



**CHILDREN AND FAMILY
| RESEARCH | CENTER**

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
SCHOOL OF SOCIAL WORK

Research on CACs: What Do We Know & Where Do We Go From Here?

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Today's Presenters

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Overview

- Challenge of CAC research
- Research updates
 - CAC efficacy
 - CAC practice
 - Basic research in CACs
- NCA research updates
- Children's reaction to participating in research
- Future research prospects



Challenges of research on CACs

- Multi-faceted intervention with various processes and outcomes
- Key CAC variables like *coordinated* and *child-focused* are difficult to measure
- Many CAC effects are indirect
- Difficult to find comparison groups
- CACs vary so much it is difficult to generalize
- Federal and foundation funding for research in CACs is difficult to obtain



What do we know from CAC research?



Research on the impact of CACs is accumulating!

- Elmquist (2015) reviewed 24 publications (most but not all were research studies)
- Herbert & Bromfield (2015) reviewed 27 research studies
- Studies varied in rigor
 - Some had comparison groups and some did not
 - Variation in size of samples
 - Some used validated measures; others more impressionistic
- Research studied a wide range of outcomes



Key findings across both reviews

- Methodological limitations to many studies
 - Need longitudinal designs
 - Larger samples
- Larger array of outcomes needed
- Assess variability across centers/center-specific outcomes

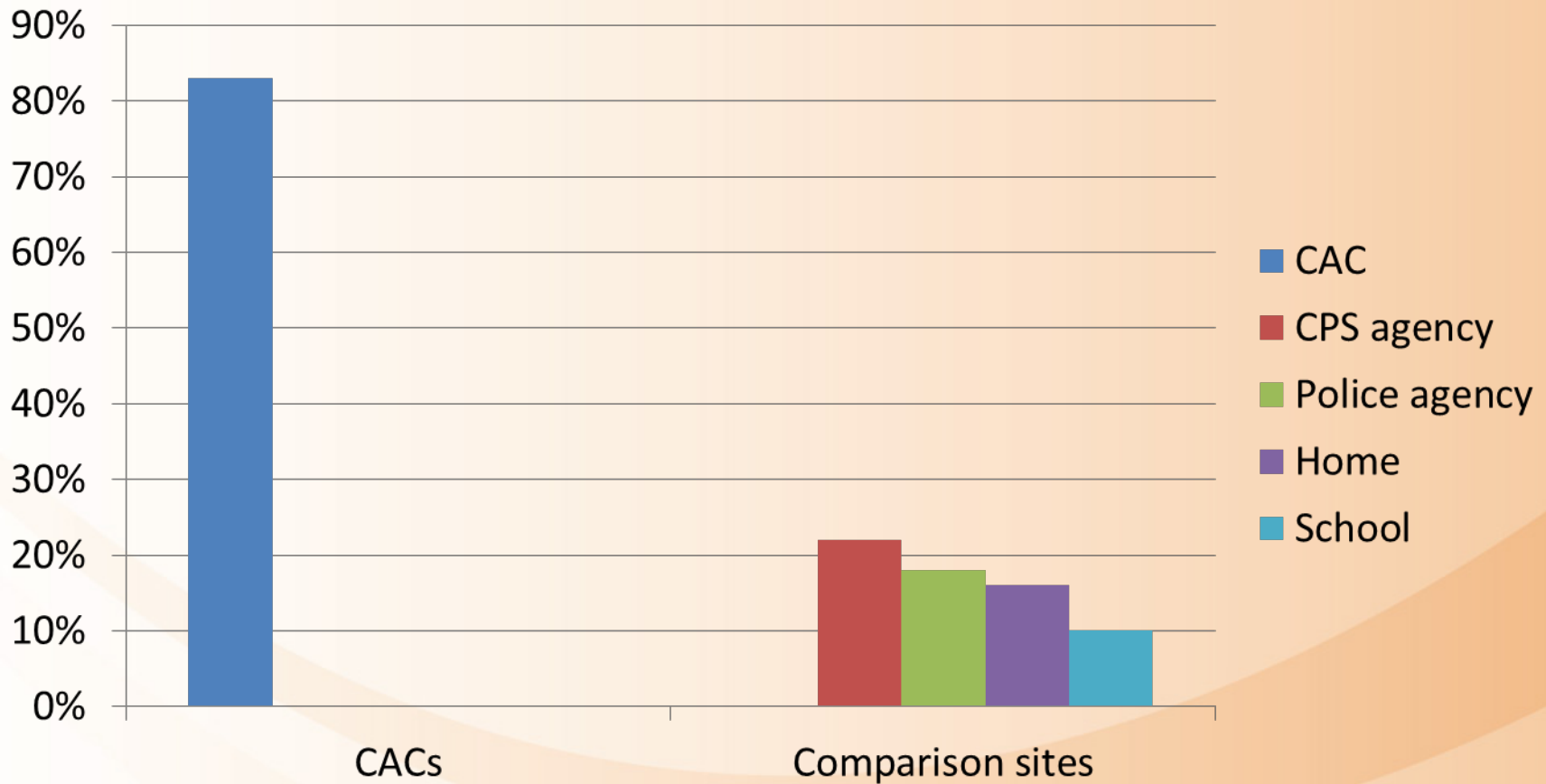


Research on CAC impact on Different Processes and Outcomes



Child-focused interview location

(from Cross et al., 2007, 2008)





Multidisciplinary Response

Cross et al. , 2007	CAC communities	Comparison communities
More coordinated police-CPS investigations	81%	52%
More team interviews	28%	6%
More case reviews	56%	7%
Smith et al., 2006 ^a	CAC cases	Non-CAC cases
More law enforcement investigations	71%	33%

Note. ^a Comparison group from same community; no matching procedure used



Child & Parent Satisfaction – Academic Studies

Study	Result
Jones et al., 2007	<ul style="list-style-type: none">• Increased parent satisfaction with CACs vs. comparison• No differences for children
Bonach, et al., 2010	Clients satisfied with CAC services and rated CAC performance highly
Carman, 2004; Rasmusson 2011	Qualitative interviews: positive evaluation of child—friendly and safe environment, and interactions with staff



Mental Health Services

Study	Result
Jones et al., 2007	60% of clients in CACs referred to mental health services compared to 22% in non-CAC communities
Conners-Burrow, et al., 2010	CAC screening protocol resulted in 51% of clients entering counseling or having an appointment pending



Medical Services

Study	Result
Walsh, et al., 2007	48% of children in CACs received forensic medical examination vs. 21% in non-CAC communities
Edinburgh, et al, 2008	<ul style="list-style-type: none">• 94% of children in hospital-based CAC received forensic medical exam vs. 48% of matched comparison• 95% received STI testing vs. 20%• 95% received evidence kit vs. 60%



Child Protection Outcomes

Smith et al., 2006 ^a	CAC cases	Non-CAC cases
Substantiation	47%	12%
Cross et al. , 2007	CAC communities	Comparison communities
More child placements	17%	4%

Note. ^a Comparison group from same community; no matching procedure used



Mixed results on criminal justice outcomes

Study	Finding
Joa & Edelson, 2005	<ul style="list-style-type: none">• Criminal charges filed more often with more counts in CAC than comparison• Convictions more likely in CAC cases
Wolfteich & Loggins, 2007	<ul style="list-style-type: none">• CAC did not differ from joint CPS-police team• Time to disposition less in CAC
Edinburgh, et al., 2008	No differences between CAC and comparison
Lippert, et al., 2010	No difference on offender confession
Cross et al., 2008	<ul style="list-style-type: none">• 3 CACs did not differ from comparison on cj outcomes• 1 CAC was more likely to file criminal charges but also more likely to dismiss cases
Walsh, et al., 2008	Time to disposition less in CAC than comparison
Miller & Rubin, 2009	Rate of felony prosecutions was 69% greater when district expanded use of CACs



Other child outcomes

- Lippert et al., 2009 found no difference between CAC and comparison communities on child disclosure
- Shepler, 2010 and Wolfteich & Loggins, 2007 found no difference between CAC and comparison on revictimization



Child trauma and mental health

- Only a few, and not rigorous, studies have examined change in children's mental health and trauma symptoms in CACs
- Herbert & Bromfield, 2015 identify this as a gap
- Is this a meaningful outcome to study?
 - CACs' role is to connect children to evidence-based practice—no direct mental health impact
 - Very strong research support evidence-based mental health treatments



Summary of CAC Impact Studies

- CACs appear to have a big impact on providing:
 - Child-focused location
 - Multidisciplinary response
 - Medical services and possibly mental health and child protection services
- Criminal justice impact mixed--probably depends on the particular CAC and community
- Some outcomes difficult to influence: disclosure, revictimization, offender conviction
- No research on impact on children's mental health--should there be?



CAC have contributed to
important basic research



Some of the topics studied in CACs

- Forensic interviewing
- Child disclosure
- Offender confession
- Medical examinations
- MDTs
- Prosecution
- Disposition times
- DV assessments
- Child psychotherapy
- Exploitation experiences
- Self blame
- Trauma symptoms
- Parent-child relationship
- Maternal support
- Multiple perpetrator cases
- Secondary trauma
- Prevention



Some examples of research conducted in CACs

Topic	Findings	CACs involved	Reference
Forensic interviewing	Children as young as 4 can provide significant details	Salt Lake City, UT	Lamb et al, 2003
Child disclosure	Girls, older victims at onset or at interview, and victims with caregiver support were more likely to disclose	Charleston, SC Pittsburgh, PA Dallas, TX Huntsville, AL	Lippert et al., 2009
Offender confession	30% confession rate, higher with younger offenders	Charleston, SC Pittsburgh, PA Dallas, TX Huntsville, AL	Lippert et al., 2010
Secondary traumatic stress	Lack of job support, and other factors predicted secondary stress	National survey of CAC forensic interviewers	Bonach & Heckert, 2012
	Personal hx of trauma predicted secondary stress	Survey of therapists linked to CACs	Trippany et al., 2003



CAC research continued

Topic	Findings	CACs involved	Reference
Medical exams	DNA documented in 27% of acute adolescent cases	St. Paul, MN	Edinburgh, et al.,
	Pediatricians varied in diagnosing exam results as normal, abnormal or indeterminate	Sample of CAC pediatricians	Starling et al., 2013
Therapy for victims	78% of CAC clinicians use trauma-focused CBT, though not every component	National survey of CAC clinicians	Allen & Johnson, 2012
Prevention	<i>Stewards of Children</i> impacted knowledge, attitudes, and preventive behaviors	Sample of child care professionals recruited through CACs	Rheingold et al., 2015



Exciting Research Updates from NCA

Outcome Measurement System



Research Advisory Committee



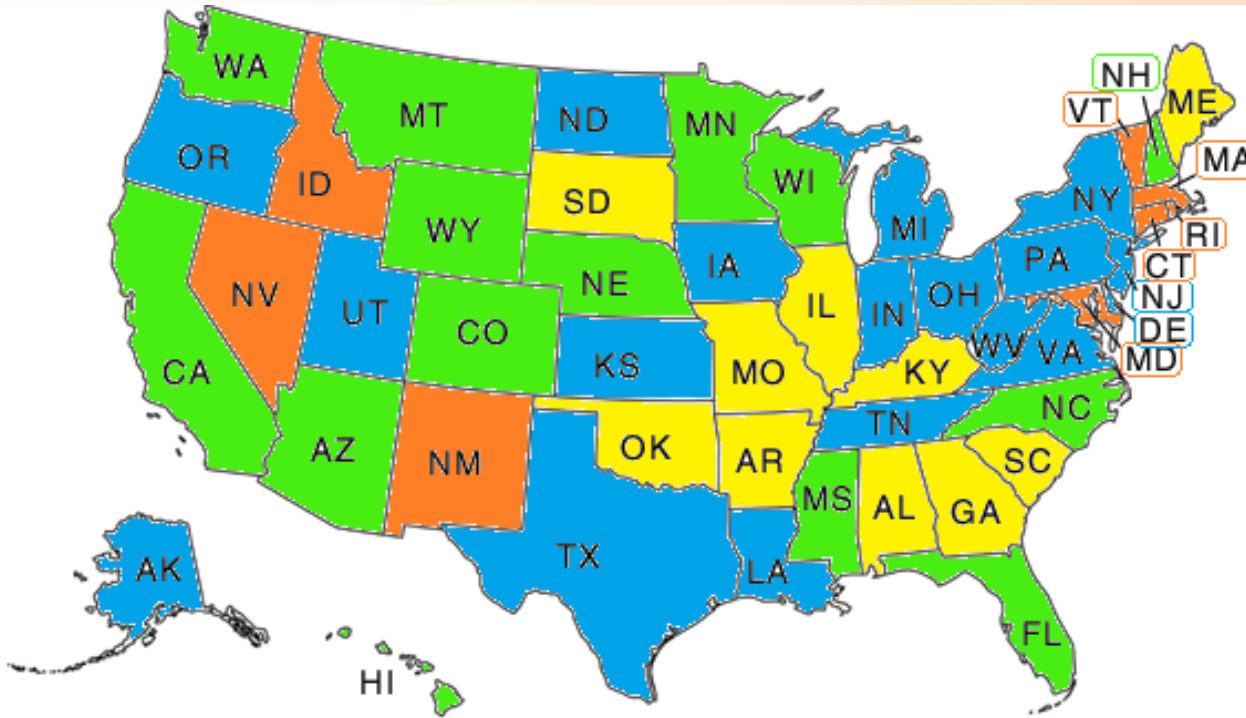


Outcome Measurement System

- In 2016, 681 CACs submitted 61,206 surveys
 - 40,055 Initial Caregiver Surveys
 - 8,466 Follow-up Caregiver Surveys
 - 12,685 MDT Surveys
- Total CAC participation in the program grew by over 17% from 2015 to 2016



Map of OMS Expansion – Reached all 50 States by 2015



When the 1st CAC in each state joined OMS:

Blue - 2012 (+ Texas since 2009)

Green - 2013

Yellow - 2014

Orange -

2015

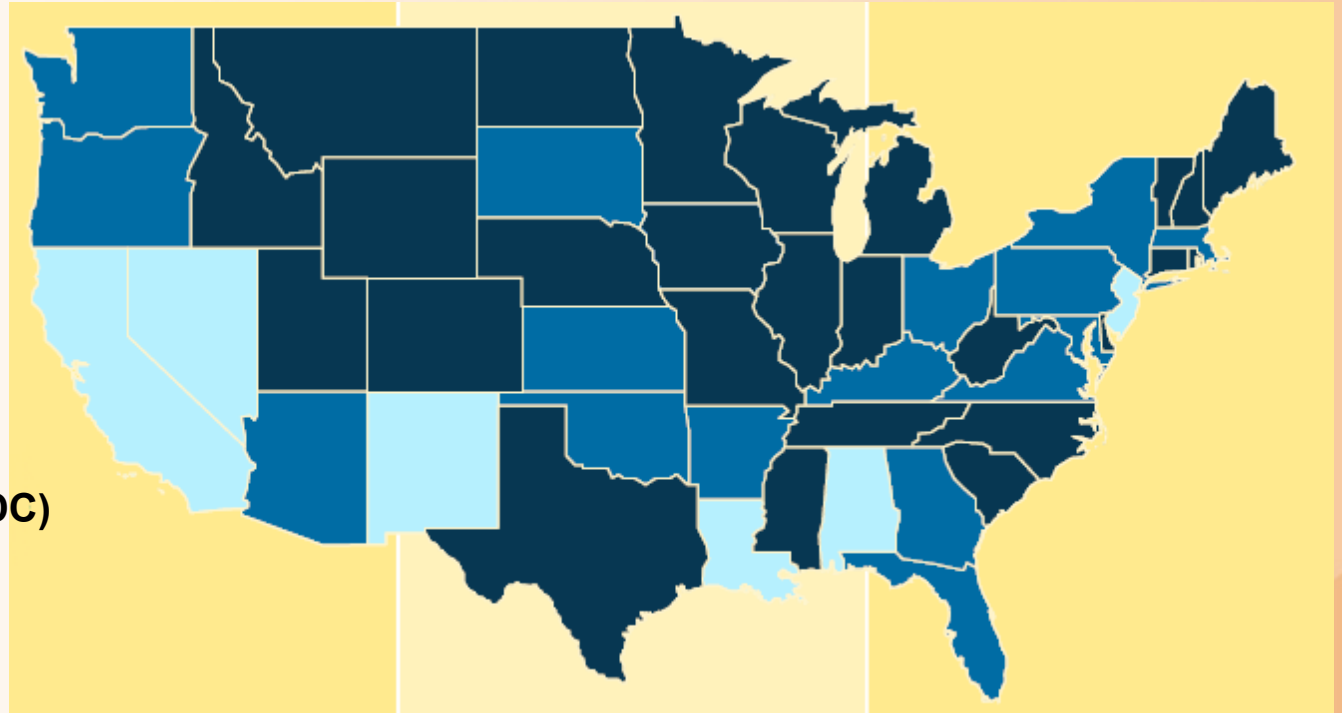
681
Total CACs in 2016




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International
Locations:

Canada
Australia



Percent of CAC Participation by State - 2016

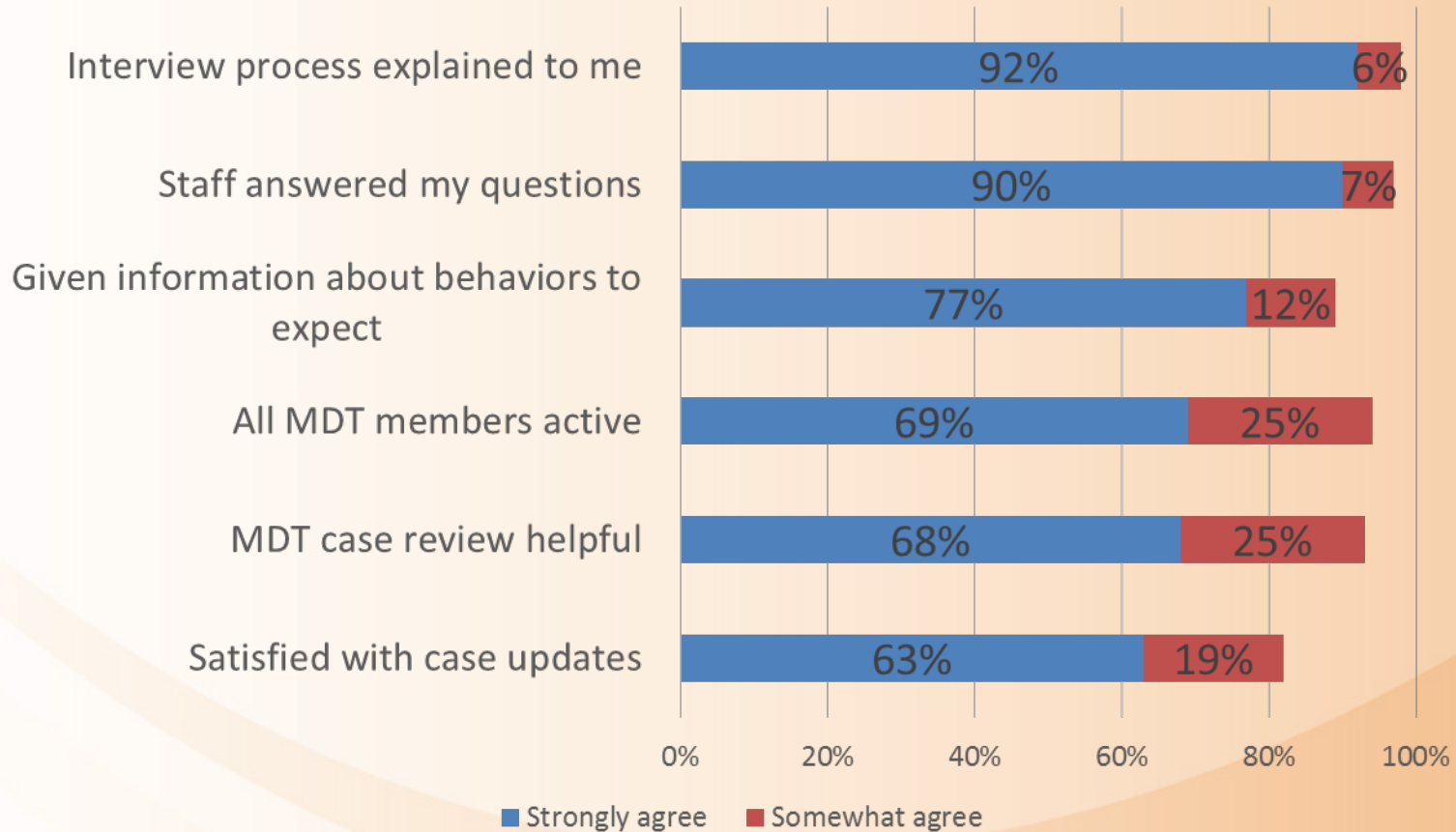


-  80-100% (28, plus DC)
-  50-80% (16)
-  Under 50% (6)

Source: Healing, Justice, & Trust, Outcome Measurement System National Project (2016). National Children's Alliance



Selected OMS Indicators



Source: Healing, Justice, & Trust, Outcome Measurement System National Project (2016).
National Children's Alliance



How well do you know your OMS data??

- Do know what the response rate is?
- Do you know whether the characteristics of who respond differ from those who receive services at the CAC?
- Are you collecting the caregiver follow-up survey? Only 5% of all caregiver surveys in 2016 were follow-up surveys
- Do you know how long caregivers have been affiliated with the CAC when completing OMS? Caregivers could be over- or under-represented based on length of time affiliated (point-in-time bias)





NCA Research Advisory Committee

- Kick off fall 2016
 - Goal: Brainstorm research needs and identify ways to collaborate and initiate research projects
- Approximately 15 members, quarterly phone meetings



Committee Workgroups

Implementation of CAC Model

- Organizational structure
- Co-location
- MDT models
- Criminal justice response

Expanding Research Capacity

- Survey CACs to identify interest and capacity
- Standardize data collection protocols, i.e. NCAtrak
- Identify gaps with existing data sources

Mental Health Services

- Assess evidence based treatment and assessment projects
- Evaluate implementation
- Evaluate outcomes



Children's Experience Participating in Research



Children's Perception of Research

- A minority of children report being upset
National Survey of Children Exposed to
Violence Study (Finkelhor et al., 2014)
- 5% of youth aged 10 to 17 reported being at
all upset
 - * Only 0.8% reported being pretty or a lot upset
- Only 0.3% say would not participate again had
they known the questions



Children's Perception of Research

- In a large survey in the UK, 8% of children reported being upset (Radford et al., 2013)
- In the National Survey of Adolescents Replication study, 6% of children reported being upset (Zajac et al., 2011)



Perception of Research after Experiencing a CSA Investigation

- 77% of parents of children with a child sexual abuse investigation (N=46) said questions were not at all upsetting (Walsh et al., 2016)
 - * 13% said they were a little upset
- All parents said yes, knowing now what was in the survey, they would still agree to participate
- All teens (N=11) said they were not at all upsetting and would participate again



Where Do We Go From Here?

Gaps in Knowledge and
Ideas for the Future of CAC Research



Gaps in CAC Research

- Well-being and trauma?
- Victim advocacy
- Police investigation
- Tracking cases over time
- Peer review of forensic interviewing
- Evidence kits and crime lab results from medical exams?



Tracking cases over time

- Need to track progress in mental health referrals.
 - Lippert et al., 2008 found that only 54% of children referred to therapy at a CAC had started by 2 months post referral
- Examine links between forensic interview and advocacy and later criminal investigations
 - Do clues from forensic interview and support for family lead to better criminal investigations?



Questions for Future Efficacy Research

- CACs are gateway providers – but research does not appear to be capturing this. How do CACs increase access to services?
- What are the best practices of the core standards – especially victim advocates, MDT and involvement of law enforcement?
- What are the key outcomes to measure?



What questions do you want
answered to help you
at your CAC?



How to Undertake CAC Research

- Make program evaluation and research a regular part of your organization
 - Build in research components into new and existing data systems
- Consider partnerships with universities and student researchers
- Be proactive – if you see a potential area for research, contact professionals/universities/organizations studying those topics



Summary and Discussion

- Need for more research on CAC/MDT response
- Need to clarify key outcomes and specific activities that lead to those outcomes
- Enormous opportunities for CACs



Contact us!

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