numbers of lifetime traumas/victimizations





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If it works, how much does it cost?

The Cost Benefit Analysis of Community Responses to Child Maltreatment

Formby, J., Shadoin, A. L., Shao, L, Magnuson, S. N., & Overman, L. B. (2006).

Cost-benefit analysis of community responses to child maltreatment: A comparison of communities with and without child advocacy centers. (Research Report No. 06-3). Huntsville, AL: National Children's Advocacy Center.



Cost-Benefit Analysis

- Purpose - examine the economic and social resources invested in two different child sexual abuse response protocols and identify the return on investment produced by these protocols.
- Traditional investigations were **36%** more expensive than CAC investigations. The average per-case cost:
 - *CAC investigation* - \$2,902
 - *Non-CAC investigation* - \$3,949
- This suggests savings of approximately **\$240,000,000** for cases in the United States in 2008 alone!

NCAC Child Abuse Online Library (CALiO)

- What?
 - *600+ online journals*
 - *Searchable databases*
 - *Child abuse and demographic statistics*
 - *Professional bibliographies*
 - *Grant writing resources*
- Who?
 - *ANYONE!*
 - *All accredited and associate CACs of the National Children's Alliance (NCA) have restricted access*
- How much?
 - *FREE!*



JOURNALS : CORE COLLECTION

- [Aggressive Behavior](#) (1974- with 6 mo delay*)
- [Annual Review of Sex Research](#) (1996-)
- [Child Abuse & Neglect](#) (1995-)
- [Child Abuse Review](#) (1992- with 6 mo delay*)
- [Child Development](#) (1930- with 12 mo delay*)
- [Child Maltreatment](#) (1996-)
- [Child Welfare](#) (1990-)
- [Clinical Child & Family Psychology Review](#) (1998-)
- [The Future of Children](#) (1989-)
- [Issues in Child Abuse Accusations](#) (1989-)
- [Journal of Aggression, Maltreatment & Trauma](#) (2003-)
- [Journal of Child Sexual Abuse](#) (2003-)
- [Journal of Clinical Child & Adolescent Psychology](#) (1975-)
- [Journal of Criminal Law & Criminology](#) (1993-)



JOURNALS : CORE COLLECTION (cont.)

- [Journal of Family Violence](#) (1997- with 12 mo delay*)
[Journal of Interpersonal Violence](#) (2000-)
[Journal of Investigative Psychology & Offender Profiling](#)
(2004-)
[Journal of Sexual Aggression](#) (2003- with 12 mo delay*)
[Journal of Social Work Practice](#) (1999- with 12 mo delay*)
[Journal of Traumatic Stress](#) (1997- with 12 mo delay*)
[Legal & Criminological Psychology](#) (2001-)
[Sexual Abuse: Journal of Research & Treatment](#) (1998-)
[Sexual Addiction & Compulsivity](#) (1998- with 12 mo delay*)
[Social Work](#) (2000-)
[Trauma, Violence, & Abuse](#) (2000-)

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