ELSEVIER

Child Abuse & Neglect 31 (2007) 1021–1029

Child Abuse & Neglect

Invited Commentary

Children's advocacy centers: Do they lead to positive case outcomes?

Kathleen Coulborn Faller [a,*,1], Vincent J. Palusci [b,1]

[a] *School of Social Work, Family Assessment Clinic, University of Michigan, 1080 S. University Avenue, Ann Arbor, MI 48109-1106, USA*

[b] *Wayne State University, Child Protection Center, Children's Hospital of Michigan, Detroit, MI, USA*

Available online 8 November 2007

Keywords: Children's advocacy centers; Child sexual abuse; Medical examinations; Forensic interviews

Introduction

In this issue of the Journal are three long-awaited articles on the effectiveness of Children's Advocacy Centers. 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.

The history of children's advocacy centers

In 1984, Huntsville Alabama District Attorney Bud Cramer announced a new concept, a Children's Advocacy Center (CAC) (Congressman Bud Cramer, n.d.). The primary goal of the Children's Advocacy Center was more successful criminal prosecution of child sexual abuse, but it also had a humane goal, which was to conduct more child-friendly criminal investigations. Instead of formidable professionals requiring the child to submit to multiple intrusive interviews and inquiries—in frightening police stations, daunting medical settings, and bureaucratic social services offices—all aspects of the investigation would be brought to the child (Congressman Bud Cramer, n.d.; National Children's Advocacy Center, 2005;

* Corresponding author.

[1] Both of the authors direct multidisciplinary child abuse assessment programs that predate the CAC movement, neither of which is a certified CAC. Dr. Palusci was formerly medical director of the Children's Assessment Center in Grand Rapids, MI.

0145-2134/$ – see front matter
doi:10.1016/j.chiabu.2007.09.001

National Children's Alliance, 2006a). The child was to be interviewed but once in a child-friendly place. That place in Huntsville is now known as "The Little House," for, indeed, that is what it was and is, a vintage house with calico curtains, stuffed animals, and rocking chairs. There was a room on the second floor with a tiny one-way mirror where children were interviewed in a warm, friendly environment. Behind the mirror was the bevy of professionals who needed to know what the child had to say: the police officer, the child protection worker, and most importantly the prosecutor. No medical examinations were conducted at the Little House. After the child interview and other components of the investigation were completed, the team of professionals would meet to decide what to do, chiefly whether or not to move forward on criminal prosecution and whether the child was safe. This concept of one child-friendly place where children could be interviewed one time when they were thought to have been sexually abused has had a dramatic impact on child sexual abuse investigations.

That was 1984. Although many child welfare professionals harkened to the appeal of a child-friendly investigation and other communities initiated similar programs, the approach did not become widespread until 1994—not too long after Huntsville District Attorney Bud Cramer became US Congressman Bud Cramer. One of the first acts of the new Congressman was to sponsor an amendment to the Victims of Child Abuse Act, "National Children's Advocacy Program Act," to provide funding for Children's Advocacy Centers (CACs) (National Children's Alliance, 2006a). The Children's Advocacy Center legislation became law in 1992.

The spread of children's advocacy centers

Funding fostered formation of CACs. CACs have grown from a loose network of 23 programs in 1991 to approximately 700 "Accredited Children's Advocacy Centers" and many more "Associate" centers, that is, centers in the process of meeting accreditation standards set by the National Children's Alliance, an infrastructure created to administer the funding for CAC. (National Children's Alliance, 2006a, 2006b). For fiscal year 2006, Federal funding for Children's Advocacy Centers was more than $9,000,000 (National Children's Alliance, 2006a). But this funding is the tip of the iceberg; Federal dollars serve to leverage much more local financial and in-kind support.

It is not easy for a CAC to become accredited. Standards are as follows: (1) Child-Appropriate/Child-Friendly Facility; (2) Multidisciplinary Team (MDT), which includes representation from law enforcement, child protective services, prosecution, mental health, medical, victim advocacy, and the Children's Advocacy Center; (3) Organizational Capacity, both fiscal and programmatic; (4) Cultural Competency and Diversity; (5) Forensic Interviews; (6) Medical Evaluations; (7) Therapeutic Intervention (8) Victim Support/Advocacy; (9) Case Review; and (10) Case Tracking (National Children's Alliance, n.d.). This list of 10 components which must be in place for accreditation demonstrates both professional efforts to assure quality of service and the impact of Federal funding on grass roots endeavors.

Research on children's advocacy centers

Despite the widespread assumption that Children's Advocacy Centers are the best way to assess children when sexual abuse is suspected and the stiff standards that must be met for accreditation as a CAC, heretofore there has been scant research on CAC effectiveness. Prior studies of CACs have reported mixed results (Jones, Cross, Walsh, & Simone, 2005).