

# Victim Advocacy

*A Bibliography*



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**National Children's  
Advocacy Center**

210 Pratt Avenue, Huntsville, AL 35801  
256-533-(KIDS) 5437 • [nationalcac.org](http://nationalcac.org)



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## **Scope**

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

## **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

Davies, M. A., & Bennett, D. B. (2021). Parenting stress in non-offending caregivers of sexually abused children. *Journal of Child Sexual Abuse*, 1-16.  
<https://doi.org/10.1080/10538712.2021.1985676>

The non-offending caregiver (NOC) population is under studied despite their role in the recovery of child victim-survivors of sexual abuse. Research suggests that NOCs experience significant distress following a child's disclosure of sexual abuse. Trauma has been demonstrated to negatively impact the caregiver-child relationship. This study informs about common NOC stress reactions in response to child sexual abuse (CSA) disclosures and has clinical implications for treating families affected by CSA. Participants included 66 NOCs (age 23–66,  $M = 41.09$ ,  $SD = 10.26$ ) who participated in clinical intakes at a CSA treatment program and completed a self-report measure of parenting stress. Depending on the child's age, NOCs were administered either the Parenting Stress Index-fourth edition, Short Form (PSI-4-SF) or the Stress Index for Parents of Adolescents (SIPA). NOCs reported higher than average parenting stress. Statistically significant differences between the clinical and normative samples were found on all PSI-4-SF domains and on majority of SIPA domains. High to Clinically Significant scores were reported by 42% of NOCs for Parent-Child Dysfunctional Interaction. Stress related to their child's social withdrawal was reported by 56% of NOCs. This study provides comparison data for evaluations of NOCs. NOCs may require treatment and family-based approaches are implicated.

St-Amand, A., Servot, S., Pearson, J., & Bussi eres,  . L. (2021). Effectiveness of interventions offered to non-offending caregivers of sexually abused children: A meta-analysis. *Canadian Psychology/Psychologie canadienne*. <https://doi.org/10.1037/cap0000296>

Following the sexual abuse of a child, their non-offending caregivers (NOCs) need support in order to manage a double burden: Their own distress and that of the child. Among the scientific literature available, there is no systematic and exhaustive synthesis of existing studies that specifically document the effects of interventions with NOCs. This study aims to examine: (a) the effectiveness of these interventions on the NOCs and (b) the factors that influence this effectiveness. Method: A meta-analysis was performed based on studies including the NOCs of minor sexual abuse victims and reporting at least one NOC outcome. The outcomes reported, as well as study,

intervention, and participant characteristics were coded. Eighteen studies documenting the effects of 24 interventions were included. Findings: Overall, the findings reveal a moderate significant effect of the interventions on the NOC. The effect differs significantly according to the outcome measured, ranging from small effect to large effect. The higher the number of NOC needs targeted by the intervention, the larger the effects on the NOC. Of the interventions involving the NOC and the child, those providing joint sessions are three times more effective than those that do not provide any. The moderators associated with study or participant characteristics do not influence the effect of the interventions on the NOC. Conclusion: This study suggests considering the diverse range of NOC-specific intervention needs in order to offer individualized support. More research is needed to understand the extent to which the timing of the intervention following the disclosure influences its effectiveness. (PsycInfo Database Record © 2021 APA, all rights reserved)

Taylor, E. K., Dopp, A. R., Lounsbury, K., Thompson, Y., Miller, M., Jorgensen, A., & Silovsky, J. F. (2021). [Enhancing early engagement \(e3\) in mental health services training for children's advocacy center's victim advocates: Protocol for a randomized controlled trial](https://doi.org/10.21203/rs.3.rs-375263/v1). Research Square. <https://doi.org/10.21203/rs.3.rs-375263/v1>

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

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

Vilvens, H. L., Jones, D. E., & Vaughn, L. M. (2021). Exploring the recovery of non-offending parents after a child's sexual abuse event. *Journal of Child and Family Studies*, 1-15.  
<https://doi.org/10.1007/s10826-021-02082-3>

A variety of factors influence a child's recovery from a child sexual abuse (CSA) event including the non-offending parent's role in the healing process of their child. The purpose of this study was to gain a better understanding of how non-offending parents recuperate from a CSA occurrence. By better understanding non-offending parents' perspectives related to the healing process, health professionals can provide effective supports, programs, and services. We recruited and conducted in-depth qualitative interviews with 16 non-offending parents to explore their risk factors, protective factors, stressors, coping strategies, and perceptions of healing following their child's sexual abuse event. We also invited parents to contribute specific ideas to improve programs and services offered to families of sexual abuse served by a child advocacy center located in an urban pediatric hospital. Our findings included five themes: (1) a variety of emotions are present; (2) family context influences recovery; (3) coping is different for everyone; (4) navigating the justice system is frustrating; and (5) healing is a process. The results of our study revealed that the non-offending parents that were managing their child's sexual abuse event more productively were further along in the healing process (as compared with their counterparts) and had successfully processed their emotions, described less chaos in their family unit, employed positive coping strategies, and had found a way to move forward and accept a "new normal". The findings of our study can be used to promote recovery and provide better services to non-offending parents following a CSA event.

Wallis, C. R., & Woodworth, M. (2021). Non-offending caregiver support in cases of child sexual abuse: An examination of the impact of support on formal disclosures. *Child Abuse & Neglect, 113*. <https://doi.org/10.1016/j.chiabu.2021.104929>

Childhood sexual abuse (CSA) is a highly prevalent issue, impacting a substantial number of children globally (12 %; Stoltenborgh et al., 2011). Past research has found many children who have been sexually abused will delay their disclosure until adulthood, if they disclose at all (McElvaney, 2015; Reitsema & Grietens, 2016). This is often likely because of the adverse impact that reporting abuse can have for the child and their families (especially when committed by an intrafamilial perpetrator). Non-offending caregiver support has evidenced promise in increasing rates of disclosure (Cyr et al., 2014). It was hypothesized that higher levels of caregiver support would result in shorter delays of disclosure and that less support is given when the abuser is closely related to the child. CSA cases (n = 164) were pulled from the RCMP database of reported crimes for the greater Okanagan Area, British Columbia, Canada. Cases were coded for non-offending caregiver behaviors that indicated support and for relation to perpetrator. Higher levels of non-offending caregiver support were found to lead to shorter delays of disclosure. Non-offending caregivers were significantly less supportive when the abuser was more closely related. Caregiver support acted as a protective factor against delays of disclosure. However, this support decreased significantly when the abuser was closely related. The current study provides evidence for the need to support caregivers of children who have been abused with educational programs and resources so they can properly support the child impacted.

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

Social support is believed to be important for fostering adolescent resilience following sexual abuse. Caregiver support is often examined as a source of support for adolescents, but divine support (support from God or a higher power) has received scant research attention. This study examines relations of caregiver support and divine support with resilience following adolescent sexual abuse. Participants were 548 adolescents aged 11–17 (Mage = 13.78; 91% female) and their non-offending caregivers (Mage = 39.68; 79% mothers). Families were recruited from a children’s advocacy center located in the southern United States following a disclosure of sexual abuse.

Adolescents completed measures of caregiver and divine support and their social and academic functioning; caregivers and adolescents reported on adolescent psychological functioning. Resilience was operationalized as the absence of clinical levels of psychological symptoms together with the presence of adaptive levels of social and academic functioning. Both caregiver support ( $r = .19, p < .001$ ) and divine support ( $r = .14, p = .001$ ) were positively associated with resilience. Considered together in regression analyses, caregiver support ( $OR = 1.02, p = .001$ ) and divine support ( $OR = 1.06, p = .04$ ) were both associated with resilience. Clinicians and researchers should consider the potential contribution of caregiver and divine support to adolescent resilience following sexual abuse.

McElvaney, R., & Nixon, E. (2020). Parents' experiences of their child's disclosure of child sexual abuse. *Family Process, 59*(4), 1773-1788. <https://doi.org/10.1111/famp.12507>

A child's disclosure of sexual victimization is a difficult experience for parents and has been associated with traumatization, disbelief, denial, self-blame, and clinical difficulties. To date, most studies on parents' responses have been quantitative assessments of the psychological impact of disclosure on parents. A paucity of research has qualitatively explored mothers' experiences of their child's disclosure of child sexual abuse (CSA) and fathers' experiences have been even further neglected. The current study seeks to characterize parents' experiences of their child's disclosure of CSA and to uncover the process-oriented nature of parental responses. This qualitative study, using a grounded theory approach to analysis, involved interviews with 10 mothers and four fathers whose children (3–18 years) had experienced sexual abuse. Three themes emerged from the analysis. The first theme—making sense of the abuse in retrospect—captured the process through which parents sought to make sense of their child's disclosure, focusing on why their child had not disclosed the abuse to them earlier, and how they had noticed something was wrong but misattributed their child's behavior to other factors. The second theme—negotiating parental identity as protector—reflected how parents' identity as a protector was challenged, their perception of their world had been forever altered, and they now experienced themselves as hypervigilant and overprotective. The final theme—navigating the services—pertained to parents' struggle in navigating child protection and police services, and feelings of being isolated and alone. These findings highlight the need for empathy and parental support following child disclosure of sexual victimization.



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

Sibling sexual abuse (SSA) is a continuum of childhood sexual behaviors that do not fit the category of age-appropriate curiosity. Although SSA may be the most prevalent and longest lasting form of intrafamilial sexual abuse—as well as the one with the worst repercussions—it is also the least reported, studied, and treated. Based on 100 mostly religious Jewish families referred to a child advocacy center (CAC) in Jerusalem from 2010 to 2015, this qualitative study examines SSA characteristics, dynamics, and perceptions of deviancy in multisibling subsystems. The findings are based on an analysis of case summaries, demographic charts, and documented conversations between social workers and siblings. Qualitative document analysis reveals two types of SSA dynamics: “identified perpetrator” and “routine relationship,” the latter being a particularly understudied dynamic that challenges common stereotypes. We also found sibling perceptions of deviancy to vary along a continuum from deviant to completely normative. These perceptions are affected by the type of dynamics as well as by factors associated with disclosure. Our findings highlight the importance of studying the lived experiences of children involved in SSA as an input with critical policy, treatment, and research implications. Interventions must be adjusted to the family system and sibling subsystem’s perceptions and needs to avoid treatment that exacerbates the crisis already experienced by the family. Common assumptions—there must be a “perpetrator”; abuse is necessarily traumatic; and treatment should focus on the trauma—are challenged by the routine type. We conclude that treatment should account for the complexity of SSA by shedding these assumptions and considering the sibling subsystem as an autonomous unit within the large family.

Theimer, K., Mii, A. E., Sonnen, E., McCoy, K., Meidlinger, K., Biles, B., ... & Hansen, D. J. (2020). Identifying and addressing barriers to treatment for child sexual abuse survivors and their non-offending caregivers. *Aggression and Violent Behavior*, 52.  
<https://doi.org/10.1016/j.avb.2020.101418>

Mental health treatment is a critical part of an effective and compassionate response to the disclosure of child sexual abuse (CSA). Given the vast negative consequences for children and families following CSA, engagement in treatment can benefit youth and their non-offending caregivers. Yet, these families face unique barriers to treatment initiation, adherence, and

effectiveness. The identification of these barriers allows clinicians, researchers, and policy makers to increase treatment utilization, engagement, and value. The current review and its recommendations derive from the existing literature combined with knowledge gained from a clinical research team with more than 20 years of experience offering a treatment program for CSA survivors and their non-offending family members. The review organizes barriers around factors related to individual characteristics of children and caregivers, perceptions and beliefs commonly held following CSA, and challenging family interactions in the context of individual and group treatment for CSA. Finally, barriers related to systemic and societal factors are examined given the importance of understanding the legal and cultural context in which families seek and engage in treatment. Recommendations for further research, suggestions for clinicians, and considerations for policy change to decrease the identified treatment barriers for families impacted by CSA are provided.

Vladimir, M., & Robertson, D. (2020). The lived experiences of non-offending fathers with children who survived sexual abuse. *Journal of Child Sexual Abuse*, 29(3), 312-332. <https://doi.org/10.1080/10538712.2019.1620396>

A non-offending father figure plays an integral role in the healing process of a child who survived sexual abuse. However, becoming aware of the sexual abuse can significantly affect non-offending father figures and therefore impact their ability to properly support and care for the survivor. We sought to better understand the non-offending father figures' reactions to the aftermath of sexual abuse of their children. Using an existential-phenomenological approach, we offered a platform for non-offending father figures to share their stories. Through the interviews, we found five major themes, which include: "Guilt, anguish, and stigma", "Hypervigilance and competing demands of fathering", "Who can we trust?", "Refocusing on the family", and "Picking up the pieces". Based on this and previous studies, non-offending father figures experience psychological pain in the aftermath of the disclosure of sexual abuse, they deal with competing demands of various fatherly roles, and they prioritize supporting the family through the healing process. The findings suggest that the psychological well-being of the non-offending father figures can benefit the family. Therefore, mental health treatment protocols addressing father figures' needs can contribute to a sexual abuse treatment model that encourages paternal involvement in the care of children with a sexual abuse history.

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

Maternal support and abuse severity are often considered to be vital factors in predicting children's functioning following childhood sexual abuse (CSA); however, much of the prior research has examined support and abuse severity as main effects, without consideration of how these factors may interrelate to predict children's post-CSA functioning. Further, even though mediators and moderators are conceptually distinct, maternal support has been theorized to be both a mediator and a moderator of symptoms, and it is unclear if support acts as either among sexually abused children. The aim of the present study was to investigate whether caregiver-reported maternal support mediates or moderates the relationships between sexual abuse severity and children's trauma-related symptoms. The study included 235 treatment-seeking children ages 3–16 ( $M = 8.85$ ,  $SD = 3.77$ ) and their non-offending mothers. Contrary to expectations, caregiver-rated maternal support did not mediate nor moderate the relationship between abuse severity and children's symptoms (range  $r^2 = .002 - .03$ ). Caregiver-rated maternal support may play a small role in mitigating sexually abused children's trauma symptoms. Irrespective of abuse severity, children with less supportive mothers may not be at heightened risk for experiencing higher levels of trauma-related difficulties.

Benuto, L. T., Singer, J., Gonzalez, F., Newlands, R., & Hooft, S. (2019). [Supporting those who provide support: Work-related resources and secondary traumatic stress among victim advocates](https://doi.org/10.1016/j.shaw.2019.04.001). *Safety and Health at Work, 10*(3), 336-340.  
<https://doi.org/10.1016/j.shaw.2019.04.001>

Victim advocates are at risk of developing secondary traumatic stress (STS), which can result from witnessing or listening to accounts of traumatic events. This study investigated the relationship between victim status, years of experience, hours of direct contact with victims, and availability of workplace supports in the development of STS. Of the 142 victim advocates, 134 were women. Regression analyses revealed that the only significant predictor of STS was the number of direct hours of victim services provided. The findings from this study found that women have high rates of STS and that more workplace support needs to be implemented.

Cyr, M., Allard, M. A., Fernet, M., & Hébert, M. (2019). Paternal support for child sexual abuse victims: A qualitative study. *Child Abuse & Neglect*, 95.  
<https://doi.org/10.1016/j.chiabu.2019.104049>

The current state of knowledge regarding the role of non-offending fathers in supporting their sexually abused children is very scarce. The objective of this study is to further our understanding of fathers' roles following disclosure of their children's sexual abuse (SA) by evaluating fathers' perceptions of the impact of disclosure on their involvement and support of their children. This qualitative study relies on individual semi-structured interviews conducted with 17 fathers of allegedly abused children. Inductive thematic analysis first highlighted that some reported a period of disengagement from the child during which they put into question their role and attitudes, followed by a period of re-involvement. This period of difficulties experienced by some fathers in regard to their involvement towards their children was due to either their own important psychological distress, their ambivalence towards their child or even because of feelings of uneasiness experienced during physical contact with them. Despite this, findings indicate the presence of thoughts and attitudes that suggest children are a source of concern for fathers. The four forms of abuse-specific support previously observed among mothers (believing the child, seeking out professional services, protecting him/her from the offender, supporting him/her emotionally) were also observed among fathers. In accordance with the activation theory, a form of support specific to fathers, namely, encouraging the child to open up to and explore the world outside the family, thereby, fostering the child's self-esteem development, was observed and constitutes a relevant finding. Clinical and empirical implications are discussed.

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

Family victim advocates in child advocacy centers provide a valuable resource to children and parents involved in child abuse investigations. This work requires that family victim advocates be knowledgeable in such areas as child development, crisis intervention, community resources, family relationships, child welfare and criminal justice systems. Because family victim advocates provide essential services to parents and caregivers, the role requires ongoing training and education to remain current on the ever-changing complexities of working with not only the

children and families but also the criminal and child protection systems responsible for investigating these cases. The current study reports the findings from a nationwide survey of family victim advocates employed in child advocacy centers related to their motivation for doing the work as well as their perceptions of their training and potential training needs. A group of doctoral students comprised the research team and worked collaboratively under the supervision of university faculty to conduct the qualitative data analysis. The findings describe the characteristics and motivations of family victim advocates working in child advocacy centers and emphasize the need for more advanced trainings that focus on skill-building and strengths-based practices utilized to support children and parents in child abuse cases.

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)

Wamser-Nanney, R., & Sager, J. C. (2018). Predictors of maternal support following children's sexual abuse disclosures. *Child Abuse & Neglect, 81*, 39-47.  
<https://doi.org/10.1016/j.chiabu.2018.04.016>

Despite the importance of parental support following children's sexual abuse (CSA) disclosures, there is a dearth of research regarding the predictors of support. Much of the prior literature is limited by the use of small sample sizes, measures of support without adequately reported psychometric properties, and inadequate or inconsistent definitions of support, which hinders the ability to accurately identify key predictors. Further, some potentially important predictors of parental support remain unexplored, including child-reported abuse stressors (e.g., family conflict, nonsupportive disclosure responses). The present study aimed to better delineate predictors of maternal belief and emotional support by examining the links between child, maternal, and family factors, and abuse characteristics as reported by both mothers and children. Two hundred and forty-seven treatment-seeking children (M age = 9.24, SD = 3.74) and their non-offending mothers were included in the study. Select demographic factors (i.e., child's age, minority status), abuse characteristics (i.e., use of penetration, repeated CSA incidents, and amount of CSA characteristics known), and child-reported abuse stressors were tied to levels of maternal belief and/or emotional support. Maternal and family characteristics were unrelated to support. The child's age and whether the abuse occurred more than once remained robust predictors of both aspects of support in multivariate analyses. The amount of CSA information known to the mother predicted emotional support, which may signal the utility of increasing parental knowledge of the abuse to bolster their emotional support. Findings indicate that there are several factors that may influence levels of maternal support, and children who experience certain types of CSA may be at greater risk for lower levels of belief and support.

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;  $M_{age}=10.94$ ,  $SD_{age}=2.62$ ). Caregiver abuse stigmatization was associated with higher motivation for treatment but also more obstacles to treatment. Further, abuse stigmatization moderated associations between children's PTSD symptoms and perceived obstacles to treatment. Among caregivers experiencing high abuse stigmatization, greater child PTSD symptoms were associated with more obstacles to treatment. Among caregivers experiencing low stigmatization, child PTSD was either associated with fewer treatment obstacles or was unrelated to treatment obstacles. Results highlight the potential significance of reducing parents' abuse stigmatization for increasing mental health service utilization following CSA discovery, especially for more symptomatic youth.

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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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 re-traumatizing and stigmatizing. Interventions to increase MHS linkage should focus on improving communication with caregivers about the specific benefits of MHS for their children and proactively addressing caregiver concerns about MHS.

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.

van Toledo, A., & Seymour, F. (2013). Interventions for caregivers of children who disclose sexual abuse: A review. *Clinical Psychology Review*, 33(6), 772-781.

The importance of interventions for non-offending caregivers following the disclosure of child sexual abuse (CSA) is increasingly recognised in the literature. These interventions are particularly important given what is currently known about the impact of CSA disclosure on non-offending caregivers and the value of caregiver support in assisting their children's recovery. This review provides summary background information on the prevalence and short-term impact of CSA on children, with a particular focus on variables that mediate outcomes including caregiver support. The impact of a child's disclosure on the non-offending caregiver is discussed considering both the emotional effects and changes in their support networks. Furthermore, we examine the associated needs of non-offending caregivers including information, emotional support, support around their own victimisation if relevant, and parenting assistance. Finally, we provide a detailed review of the specific interventions available for caregivers after such a disclosure is made. These interventions include those that just provide information, support groups, psycho-educational groups, support incorporated into the child's intervention, and individual caregiver support. We

conclude that interventions for non-offending caregivers are vital in the recovery of the child and their caregiver following CSA and discuss future research considerations.

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.