Efficacy of Children’s Advocacy Centers

A Bibliography

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Scope

This bibliography provides citations and abstracts of publications on the efficacy of children’s advocacy centers. This bibliography is not comprehensive.

Organization

Publications are arranged in date descending order from 2005 -2016. Author abstracts are provided unless otherwise stated.

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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.


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


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.


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.


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.


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.

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.


Child abuse affects the lives of many American children. Child abuse is nothing new; it has existed since the beginning of time. Child abuse is a complex problem with no easy solution. Child advocacy centers (CACs) have developed because of an increased awareness of the problem of child abuse within our society and the recognition of a true need to better respond to the problem. CACs provide communities with a multidisciplinary approach to investigate, manage, treat, and prosecute cases of child abuse. CACs can be an invaluable resource to primary care providers, including pediatric nurse practitioners; services provided and ways to access services will be discussed.


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.


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.

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.


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.


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.


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.


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.


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.


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.


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