

Victim Advocacy

A Bibliography



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Scope

This bibliography lists English language publications covering numerous areas related to victim advocacy work. This bibliography is not comprehensive.

Organization

Publications are arranged in date descending order. Author abstracts are provided unless otherwise stated. Links to full text documents are provided when possible.

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Victim Advocacy

A Bibliography

Benuto, L. T., Newlands, R., Ruork, A., Hooft, S., & Ahrendt, A. (2018). Secondary traumatic stress among victim advocates: prevalence and correlates. *Journal of Evidence-informed Social Work, 15*(5), 494-509.

The purpose of this study was to establish the prevalence of Secondary Traumatic Stress (STS) among victim advocates and to determine if risk factors (for the development of STS) that have been cited in the literature (with other populations) are applicable to victim advocates. Methods: Data was collected from 135 victim advocates using an online survey. Results: The prevalence rate of STS among victim advocates is approximately 50% and risk factors include number of hours worked per week, direct service hours, and working with adult survivors of child sexual abuse. Discussion: Our results suggest that cumulative trauma exposure acts as risk factors to the development of STS among victim advocates. Conclusion: Intervention efforts for this population are sorely needed and the information gained from this study can be used to guide these intervention efforts.

McCarthy, R. J., Milner, J. S., Coley, S. L., Ormsby, L., & Oliver, M. (2018). Child maltreatment re-offending in families served by the United States Air Force Family Advocacy Program. *Child Abuse & Neglect, 77*, 67-74.

The current study examined child maltreatment re-offending in United States Air Force (USAF) families. In a clinical database containing 24,999 child maltreatment incidents perpetrated by 15,042 offenders between the years 1997 and 2013, 13% of offenders maltreated a child on more than one date (i.e., they re-offended). We explored several offender demographic characteristics associated with who re-offended and found that civilians re-offended at a similar rate as active duty members, males re-offended at a similar rate as females, and younger offenders were more likely to re-offend than older offenders. We also explored incident characteristics associated with who re-offended: Re-offending was more likely if the initial maltreatment was neglect or emotional abuse and re-offenders were likely to perpetrate subsequent maltreatment that was the same type and severity as their initial incident. The current data indicate that young offenders and offenders of neglect and emotional maltreatment are the greatest risk of re-offending. These

offender and incident characteristics could be used by the USAF to guide their efforts to reduce re-offending.

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.

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. (PsycINFO Database Record © 2018 APA, all rights reserved)

White, J. W., Sienkiewicz, H. C., & Smith, P. H. (2018). Envisioning future directions: Conversations with leaders in domestic and sexual assault advocacy, policy, service, and research. *Violence Against Women*, 25(1), 105-127.

This article delves into the views of 72 leaders in domestic violence and sexual assault advocacy, policy, service, and research to determine their vision for the future direction of the field. Through discussions with experts, we identified numerous strategies necessary to best meet the needs of

domestic violence and sexual assault victims. Common themes focused on the need to (a) examine the context of victims' and offenders' experiences; (b) increase cultural competence to adequately provide appropriate victim services and criminal justice responses for underserved, marginalized, and culturally specific populations; (c) increase reliance on victims' voices; (d) continue to develop partnerships at both the community and the state levels and ensure the role of local communities; (e) expand the concept of successful outcomes that can be reliably and validly assessed; (f) emphasize mixed-methods approaches to address these questions, in recognition that various methods complement each other; and (g) be open to novel or emerging approaches to intervention.

Gaines, D. C., & Wells, W. (2017). Investigators' and prosecutors' perceptions of collaborating with victim advocates on sexual assault casework. *Criminal Justice Policy Review*, 28(6), 555-569.

Despite the importance of strong partnerships between victim advocates and criminal justice officials, few studies have examined criminal justice officials' perspectives on collaborating with victim advocates. Officials' perspectives on advocates' roles in the investigation and prosecution of sexual assaults are measured to understand the barriers to collaboration and strengths that can be capitalized upon. A sample of sexual assault investigators from a large police department were interviewed using a structured questionnaire. A sample of prosecutors from the jurisdiction, experienced in processing sexual assault cases, responded to paper-and-pencil surveys. Findings reveal that officials believe advocates make positive contributions to the justice system process through effective communication and by supporting victims and their families. Barriers to strong partnerships include concerns about role conflicts and advocate involvement in criminal investigations. Reform efforts can use these findings through explicit work to capitalize on perceived strengths and overcome barriers.

Kellogg, N. D. (2017). "Why didn't you tell?" Helping families and children weather the process following a sexual abuse disclosure. In *Parenting and Family Processes in Child Maltreatment and Intervention* (pp. 35-43). Springer International Publishing.

Leitch, L. (2017). [Action steps using ACEs and trauma-informed care: A resilience model.](#) *Health & Justice*, 5(1), 5.

This paper 1) discusses two important contributions that are shaping work with vulnerable and under-resourced populations: Kaiser Permanente's (1998) Adverse Childhood Experiences Study (ACE) which includes the impact of adverse experiences in childhood on adult health and health behaviors and the more recent advent of what has come to be known as Trauma-Informed Care (TIC), programs which incorporate knowledge of the impact of early trauma into policies and programs. 2) Despite many positive benefits that have come from both contributions there are unintended consequences, described in the paper, that have an impact on research and program evaluation as well as social policies and programs. 3) Three key neuroscience concepts are recommended for inclusion in Trauma-Informed Care programs and practices in ways that can enrich program design and guide the development of practical, resilience-oriented interventions that can be evaluated for outcomes. 4) Finally, a resilience-oriented approach to TIC is recommended that moves from trauma information to neuroscience-based action with practical skills to build greater capacity for self-regulation and self-care in both service providers and clients. Examples from criminal justice are used.

Pendergraft, J. M., & Magallanes, S. G. (2017). [Non-offending caregivers' experiences at a Southern California children's assessment center.](#) (Master's thesis). California State University, San Bernardino.

Victims of child maltreatment are often subjected to both repeat interviews and physical exams over the course of an investigation. There are specialized centers across the country that serve this highly at-risk population with the goal of minimizing further traumatization of victims by repeat interviews and exams. These centers must maintain a high standard of practice and undergo outside scrutiny and evaluation, in order to best serve their clients and recognize possible shortcomings. An evaluative, pilot study was conducted at a Southern California Children's Assessment Center (SCCAC). The purpose of this pilot study was to gain more knowledge about caregivers' overall

experiences at the center and the population's willingness to participate in future studies. Twelve participants were identified through convenience sampling and completed a qualitative interview. Demographic information was input into SPSS and analyzed through descriptive statistics. In addition, interview response content was analyzed by the use of triangulation. Overall findings support existing literature which states that clients are generally satisfied with their experiences at the SCCAC. The significance of this study for social work will enhance the understanding of the need for additional policies to ensure proper training. This study will also benefit the field of child welfare by providing a small amount of insight into how different components of service factors may affect diverse individual's experiences during a difficult time. This study will allow child welfare professionals to further customize their engagement approach and provide services that are considerate and effective for each individual.

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.

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; Mage=10.94, SDage= 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.

Tener, D., Tarshish, N., & Turgeman, S. (2017). "Victim, perpetrator, or just my brother?" Sibling sexual abuse in large families: A child advocacy center study. *Journal of Interpersonal Violence*. Online ahead of print. DOI: 10.1177/0886260517718831

Globokar, J. L., Erez, E., & Gregory, C. R. (2016). Beyond advocacy: Mapping the contours of victim work. *Journal of Interpersonal Violence*, 34(6), 1198-1223.

In contrast to works on victim advocacy in specific organizational contexts, this article introduces the term "victim work" to capture the vast array of victim-related roles and tasks that have proliferated in recent decades. Data are derived from in-depth interviews with 30 "victim workers" in public and private agencies in two Midwestern states. The interviews revealed diverse work experiences that spanned hotlines, crisis response, legal proceedings, and postconviction support. Three themes emerged that characterize "victim work": flexibility, emotions, and the challenge of "fit"—the multifaceted difficulties of interacting with victims and agents of the justice system. Based on the findings, we offer a revised model of criminal justice vis-à-vis victims and implications for practice and future research.

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.

The objective of this study was to describe caregiver perceptions about mental health services (MHS) after child sexual abuse (CSA) and to explore factors that affected whether their children linked to services. We conducted semi-structured, in-person interviews with 22 non-offending caregivers of suspected CSA victims < 13 years old seen at a child advocacy center in Philadelphia. Purposive sampling was used to recruit caregivers who had (n = 12) and had not (n = 10) 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 and barriers to MHS. Interviews were audio-recorded, transcribed, coded, and analyzed using modified grounded theory. Recruitment ended when thematic saturation was reached. 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 were necessary for their children. Caregivers who had not linked to services also expressed concerns about MHS being retraumatizing and stigmatizing. Interventions to increase MHS linkage should focus on improving communication with caregivers about the specific benefits of MHS for their children and proactively addressing caregiver concerns about MHS.

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.

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.

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.

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Cascardi, M., Brown, C., Shpiegel, S., & Alvarez, A. (2015). [Where have we been and where are we going? A conceptual framework for child advocacy](#). *SAGE Open*, 5(1),

The primary goal of this article is to chart the development of child advocacy as an interdisciplinary field of study and conclude with a conceptual framework for research and higher education in child advocacy. Historically, child advocacy has justifiably focused on protection needs. Values and assumptions about children's best interest have also governed child advocacy, in part because evidence to inform decisions was lacking and in part because of its history as an activist movement. Against this historical backdrop, we describe contemporary trends in child advocacy that reconcile

children's protection with their inherent rights to personhood. We rely on the principles and articles of the United Nations Convention on the Rights of the Child, most notably children's rights to participation and self-expression. At the same time, we demonstrate how values and ideology are being integrated with empiricism and objective analysis to inform policy and practice in child advocacy. The future of child advocacy depends on continued synthesis of rights and protection as well as values and rigorous analysis. From this perspective, we offer a conceptual framework for research and education in child advocacy.

McAuliff, B. D., Lapin, J., & Michel, S. (2015). Support person presence and child victim testimony: Believe it or not. *Behavioral Sciences & the Law*, 33(4), 508-527.

This study examined the effects of support person presence on participants' perceptions of an alleged child sexual abuse victim and defendant. Two hundred jury-eligible community members (n = 100 males) viewed a DVD of an 11-year-old girl's simulated courtroom testimony either with or without a female support person seated next to her. Participants found the child victim to be less accurate and trustworthy, and the defendant to be less guilty and less likely to have sexually abused children, when the support person was present. Participants who viewed the female support person (n = 100) believed that she had probably coached and spent a great deal of time with the child victim before testifying. Female participants perceived the child to be more accurate, and the defendant to be more guilty and likely to have sexually abused children, than male participants. The degree to which the child victim's testimonial behavior violated participants' expectancies mediated the negative relation between support person presence and child victim accuracy and trustworthiness. Support person presence was positively associated with expectancy violation, which in turn was negatively associated with child victim accuracy and trustworthiness. These preliminary findings suggest that seating a support person next to an alleged child victim in court may have the unintended effect of decreasing the child's perceived credibility and, if replicated, suggest that alternative seating arrangements might be necessary. Copyright © 2015 John Wiley & Sons, Ltd.

Back, C., Gustafsson, P. A., & Berterö, C. (2014). Parental opinions of their child's experience in the legal process: An interpretative analysis. *Journal of child sexual abuse*, 23(3), 290-303.

The aim of this study is to demonstrate how parents of children who are victims of sexual assault experience the legal process from the children's and parents' perspective. Nine parents, identified in the records of three public prosecution offices in three cities in Sweden, were interviewed. The parents described feelings of shame and guilt over what their children had experienced. They felt stigmatized and had difficulty fulfilling their parental role, perceived a lack of information and support from the professionals involved, and experienced a sense of withdrawal from their role as parents, though they felt the professionals who worked with their children were helpful and influential.

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.

Powell-Williams, M., White, S. D., & Powell-Williams, T. (2013). "I help the ones that want help": Emotion work and the victim advocate role. *Sociological Spectrum*, 33(3), 258-275.

Using data gathered from participant observation and 32 individual in-depth interviews, this study examines how victim advocates achieve emotion management in their work with battered women. This research reveals that victim advocates often experience difficulty coping with occupational

stress via daily “deep acting” strategies as they work to change their understandings of battered women and the advocate role from the “inside out.” The data reveal that the core of their ability to cope requires victim advocates to redefine their perceived role from “savior” to “options giver” to more accurately define their role interactions with battered women.

McGrath, S. A., Johnson, M., & Miller, M. H. (2012). The social ecological challenges of rural victim advocacy: An exploratory study. *Journal of Community Psychology, 40*(5), 588-606.

This article re-centers an ecological model traditionally used to understand the experiences of interpersonal violence victims around the perceptions and experiences of victim advocates. We suggest that the development of such a model might shed light on rural-urban differences in the accessibility and availability of support services in rural domains. To develop this model, we used results from a sample of rural advocates located within the Mississippi Delta Region. The study indicates that rural victim advocates recognize the presence of significant macrosystem and exosystem factors in their communities and experience them as creating greater challenges to their work. In particular, factors affiliated with economic disadvantage and cultural ideologies of individualism and victim blaming negatively affected the experiences of the respondents. In terms of the ecological model, results also indicate correlations across levels of analysis, implying a rural macrosystem milieu that may predict or affect the presence of exosystem support networks. © 2012 Wiley Periodicals, Inc.

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

The purpose of this study is to examine how professionals and paraprofessionals involved with a Sexual Assault Response Team (SART) understand and navigate different professional statutory requirements for victim confidentiality. Telephone surveys are conducted with 78 professionals: medical (27.8%), criminal justice (44.3%), and victim advocacy (27.8%). The majority of participants (58.2%) disagree with the statement that maintaining victim confidentiality posed a challenge to coordination on SART, 10.1% were neutral, and 31.7% agreed with the statement. Significantly more victim advocates than criminal justice and medical professionals perceive that maintaining victim confidentiality posed a challenge to coordination on SART. Consensus on how

best to conceptualize victim confidentiality within SART has not been attained. Findings show that not all criminal justice and medical professionals understood the statutory provision of privilege to communications between rape crisis victim advocates and victims. Implications for practice and research are discussed.

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

Evaluators examining the same evidence often arrive at substantially different conclusions in forensic assessments of child sexual abuse (CSA). This study attempts to identify and quantify subjective factors that contribute to such disagreements so that interventions can be devised to improve the reliability of case decisions. Participants included 1106 professionals in the field of child maltreatment representing a range of professional positions or job titles and years of experience. Each completed the Child Forensic Attitude Scale (CFAS), a 28-item survey assessing 3 forensic attitudes believed to influence professional judgments about CSA allegations: emphasis-on-sensitivity (i.e., a focus on minimizing false negatives or errors of undercalling abuse); emphasis-on-specificity (i.e., a focus on minimizing false positives or errors of overcalling abuse); and skepticism toward child and adolescent reports of CSA. A subset of 605 professionals also participated in 1 of 3 diverse decision exercises to assess the influence of the 3 forensic attitudes on ratings of case credibility. Exploratory factor analysis identified 4 factors or attitude subscales that corresponded closely with the original CFAS scales: 2 subscales for emphasis-on-sensitivity and 1 each for emphasis-on-specificity and skepticism. Attitude subscale scores differed significantly by sample source (in-state trainings vs. national conferences), gender, years of experience, and professional position, with Child Protective Service workers unexpectedly more concerned about overcalling abuse and more skeptical of child disclosures than other professionals—a pattern of scores associated with an increased probability of disbelieving CSA allegations. The 3 decision exercises offered validation of the attitude subscales as predictors of professional ratings of case credibility, with adjusted R^2 s for the three exercises ranging from .06 to .24, suggesting highly variable effect sizes. Evaluator disagreements about CSA allegations can be explained, in part, by individual differences in 3 attitudes related to forensic decision-making: emphasis-on-sensitivity, emphasis-on-specificity, and skepticism toward child reports of abuse. These attitudes operate as predispositions or biases toward viewing CSA allegations as likely true

or likely false. Several strategies for curbing the influence of subjective factors are highlighted including self-awareness of personal biases and team approaches to assessment.

Kolb, K. H. (2011). Sympathy work: Identity and emotion management among victim-advocates and counselors. *Qualitative Sociology*, 34(1), 101-119.

Advocates and counselors who assist victims of domestic violence and sexual assault often claim a moral identity that depends, in part, on their ability to sympathize with their clients. However, when their clients behave in ways that staff members perceive as “difficult” (i.e., lie, return to their abusers, break rules, express anger at those trying to help them, or fail to show up for appointments), feelings of sympathy can begin to wane—creating a moral identity dilemma. Data collected from participant observation and in-depth interviews outline four generic processes that advocates and counselors engage in to overcome this dilemma. These findings highlight the interdependent nature of identity and emotion management and contribute to previous scholarship on how those who claim a moral identity negotiate feelings that run counter to their identity code.

Kolb, K. H. (2011). Victim advocates’ perceptions of legal work. *Violence Against Women*, 17(12), 1559-1575.

Past scholarship has weighed the risks and rewards of legal remedies for victims of domestic violence and sexual assault. Missing from this debate, however, is an analysis of the social incentives for victim advocates to offer legal options to their clients. Preliminary findings show that victim advocates perceive that outsiders respect legal work more than their care work with clients (listening, caring, and empathizing). This study offers three explanations for this phenomenon: (1) the devaluation of women’s care work in general, (2) the confidentiality constraints on communicating the value of their care work, and (3) popular assumptions that care work requires professional credentials in order to be legitimate.

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

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

Klain, E., & Kloer, A. (2009). [Meeting the legal needs of child trafficking victims: An introduction for children's attorneys & advocates](#). American Bar Association.

Like other cases involving child clients, child trafficking cases are often complex and multi-dimensional. This guide serves as an overview of the unique issues and remedies that often present in such cases, and it is not intended to be comprehensive. We have included references to many other resources on related topics throughout.

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

This study examined the influence of parental expectations on the functioning of sexually abused children. Participants included 67 sexually abused youth and 63 of their nonoffending primary caregivers. Parental expectations about how sexual abuse will impact children were predictive of parents' ratings of children's behavior at pretreatment, while parental expectations of children's overall future functioning were not predictive of parents' ratings of children's behavior. Parental expectations about how sexual abuse will impact their children and about their children's overall future functioning were not predictive of parents' ratings of children's behavior at posttreatment. Results highlight the

influential role the sexual abuse label has in shaping parental expectations about children's functioning. Recommendations for research and intervention are discussed.

Cole, J., & Logan, T. K. (2008). Negotiating the challenges of multidisciplinary responses to sexual assault victims: Sexual assault nurse examiner and victim advocacy programs. *Research in Nursing & Health, 31*(1), 76-85.

The purpose of this study was to examine Sexual Assault Nurse Examiner (SANE) programs' relationships with victim advocacy organizations. A national telephone survey was conducted of randomly selected SANE programs, all of which served adults, and some of which also served adolescents and children. Nearly one-third of 231 participants reported that SANEs in their program had experienced conflicts related to roles and boundaries with victim advocacy organizations at some point during the program's history. The most frequently mentioned conflicts involved professional autonomy, control, or turf issues. Future researchers should address personnel, organizational, and structural factors that facilitate collaborative relationships between SANE and victim advocacy organizations. © 2007 Wiley Periodicals, Inc.

Osofsky, J. D., Putnam, F. W., & Lederman, J. C. S. (2008). How to maintain emotional health when working with trauma. *Juvenile and Family Court Journal, 59*(4), 91-102.

Vicarious traumatization, compassion fatigue, or secondary traumatization refers to the cumulative effect of working with survivors of traumatic life events as part of everyday work. Although this issue has been acknowledged and addressed among professionals such as police officers and medical professionals, it has been discussed less among juvenile and family court judges who also experience secondary traumatic stress. In fact, in one recent study, a majority of judges reported one or more symptoms of secondary traumatization. This article describes the common signs and symptoms of secondary trauma, job-related factors that contribute to secondary trauma among judges, and the potential negative impact on organizational performance. The authors conclude with specific recommendations tailored for juvenile and family court judges.

Wemmers, J. (2008). Victim participation and therapeutic jurisprudence. *Victims and Offenders*, 3(2-3), 165-191.

Research with crime victims suggests that victims seek participation and recognition in the justice system (Erez, 1999; Kilchling, 1995; Shapland, Willmore, & Duff, 1985; Wemmers, 1996). However, victim participation in the criminal justice system is a point of debate among scholars (Ashworth, 1993; Erez, 1999). Participation can take various forms: it can mean an active decision-making role or merely consultation and consideration (Edwards, 2004; Wemmers & Cyr, 2004). In addition, there is the question of how victims are affected by their participation. While victims in Canada are currently by and large excluded from the criminal justice process, their being outside the system does (to some extent) shelter them from the offender. This raises the question: when is participation helpful or therapeutic for victims and when is it harmful or antitherapeutic? Based on interviews with public prosecutors and victim support workers in the province of Quebec, this study explores the similarities and differences in the perceptions of these two key groups of professionals. Both prosecutors and victim support workers can be considered victims' allies in an adversarial justice system and the study reveals important similarities as well as differences between the two groups with respect to their perceptions of victim participation.

Bolen, R. M., & Lamb, J. L. (2007). Can nonoffending mothers of sexually abused children be both ambivalent and supportive? *Child Maltreatment*, 12(2), 191-197.

Some nonoffending parents experience ambivalence in feelings, belief, and behavior toward their children after their children's disclosure of sexual abuse. Traditionally, it has been assumed that ambivalent nonoffending parents are not adequately supportive of their children after disclosure. In contrast, this study of 29 nonoffending mothers whose resident partners sexually abused their children tests a theoretical model of postdisclosure responses of nonoffending parents in which it is hypothesized that parental support and ambivalence can coexist. In a partial least squares analysis of this model, no relationship between postdisclosure support and ambivalence is found after controlling for variables related to ambivalence. These findings lend preliminary support to the hypothetical theoretical model, supporting a need for continuing research on the constructs of ambivalence and parental support.

Carr, P. B. (2007). [Playing by all the rules: How to define and provide a “prior opportunity for cross-examination” in child sexual abuse cases after Crawford v. Washington.](#) *The Journal of Criminal Law and Criminology*, 97(2), 631-664.

In 2004, the Supreme Court decided *Crawford v. Washington* and announced a new rule of confrontation under the Sixth Amendment of the United States Constitution. Under *Crawford*, courts must exclude all out-of-court statements when those statements were (1) given by a witness who is unavailable to testify at trial and (2) considered "testimonial" in nature, unless (3) the defendant had a prior opportunity to cross-examine the witness who offered the statements. *Crawford* has introduced a challenging problem in child sexual abuse cases where children are often unavailable to testify at trial; their out-of-court allegations of abuse are now regularly excluded for their "testimonial" nature. This development is problematic because children's recollections of events constitute critical evidence in child sexual abuse prosecutions. The question thus arises: how can prosecutors continue to hold child sexual abusers accountable for their crimes while upholding the *Crawford* rule of confrontation? Many scholars have explored solutions to this dilemma by examining the first two prongs of the *Crawford* rule--witness unavailability and the testimonial nature of ex parte statements. This Comment suggests, however, that the solution lies in the third prong--the "prior opportunity for cross-examination." Specifically, this Comment recommends that state legislatures implement a rule of criminal procedure that allows both prosecutors and defendants in sexual abuse cases an opportunity to record a child's pretrial testimony and cross-examination on videotape. This rule would safeguard criminal defendants' confrontation rights while also protecting against the *Crawford* rule's overly burdensome effects on child sexual abuse prosecutions.

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.

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 Centers were used to examine whether CACs improve caregivers' and children's satisfaction 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. The CAC model shows promise for improving families' experiences, but to build upon this promise, agencies will need to systematize procedures for refining and adapting the model as new research becomes available.

Malloy, L. C., & Lyon, T. D. (2006). [Caregiver support and child sexual abuse: Why does it matter?](#) *Journal of Child Sexual Abuse*, 15(4), 97-103.

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

This article proposes the idea that there is a de facto juvenile victim justice system, a complex set of agencies and institutions that responds to juvenile victims of crime and violence, including child maltreatment and conventional crime. The article offers a schematic model of that system and tries to quantify the case flow through its various components, that is, the likelihood that given certain actions (e.g., a substantiated finding of maltreatment), other actions will follow (e.g., services be provided). The model also highlights the activities of the system most likely to have consequential effects on victims. We argue that more professionals are needed who understand the system in its entirety, not just their own agency role, and who can help guide victims, families, and other professionals through its complexities. More efforts are also needed to integrate and rationalize the system, particularly through information exchange among its components.

Whitcomb, D. (2003). [Legal interventions for child victims](#). *Journal of Traumatic Stress*, 16(2), 149-157.

Many commentators have expressed concern over the plight of children in the nation's court system, fearing that child victim/witnesses might suffer significant trauma. In efforts to alleviate this presumed trauma, new laws were passed and traditional procedures were modified. This paper synthesizes available research addressing 2 questions pertaining to the mental health needs of child victims: (1) To what extent are children traumatized by their involvement in the justice system, and (2) What interventions are effective in reducing children's trauma? The review concludes that most children can testify without suffering long-term adverse effects. It also identifies elements of the justice system that appear to heighten stress for children. Finally, it suggests several strategies that might be effective in alleviating that stress.

Wasserman, E. B. (2000). [Confidentiality Issues and Victim Advocacy in Indian Country](#). Washington, DC: US Department of Justice, Office of Justice Programs, Office for Victims of Crime.

Confidentiality is a big concern for everyone who works with victims of crime. Many victims are afraid to report crimes because they are concerned that family members and friends may learn about their victimization. Some crimes, such as rape, can be especially embarrassing to a victim who may believe that she or he will be blamed for what happened to them. It is very important that people who have been a crime victim feel comfortable that they can receive services in a confidential manner. These concerns are especially important in small reservation communities where everyone knows everyone else.

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

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

Children who are victims of sexual abuse can participate in the criminal prosecution of their abusers, but oftentimes not without further trauma. A number of communities in the U.S. and Canada have developed child victim advocate programs to lessen the trauma experienced by children who participate in that process. Two groups of volunteers, 12 “caretakers” and 14 investigative and court “professionals,” were interviewed to evaluate the effectiveness of one such program, the Child Victim Witness Program (CVWP). Though the program was found to be facing some systemic challenges, respondents were generally positive about its usefulness in preparing children to testify and in enabling children to be somewhat more relaxed during the criminal court process.

Lipovsky, J., & Stern, P. (1997). Preparing children for court: An interdisciplinary view. *Child Maltreatment*, 2(2), 150-163.

Increased awareness of child abuse and neglect has been associated with an increase in focus on children as witnesses in court proceedings. Research suggests that although the experience of participating in the legal system is not inherently traumatic, it is often stressful for the child witness. This article discusses stressful influences on child witnesses and practices designed to decrease the likelihood of emotional distress and increase the child's ability to provide credible testimony. In light of the importance of interdisciplinary collaboration in the response to childhood victimization, this article addresses the roles of and links between mental health and legal professionals working with child witnesses. The concepts discussed in this article apply generally to civil, criminal, family law, and dependency cases and to cases tried before a jury and to a judge alone. It is the authors' belief that the concepts discussed here are generally equally applicable in any case in which a child is a witness.

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*, 131-149.

Within the context of their new constructivist self-development theory, the authors discuss therapists' reactions to clients' traumatic material. The phenomenon they term "vicarious traumatization" can be understood as related both to the graphic and painful material trauma clients often present and to the therapist's unique cognitive schemas or beliefs, expectations, and assumptions about self and others. The authors suggest ways that therapists can transform and integrate clients' traumatic material in order to provide the best services to clients, as well as to protect themselves against serious harmful effects.

Saunders, E. J. (1988). A comparative study of attitudes toward child sexual abuse among social work and judicial system professionals. *Child Abuse & Neglect, 12*(1), 83-90.

To meet the needs of mutual clients, perpetrators and victims, social service and judicial system professionals share an obligation to collaborate in cases of child sexual abuse. Unknown is the extent to which individuals in counter professions share common beliefs about perpetrators and victims of child sexual abuse. This paper reports an inquiry into the attitudes of five professional groups within an urban criminal justice system specific to victim credibility, victim culpability, offender culpability, and the crime and punishment of child sexual abuse. As predicted, statistically significant differences in attitudes were found among child welfare social workers, police officers, district attorneys, public defenders, and judges. In particular, groups differed in their beliefs about victim credibility and punishment of offenders, suggesting conflict in addressing two fundamental questions in these cases: (1) Can a child be believed when he or she reports sexual abuse? and (2) How should the system deal with offenders? Both questions beg the continuing attention of all professionals invested in these cases, ultimately benefiting victims and offenders. Both quantitative and qualitative findings are provided in this report.

Redeker, J. R. (1978). [Right of an abused child to independent counsel and the role of the child advocate in child abuse cases.](#) *The Villanova Law Review*, 23, 521-546.