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Full length article

## A national survey of characteristics of child advocacy centers in the United States: Do the flagship models match those in broader practice?

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## ABSTRACT

Child Advocacy Centers (CAC) emphasize developing effective cross-agency collaborations between workers involved in serious abuse investigations to foster improvements in agency outcomes, and to minimize distress, confusion and uncertainty for children and families. This study examined the characteristics of CACs, whether models in practice match the predominant model presented in the research literature. Directors of CACs in the United States that were members of the National Children's Alliance (NCA) mailing list ( $n = 361$ ) completed an online survey in 2016. While some core characteristics were ubiquitous across CACs, the data suggests that different types of CACs exist defined by characteristics that are not prescribed under NCA principles, but which are arguably relevant to the quality of the response. From the results of a cluster analysis, the researchers propose a typology of CACs that reflects the development and integration of centers: (a) core CAC services (i.e. interviewing & cross-agency case review); (b) an aggregator of external services, and (c) a more centralized full-service CAC. Further research is needed to understand how these variations may impact practice and outcomes; this is particularly important considering many CACs do not match the full-service models most commonly examined in the research literature, which limits the degree to which these findings apply to CACs generally. This article proposes further research framed by the need to better understand how different parts of the response impact on outcomes for children and families affected by abuse.

### 1. A national survey of characteristics of child advocacy centers in the United States

An allegation of child sexual abuse requires a response from multiple disciplines and agencies, including statutory agencies such as police and child protection. In order to foster cohesive responses to child abuse, many jurisdictions have developed Multi-Disciplinary Teams (MDT); groups of workers from diverse agencies and backgrounds, with structures that provide a framework to encourage case collaboration and information sharing (e.g. case review meetings). The most prominent type of MDT, particularly in the United States, is the Child Advocacy Center (CAC). This approach emphasizes community based collaboration between workers across agencies, child friendly practices, along with child and family advocacy to enhance the investigation, treatment, management, and prosecution of child sexual abuse. Since the first CAC was established in 1985, there are now 795 centers that are members of the National Children's Alliance (NCA), the national association and accreditation body for CACs (National Children's Alliance, 2016a). This approach to collaboration has also been adapted for use in Europe (Rasmusson, 2011), Canada (Department of Justice Canada,

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2013), and Australia (Herbert & Bromfield, 2017b).

CACs aim to improve outcomes for children and families, particularly in terms of trauma and wellbeing across domains (e.g. Hubel et al., 2014), but also to improve the quality of interviewing, investigation and prosecution of child sexual abuse (Cross, Jones, Walsh, Simone, & Kolko, 2007; Walsh, Cross, Jones, Simone, & Kolko, 2007; Walsh, Lippert, Cross, Maurice, & Davison, 2008). Synthesis of existing research (Elmquist et al., 2015; Bromfield, 2016, 2017a; Bromfield, 2016, 2017a) has identified reasonable evidence of improvements in criminal justice outcomes compared to practice as usual, but found gaps in the evidence for improvements in child and family outcomes.

While CACs are accredited against a set of standards (National Children's Alliance, 2017), there are variations not specifically prescribed by these standards that may affect the effectiveness of CACs. The rapid development and expansion of CACs, along with the philosophy of the CAC movement that the model be adaptable to communities (Walsh, Jones, & Cross, 2003) has meant that the characteristics of CACs vary significantly (e.g. Jackson, 2004).

## 2. Previous research on CAC characteristics

Previous research has identified the extent to which CACs vary across national (United States) samples. The most comprehensive national surveys were completed some time ago by Jackson (2004) and Kolbo and Strong (1997). While researchers have since investigated more specific questions about knowledge of evidence based practices (Wherry, Huey, & Medford, 2015) or perceptions of the advantages and difficulties of cross-agency practice (Newman & Dannenfels, 2005; Newman, Dannenfels, & Pendleton, 2005), there is a lack of recent research on the effect of the presence or absence of variations in CACs in producing improvements to outcomes.

In some early research on the topic Kolbo and Strong (1997) surveyed representatives from 50 US states about the characteristics of the multi-disciplinary team approach in use in that state's investigation and resolution of child abuse and neglect. They reported that states used multi-disciplinary teams with a diversity of characteristics, purpose and mandate. This included variations in the disciplines represented at MDTs, whether the MDT was convened for investigative, treatment planning, or consultation planning purposes, and if the MDT had a legislative mandate.

Jackson (2004) completed to date what is the most comprehensive national survey of CACs. While almost all CACs had several core characteristics (e.g. representatives from law enforcement, child protection and prosecution on the MDT), this study concluded that there was significant variability in characteristics within the accreditation guidelines. For example, around 48% of member CACs had victim advocates located at the CAC, and 51% of member CACs had on-site mental health services; while neither are standards for the NCA, these variations may result in varying accessibility of these important services.

Newman and Dannenfels (2005), and Newman et al. (2005) drew from the findings of a national survey of child protective services and law enforcement staff who use CACs in their child abuse investigations. The primarily qualitative results showed that participants thought CACs facilitated collaboration through coordination and frequent communication across agencies, MDT meetings, training, and staff supporting each other (Newman et al., 2005). The participants identified cross-training, co-location, availability of trained interviewers, and communication, relationships and teamwork across agencies as key enablers of collaboration (Newman & Dannenfels, 2005).

Most recently, Wherry, Huey, and Medford (2015) conducted a national survey of CAC practices on referral to treatment, knowledge of evidence based practices, and priorities in terms of training needs. A key finding of this study was the low proportion of CACs (30%) that had in-house mental health services with practitioners that were CAC staff members; meaning a high reliance on off-site services and external service providers. This finding was framed in terms of concerns about the capacity of communities to respond to child trauma with evidence based assessment and treatment. Similarly, Thackeray, Scribano, and Rhoda (2010) found that only 29% of CACs in a national sample undertook universal domestic violence assessments for caregivers. This highlights that differences between models of CACs seem to exist that may well impact on degree and quality of service delivery they can offer in a community.

In sum, previous research has examined the characteristics of CACs broadly (Jackson, 2004), examined the perceived advantages, difficulties, and areas for improvement for CACs across the United States (Newman & Dannenfels, 2005; Newman et al., 2005), and sought to examine current knowledge and practices in relation to mental health services in CACs (Wherry et al., 2015). There is a need to provide an update to Jackson's (2004) broad range of information of characteristics about CACs reflecting the massive expansion of CACs (National Children's Alliance, 2016a). There is also a need to develop the literature on which variations are advantageous to the implementation or operation of CACs (Jackson, 2012).

The current study examines variations in CAC characteristics across a United States national sample. The researchers elected to focus on a sub-set of CAC characteristics that were thought to be the most relevant to quality practice in the context of cross-agency service delivery. Selection of characteristics of interest were informed by the CAC literature below and the ideological and theoretical underpinnings of CACs being not just improved justice outcomes, but a holistic response which includes more child and family centered service provision and greater attention to the mental health needs of child victims. Broadly these were related to the characteristics of the cross-agency team; case review; governance; and systems for case tracking/review of practice.

### 2.1. The importance of structural variations to cross-agency collaboration in CACs

This study set out to examine the prevalence of a number of key characteristics of CACs that theoretically or empirically relate to the quality of cross-agency collaboration in CACs (Table 1). While researchers have explored the types of factors that seem to be

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