

CHILDREN'S ADVOCACY CENTERS' EFFECT ON THE PROSECUTORIAL  
DECISION TO ACCEPT OR REJECT CASES OF  
CHILD SEXUAL ABUSE

by

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**DEDICATION**

To Reagan

"There is no foot too small that it cannot leave an imprint on this world."

You left indelible prints on my heart.

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## **ABSTRACT**

This study investigates the role of Children’s Advocacy Centers (CACs) in the decision to accept or reject cases of child sexual abuse for prosecution made by prosecuting attorneys. CACs were developed, in part, to aid child protection workers and law enforcement officials in investigating child abuse claims while reducing the traumatic effects of investigations on children. The first CACs were developed during a time when infamous cases of false child abuse allegations were in the headlines and shed light on the need for trained professionals to interview suspected child abuse victims.

While CACs are now found in every state and routinely used by professionals charged with investigating child abuse allegations, a dearth of research exists regarding the utility of CACs in reference to prosecutorial decisions. Literature on CACs has primarily focused on effectively interviewing children while lessening any potential traumatic effects from an investigation. While CACs across the county vary in mission statements and foci, two consistent components remain: forensic interviewing and the use of multidisciplinary teams (MDTs).

This research examined cases processed through a Texas CAC in an effort to bridge the gap of knowledge in reference to the utility of CACs. Logistic regression analysis was used to examine whether the different components of the CAC were correlated with the prosecutorial decision to accept or reject cases of child sexual abuse.

Specifically, forensic interviews, MDT components, sexual assault exams, and case coordination were examined.

The findings of the research indicate that the age of the child, sex of the alleged perpetrator, child protection dispositions, outcry of the child, the presence of a child witness, the county in which the alleged offense occurred, and whether the child had a sexual assault exam were all significantly correlated with the prosecutorial decision to accept or reject a case. However, physical findings on sexual assault examinations and case coordination between law enforcement and CPS were not significantly correlated with prosecutorial decisions.

Implications for CACs are discussed including suggestions to streamline the prosecutorial screening process for child sexual abuse cases. Limitations for this study are also discussed including the small portion of cases that were used for analysis. Suggestions for future research include replication studies with more cases and additional qualitative case specific information.

## **CHAPTER I**

### **INTRODUCTION**

It is well documented that there are negative long-term side effects of child maltreatment. These effects include emotional, behavioral, and physical health problems (Briere & Jordan, 2009; Shadoin, Magnuson, Overman, Formby, & Shao, 2005). Child maltreatment has an annual cost of \$124 billion, including an average of \$43,178 lifetime medical costs per individual who experiences child maltreatment (Fang, Brown, Florence, & Mercy, 2012). Every year, law enforcement and child protective agencies receive millions of reports alleging child abuse (Pipe, Orbach, Lamb, Abbott, & Steward, 2007). In 2012, child protective services received 3.8 million reports of child abuse in the United States (HHS, 2014). Approximately 20% of those cases were substantiated, indicating that a child was abused. The majority (75%) of the substantiated cases involved neglect, followed by physical abuse, sexual abuse, and psychological abuse (HHS, 2014). In 2013, Texas Child Protective Services investigated and closed 160,240 cases of alleged child abuse and neglect. Approximately 25% of those cases were confirmed as abuse, including physical and sexual abuse as well as neglect (Texas DFPS, 2014).

The nature of child abuse investigations has changed considerably since professionals first acknowledged the problem of child abuse. Although the first organization for the protection of children was created over a century ago, the nature of investigating and prosecuting child abuse continues to evolve today (APSAC, 2012).

This evolution includes the development of Children's Advocacy Centers (CACs) across the United States.

A CAC provides a child-friendly, non-partisan location for children to be interviewed in reference to alleged abuse (Faller & Pallusci, 2007; Jensen, Jacobson, Unrau, & Robinson, 1996). Additionally, CACs provide trained forensic interviewers who receive specialized training in how to solicit accurate and reliable information from children (Newman, Dannefesler, & Pendleton, 2005). In 2013, CACs served more than 290,000 children across the country who were the focus of child abuse investigations. Of those, 62% were sexual abuse cases, 38% were preschoolers, and 90% knew their perpetrator (NCA, 2014). Texas CACs served almost 40,000 children in 2013 through providing forensic interviews and other services (CACTX, 2014). In addition to conducting interviews with alleged abuse victims, CACs also coordinate multidisciplinary teams (MDTs) in an attempt to facilitate communication between professionals from multiple agencies involved in child abuse allegations with the goal of fostering better case outcomes (Lalayants & Epstein, 2005). Services provided by CACs, in addition to forensic interviews and MDTs, include child and family-friendly facilities, victim advocacy and support, specialized medical evaluation and treatment, specialized mental health services, and training, education and support for child abuse professionals (NCA, 2013).

Federal and state funds have been allocated towards the preservation and expansion of CAC use. In 2014, over \$8 million in federal funds were allocated to the expansion of CACs (NCA, 2014). Despite the financial investments of the federal and state governments, a noticeable lack of research has been conducted on the utility of

CACs. Most of the research conducted on CACs is descriptive in nature or has focused on how the criminal justice and child protective systems can lessen the revictimization of child victims (Wolfteich & Loggins, 2007). The existing research regarding the overall effectiveness of CACs is limited (Cross, Jones, Walsh, Simone, & Kolko, 2007).

Receiving even less attention is the role of CACs in prosecution decisions to pursue charges in crimes against children cases (Walsh, Lippert, Cross, Maurice, & Davison, 2008).

### **Purpose of the Study**

Children receive services at CACs across the United States. These services have the potential to affect prosecutorial decisions. It is vital, therefore, to understand the unique relationship between CACs and prosecutor offices. In an attempt to further this understanding, this research used secondary data to evaluate how CAC services impact a prosecutor's decision to accept or reject a child sexual abuse case.

The services CACs provide are intended, in part, to assist investigators and prosecutors in investigating and making decisions on child abuse cases; however, the current problem that exists is that the impact of CAC services on prosecution decisions has not been adequately studied, creating a gap in knowledge.

This research has the potential to bridge a gap in knowledge and lead the way for future research on CAC utility in reference to prosecutorial decisions. It is a goal of this research that the information will enable CACs to make better decisions regarding relationships with prosecutors and improve the ability of the system to make accurate decisions as to when to prosecute child abuse cases.

## **Research Aims**

This research examined all child sexual abuse cases between 2010 and 2013 processed through one Texas CAC. Many cases involving child sexual abuse victims involve both CPS and law enforcement agencies. One goal of CACs is to foster coordination between these two agencies to assist in better case outcomes. This research sought to determine to what extent, if any, does case coordination between law enforcement and CPS correlate with the prosecutor's decision to accept or reject the case. The coordination between law enforcement and CPS is statutorily mandated. There is little evidence regarding the utility of programs that foster coordinated investigations from a prosecutorial perspective.

Another goal of this research was to determine to what extent, if any, does the medical exam component of the MDT correlate with a prosecutor's decision to accept or reject a child sexual abuse case. Two factors were examined: whether a child had an exam and if there were physical findings indicative of sexual abuse found during the exam.

Additionally, this research sought to determine to what extent, if any, does the consistency in a child's disclosure between the forensic interview and medical exam correlated with a prosecutor's decision to accept or reject the case. For a number of reasons, beyond the scope of this project, child sexual abuse victim statements frequently vary between interviews (Pipe, et al., 2007; Poole & Lamb, 1998; Wood & Garvin, 2000). This research examined the relationship between consistency and prosecutorial decisions.

Lastly, all CACs must have an MDT component, comprised of law enforcement, CPS, medical staff, CAC staff, mental health staff, family advocates, and prosecutors. This research sought to determine to what extent, if any, does the involvement of the core components of the MDT correlate with the prosecutor's decision to prosecute. The effects of the involvement of the different MDT members was also examined.

These research questions were addressed by examining the extent to which the variables of interest are correlated with the decision to charge. This research used secondary data analysis from archival data from a Texas CAC. The design of the study is discussed in detail in Chapter Three. The results are presented in Chapter Four and the implications discussed in Chapter Five.

## CHAPTER II

### LITERATURE REVIEW

Since the first Children's Advocacy Center was developed (1984), a movement to incorporate CACs throughout the country has ensued (Cross, et al., 2007). CACs were developed to tailor child abuse investigations to the special needs of child victims while assisting the criminal justice system in the investigation and eventual prosecution of child abuse offenders. Little empirical research exists focusing on the relationship between the CAC and prosecutorial decisions. Descriptive research is the most common type of research conducted involving CACs. Research evaluating CAC effectiveness as an organization is much less common (Wolfteich & Loggins, 2007). While descriptive research is useful, it does little to justify these programs and the amount of federal dollars allocated to fund them. Research examining the role CACs play in prosecutorial decisions will add to the extant research.

Researchers who attempt to empirically evaluate CACs face a number of challenges. Perhaps the most substantive challenge is obtaining accurate case information from different agencies including law enforcement, CACs, child protective services, and prosecution offices. No national clearinghouse exists to house data on CACs. While record retention guidelines do exist, each independent CAC is ultimately responsible for how their records are kept. Texas has the largest network of CACs in the United States, and therefore, is a suitable location to conduct such research. Most of the evaluation research involving CACs has focused on large metropolitan areas. While this research is useful, it does not represent CACs that serve rural or medium-sized

populations, which may differ from large metropolitan areas. Thus, a gap that exists is research in rural or medium-sized populations.

Although increased prosecution rates were one of the reasons for the development of CACs, whether they do, in fact, affect rates has received limited attention from academics (Walsh, et al., 2008). Much of the research, to date, has focused on evaluating how such centers lessen the traumatic effects the criminal justice and child protective systems have on child victims (Wolfteich & Loggins, 2007). There is a noticeable lack of research on how investigative techniques affect prosecution rates.

### **History of Child Abuse Investigations**

Public and professional opinions about child abuse have evolved considerably over the last 150 years. In 1866, Massachusetts lawmakers passed a law allowing judges to intervene when a child was exposed to “an idle and dissolute life” (Myers, 2011). This represents one of the first laws written in the United States to protect children from adults. It was not until 1875 that the first organization devoted to child protection, The New York Society for the Prevention of Cruelty to Children, was created (Myers, 2011; Watkins, 1990). The creation of this society was in response to the case of Mary Ellen Wilson. Wilson was severely physically abused and animal protection laws were used to remove her from the abusive home because no legal response existed for abused children. This case is frequently referred to as the beginning of the child protection movement in the United States (Myers, 2011; Watkins, 1990).

## **Prior to 1960s**

Prior to 1960, there was little interest in the field of child abuse (Ceci & Bruck, 1993). Children's disclosures of abuse were discounted as unreliable. According to Ceci and Bruck (1993) the beliefs of the unreliability of child witnesses during this time were shaped by the works of psychologists who became convinced that young children are highly suggestible and their statements unreliable. The articles that served as the basis for these perceptions were written between 1909 and 1913 and appeared in the *Psychological Bulletin* (Ceci & Bruck, 1993). For example, Whipple (1913) points to the field of psychology to discredit the testimony of young victims in cases of child sexual abuse through the use of expert witnesses in court citing "the unreliability of the declarations given by young girls upon a matter of this kind (sexual abuse)". Studies from 1924-1964, though small in number, continued to reiterate the suggestibility of children in reference to sexual abuse allegations (Myers, 2011).

Everson (2011) coined the term "The Long Dark Night" to explain the period of child sexual abuse from 1900 until 1975 in the United States. During this time, the public and professionals alike used the explanation of fantasy to explain allegations of child sexual abuse. The idea of fantasy stemmed from Sigmund Freud's original work where he argued that hysteria was an effect of childhood sexual abuse (Faller, 2004). Freud's connection between child sexual abuse and adult female hysteria was not accepted by others. In response to the negative feedback Freud received, he created the Infantile Seduction Theory. In this theory, Freud alleged that accounts of childhood sexual abuse were the result of fantasies held by the women for childhood incestuous relationships (Everson, 2011; Faller, 2004). This led to the widespread belief that most allegations of

child sexual abuse were based on fantasy, not actual events. This belief remained a prominent theory in the field of psychiatry until relatively recently (Faller, 2004).

While no exact date can be pinpointed in the literature, it is evident that the child protection movement began to receive attention in the 1960s, during this time state agencies charged with protecting children began to rapidly emerge. Because of the child protection movement, a perceived societal duty to intervene to protect abused children from further harm was created (Chandler, 2000).

### **1960s-1970s**

According to Faller (1996) child abuse was rediscovered as a social problem during the 1960s. This rediscovery began with recognition and concern over physical abuse and proceeded to include sexual abuse. During this time, physicians began to study child physical abuse and publish literature on their findings (Myers, 2011). Although the process was slow, this did begin the trend towards scholarly research on child abuse. The article “The Battered-Child Syndrome” by Henry Kempe was seen as revolutionary and is often cited as bringing wide-spread attention to the problem of child physical abuse. This article was a response to the frustration of physicians with no training who treated child physical abuse victims (Myers, 2011; Myers, Diedrich, Lee, Lincher, & Stern, 2002). While child sexual abuse was not a topic in Kempe’s seminal article, his contribution did pave the way for future research in child maltreatment (Whittier, 2009). By the late 1970s, Henry Kempe described child sexual abuse as a hidden and neglected area (Kellogg, 2005; Lamb, Hershkowitz, Orbach, & Esplin, 2008; Myers, et al., 2002).

Prior to the mid-1970s, the limited information published on child sexual abuse featured four common themes (Myers, et al., 2002; Whittier, 2009). First, there were often claims that children were responsible for their own sexual abuse. This was explained by the belief that children played an active role in their victimization; moreover, children could have prevented the victimization by avoiding or getting out of the abusive situation. The second common theme was that mothers of the victims were to blame. Mothers were considered blameworthy because of the perception that they caused their husbands to participate in an incestuous relationship with the victims. Third, child sexual abuse was considered a rare event. Psychological textbooks provided exaggerated underreports of child sexual abuse. Lastly, the belief that sexual abuse does no harm was purported in the limited research that existed. These themes were also present in legal opinions of the time.

According to Olafson (2002), Ronald Summit was largely responsible for changing societal perceptions and conventional wisdom of academics regarding child sexual abuse. The work of Ronald Summit, combined with the feminist movement of the 1960s and 1970s, was largely responsible for bringing national attention to child sexual abuse (Olafson, 2002; Whittier, 2009). Myers, et al. (2002), adds that the literature regarding child sexual abuse began to change when the number of female lawyers and professors began to increase, indicating females published both court documents and academic manuscripts regarding child sexual abuse that differed substantially from previous works written by the predominantly male professionals.

Everson (2011) labeled the period of time from 1975-1980 as “Rediscovery.” During this time physical abuse received recognition from professionals. Additionally,

studies began to report the child sexual abuse of college students, leading the way to more professional interest in child sexual abuse. Finkelhor (1979), surveyed college students and found that 19.2% of college women and 8.6% of college men reported sexual victimization as children.

Prior to 1974, the federal government only played a minor role in child protection. In 1974, the Child Abuse Prevention and Treatment Act of 1974 (CAPTA) was passed. This was the first time the federal government allocated funds to improve the response to child abuse. Within two years of the passage of CAPTA, all states had statutes requiring professionals to report child sexual abuse (Myers, 2011).

Prior to the 1980s, physical abuse and neglect cases represented the majority of investigations conducted by child protection services; sexual abuse cases were the exception (Chandler, 2006). Physical abuse cases investigated by law enforcement during this time were typically only the most severe cases with substantial physical evidence. During the investigation of neglect and physical abuse cases children were frequently observed and not questioned (Faller, 1996). While the sexual and physical abuse of children received more attention during this time, specialized investigations were still in their infancy.

## **1980s**

In the early 1980s, the United States experienced a surge of child abuse reports. Perhaps, most notable was the increase in reports of child sexual abuse. The dramatic shift from child sexual abuse being excluded from the literature to nationwide attention led to an increase in reports of suspected abuse in the 1980s (Bruck & Ceci, 1999; Lamb,

et al., 2008). Adult women began to publically recount sexual abuse during their childhoods. This, coupled with several high profile sexual abuse cases, is thought to have contributed to the dramatic increase in reporting experienced in the 1980s. The increased reporting led to an increase in professional interest. According to Jacobson (2001), the increase in child sexual abuse reports was symbolic of an increase in public awareness and interest, as opposed to a general increase in child sexual abuse.

Asking children about abuse did not become a common practice until the 1980s. Professionals began interviewing children with very little training and experience (Faller, 1996). During this time the slogan “believe the child” was coined (Bruck & Ceci, 1999; Faller, 1996). The early 1980s were marked by the belief that children do not make up sexual abuse allegations. Children’s accounts of sexual abuse were taken at face value. No standard existed on how to interview suspected victims of child abuse. Child protection workers and law enforcement officials were left to interview children based upon what they thought was best.

By 1983, the interviews used when investigating child sexual abuse claims came under scrutiny from academics and professionals (Faller, 1996). By the mid-1980s, cases involving extraordinary claims of child sexual abuse created a heightened scrutiny of interviewing practices and the slogan “believe the child” was replaced with disbelief. (Bazelon, 2014; Faller, 2004). Whittier (2009) coined this phenomenon the “memory wars.”

Because of the increased reliance on children’s statements, professionals in the child abuse field felt a need for an interdisciplinary organization that focused on child sexual abuse. This led to the creation of the American Professional Society on the Abuse

of Children (APSAC) in 1986 (Faller, 1996). APSAC was the first organization to provide guidelines for interviewing children.

Unfortunately, before APSAC began coordinating and providing professional training on how to interview suspected victims of child abuse, several high profile child sexual abuse cases emerged that highlighted the need for standardized protocols and training for interviewing alleged child victims. Assertions that bad interviews led to false accusations began to appear in courtrooms (Faller, 1996). Two cases have consistently been cited as examples of false allegations in response to suggestive interviewing of children: The McMartin Preschool and Kelly Michael's cases. According to Bellah, Martinez, Mclaurin, Strok, Garven, and Wood (2006), these daycare cases were not genuine instances of mass sexual abuse, however, the national attention that they both received led to a national panic about satanic sexual abuse occurring in daycare settings (Ceci & Bruck, 1993; Myers, 2011). Ceci and Bruck (1993) alleged that these cases exemplify how children's testimonies can become so tainted that they are of no probative value.

Panic swept through the country in the 1980s in reference to child sexual abuse (Ceci & Bruck, 1993; Cheit, 2014). Some argue that because of this panic, false allegations were made and witch-hunts, analogous to the Salem Witch Trials, occurred in several instances across the country. Cheit (2014) argued against the "witch-hunt" theory of the 1980s. According to Cheit, believing the "witch-hunt" theory is equivalent to the belief that prosecuting child sexual abuse cases is simple. He explained that when deliberating the guilt or innocence of someone tried for a child sexual abuse case, jurors have the opportunity to weigh any suggestive questioning of children. Cheit also argued

that the suggestive questioning of the children in the Kelly Michaels and McMartin Preschool cases does not negate the fact that evidence suggested that sexual abuse of at least some of the children, in both cases, did occur. Regardless of what evidence existed, improper interviewing techniques in both cases led to false allegations and children being victimized through the criminal justice and social services systems.

**McMartin Preschool case.** The McMartin Preschool trial was one of the longest and most expensive trials in history (Bazon, 2014; Cross, 1995). Suggestive interviews were blamed for false allegations elicited from over 300 children (Bellah, et al., 2006; Faller, 1996). While Faller (1996) pointed to evidence indicating at least some children were abused, the entire case was undermined by poor interviewing, leading to the later determination that false allegations occurred. This case led, in part, to the public's perception changing from believing the child to doubting a child's statement regarding sexual abuse (Bazon, 2014). Bazon (2014) argued that poor questioning techniques made it impossible for neutral parties to determine the credibility of the child sexual abuse accounts. This trend led to an increased awareness of overreacting to sexual abuse cases and a decreased awareness of possible under reactions. There was a shift from protecting children from abuse to protecting individuals from false accusations. According to Cheit (2014), this shift placed undo skepticism on children's accounts of sexual abuse.

Garven, Wood, Malpass, and Shaw (1998) found several problematic techniques used by the McMartin Preschool interviewers. They argued that interviewers used suggestive questioning, told children about other disclosures, used positive and negative reinforcement, asked questions that were already answered numerous times, and invited

children to speculate. Additionally, the children were questioned at length, some interviews lasting over two hours. The combination of these suggestive techniques led to false statements and, ultimately, blurred the line between true and false allegations.

Seven individuals were initially charged with committing the hundreds of alleged sexual acts. When the case finally made it to court, four years after the initial complaint, the only defendants tried were Peggy and Raymond Buckey, the owner of the preschool and her son. After over two years of testimony and deliberation Peggy Buckey was acquitted on all charges. Raymond Buckey was acquitted on 39 charges, the jury was deadlocked on the remaining 13 charges. Raymond Buckey was retried on eight charges. Seven years after the first allegation, the second trial ended in a mistrial due to a deadlocked jury. Raymond Buckey was not tried a third time (Ceci & Bruck, 1995; Cheit, 2014; Faller, 1996; Myers, 2002).

According to Faller (2004) most of the jurors in this case believed that at least some of the children had been sexually abused, but that the state's burden of proof was not met. This case exemplifies why trained professionals must interview suspected child abuse victims. While, at the time of the McMartin Preschool case there were no specialized interviewers for child abuse, this case did make it clear to professionals that specialized interviewers and empirically-based guidelines were needed.

**Kelly Michaels case.** Kelly Michaels was sentenced to 47 years in prison for the sexual abuse of 20 preschool aged children (Bellah, et al., 2006). The accusations involved children who attended the Wee Care Nursery School and began after a child made a remark indicating that Kelly Michaels took his temperature rectally (Ceci & Bruck, 1993). From then, numerous preschool children were interviewed and disclosed

sexual abuse that included ritualistic behavior and the use of utensils. Unlike the McMartin Preschool case, this case received little media attention during the actual trial. During the trial of Kelly Michaels, the prosecution argued, as did experts, that children do not lie about sexual abuse (Ceci & Bruck, 1993). The New Jersey Court of Appeals overturned this verdict and ruled that the children's interviews were so suggestive that their sexual abuse outcries were unreliable (*State v. Michaels*, 1993). The prosecutors decided not to retrial Michaels (Bellah, et al., 2006).

Berry (2014) argued that a flawed investigation does not equate to innocence, therefore, the innocence of Kelly Michaels should not be assumed. He alleged it was not until the state could not find the original reports during the appellate process and was denied a continuance that the Michaels' verdict was overturned, implying that if the state had more time the appeal may have been denied. Cheit (2014) argued that he critically evaluated all of the evidence in the Kelly Michaels' case. He argued that this case led to unduly questioning a child's suggestibility that continues to current day. He noted that while follow-up interviews were suggestive and leading, that does not negate that the initial disclosures of sexual abuse were spontaneous, including the first mention of a utensil being used during the abuse. However, Cheit fails to mention that the first outcries of the children were not recorded, leaving no proof of the circumstances in which the outcries were made. Additionally, all of the interviews that were recorded established that the outcries were in response to questioning techniques that were known to elicit false statements (*State v. Michaels*, 1993).

Cheit (2014) and Berry (2014) both suggest that Kelly Michaels was guilty of at least some of the allegations. However, because of the actions of investigators and

advocates in this case the actual truth may never be known. Not only were suggestive interviewing techniques used during the investigation, problematic techniques were also used during the trial. For example, child witnesses were allowed to sit on the judge's lap while testifying. Additionally, expert testimony was allowed in reference to diagnosing children with Child Sexual Abuse Accommodation Syndrome (CSAAS). CSAAS is a syndrome developed by Ronald Summit to describe how children react to sexual abuse and was not intended for use as a diagnostic tool (Ceci & Bruck, 1993). The New Jersey Superior Court Appellate Division ruled that the expert who testified, Eileen Treacy, improperly applied CSAAS using it as a diagnostic tool with her own set of criteria, stating that her testimony, alone, was sufficient grounds for reversal (*State v. Michaels*, 1993). This case is illustrative of the detrimental effects of improper interviewing of children. In addition to the injustice experienced by Michaels, hundreds of children were exposed to sexually explicit details during the interviews while their parents were led to believe that horrific sexual acts were committed against their children.

### **1990s-2000s**

Everson (2011) described the period from the mid-1990s to the mid-2000s as the "Era of Specificity." Because of highly publicized false allegations there was a strong emphasis on reducing false disclosures. During this time, one interview of the child was preferred and it was assumed that a victimized child was willing to disclose abuse and was able to provide details on alleged incidents (Lamb, et al., 2008; Pipe, Lamb, Orbach, & Cederborg, 2007). More than one interview of a child was viewed as problematic and suggestive. Considerable stress, therefore, was placed on both the child and the interviewer to get all information about alleged abuse at one point in time.

Because of the skepticism created in the 1980s and more children testifying in criminal trials, additional attention has been directed to research involving best practices for interviewing children (Bruck & Ceci, 1999; Ceci & Bruck, 1993; Faller, 1996). Ceci and Bruck (1993) acknowledge that research conducted on child suggestibility was relatively new, stating that more research was conducted during the early 1980s and 1990s than in any other time in history. While a dramatic increase in research regarding children's suggestibility occurred in the 1980s, Bruck and Ceci (1999) noted that prior to the 1990s much of the research done on children's memory and recall excluded preschool aged children.

During the 1990s, the research involving the suggestibility of children began to focus on the types of questions asked of children and the manner in which they were asked, specifically: specific versus open ended questions, repeated questioning, providing misinformation, emotional atmosphere, imagining, and subtle suggestive techniques. These studies indicate that preschool aged children are more susceptible to suggestive techniques than older children (Bruck & Ceci, 1999). According to Bruck and Ceci (1999) suggestive techniques used by interviewers are amplified when the interviewer is biased. Their review of the literature revealed that individual differences play a role in susceptibility to suggestion and certain suggestive techniques can result in distortions of children's reports of salient events. Additionally, they found that when suggestive interview techniques were used, children can make false allegations about serious, non-sexual, events. They do point out that when children are interviewed without suggestive techniques they are able to provide accurate information.

## **Current Trends**

Investigation techniques in child abuse are still evolving. Today, there is a shift towards allowing more than one session for forensic interviews, recognizing that disclosure of child sexual abuse is a process, not an event (CACTX, 2014; Lamb, et al., 2008). This evolution will likely continue as more research is conducted and the utility of child abuse investigation techniques continues to be critiqued. Regardless of the future direction in child abuse investigations, the need will remain for effective interviews and investigations.

## **Children's Advocacy Centers**

In 1984, the first CAC, the National Children's Advocacy Center (NCAC), was founded in Huntsville, Alabama and in 1985 opened its doors to children (Faller & Palusci, 2007; Jenson, Jacobson, Unrau, & Robinson, 1996). The idea of a CAC originated from professional knowledge that children were re-victimized by well-meaning professionals in the investigation process through repeated questioning and court proceedings that were designed for adults. Moreover, the investigation process was decentralized and uncoordinated. The vision of the NCAC was that a child abuse investigation should be brought to the victim in a child-friendly atmosphere (Faller & Palusci, 2007; Jensen, et al., 1996). This vision expanded into a national movement. In 1992, there were only 22 CACs in the United States (Chandler, 2006). Today, there are currently 777 CACs in the United States that served over 270,000 children in 2013 (National Children's Alliance, 2014).

In 1984, the primary goal of the NCAC was increasing the number of successful prosecutions of child sexual abuse coupled with conducting more child-friendly investigations (Faller & Palusci, 2007; Jenson, et al., 1996). This goal, has since expanded to include providing a child friendly environment, limiting the number of times a child is interviewed, conducting the interviews of children by trained child forensic interviewers, offering medical and therapeutic services, and providing victim advocacy and court education programs (Bonach, Mabry, & Potts-Henry, 2012; Jones, et al., 2005). According to Chandler (2006), there are three core principles that every CAC must embrace: (1) a multidisciplinary team (MDT) approach is the most effective response to child abuse, (2) ongoing cross-training of all MDT members is necessary to ensure proper investigations, and (3) the needs of the child must be at the center of the investigatory activities.

### **National Children's Alliance**

In 1988, the National Children's Alliance (NCA) created a national network of CACs. The NCA included standards for CACs and began ensuring that programs across the United States met those standards. The NCA offers a comprehensive accreditation program to insure that member programs function within the NCA standards (Chandler, 2006). The NCA has 10 standards that CACs must meet to earn accreditation (see appendix A). While not all CACs are accredited by the NCA, Jackson (2004) found that the vast majority of CACs adopted NCA standards, regardless of their membership status. Regardless of a CACs ability to meet the guidelines set forth by the NCA, this organization has been effective at formalizing CACs.

## **Decentralization**

The CAC model has a unifying philosophy that child sexual abuse is a community problem that requires a multidisciplinary response (Jackson, 2004). The specifics of each CAC are tailored to individual community needs (Walsh, et al., 2003). The needs of communities are inherently different, leading to differing priorities among CACs. For example, a CAC serving rural communities must determine how to effectively provide coordinated services to victims while providing coordination for CPS and law enforcement. Because of limited resources, CACs must prioritize needs based upon individual community needs (Walsh, et al., 2003).

## **Multidisciplinary Teams**

An MDT is built upon the premise that in order to respond to the individual needs of a child victim and the family, the most effective response builds upon the expertise of multiple agencies (Chandler, 2000; Cross, Finkelhor, & Ormrod, 2005; Jenson, et al., 1996; Jones, et al., 2005; Lalyants & Epstein, 2005). No single agency has the ability to respond adequately to child abuse (Lalayants & Epstein, 2005). With this more effective approach comes improved protection, treatment, and legal services provided to child abuse victims and their families (Bonach et al., 2010; Chandler, 2000; Cross et al., 2007). Because an MDT is a core component, a CAC cannot exist in its true form without one. The MDT not only coordinates investigative strategies, it also facilitates services for victims such as medical evaluations, therapy, victim advocacy, family support, and case review (Bonach et al., 2010; NCA, 2000; Simone, Cross, Jones, & Walsh, 2005; Walsh, Cross, Jones, & Simone, 2007).

The MDT approach is embedded in the CAC philosophy. No CAC can be effective without the cooperation of the different entities involved in child protection: law enforcement, child protection services, prosecution, mental and medical health, victim advocacy, and CAC staff (Chandler, 2006; Jackson, 2004; Smith et al., 2006; Walsh et al., 2007). These entities comprise the core of the MDT model (NCA, 2012; TXCAC, 2012). Other organizations such as probation and court appointed special advocates may be MDT members, depending on the individual needs of the community. The CAC model is designed to improve the community response to child abuse through a collaborative response (Jackson, 2004).

Historically, child sexual abuse allegations involve a variety of different professional entities, all with their own, sometimes competing, interests and separate investigations (Kienberger & Martone, 1992). The recognition of this has led, in part, to the development of CACs and accompanying MDTs (Sheppard & Zangrillo, 1996). Over 90% of the CAC directors interviewed by Jackson (2004) reported having an MDT component of their model. CACs offer communities a way to provide services to abused children while bringing together different entities with varying goals involved in child abuse. The MDT approach seeks to fulfil the different professional needs while putting the welfare of the child first (Walsh, et al., 2003).

**History.** MDTs originated in hospitals in the 1950s, well before the first CAC. Physicians led the original MDTs from hospitals in an attempt to identify and treat child physical abuse victims (Jacobson, 2001; Lalyants & Epstein, 2005). In 1958, there were three MDTs in the United States focused on child abuse, this rose to more than 1000 by 1985 (Kolbo & Strong, 1997). MDTs prior to CACs did not involve law enforcement or

prosecutors, they focused on medical care and social services. MDTs have evolved into an integral part of child welfare services across the United States (Jacobson, 2002).

The Children's Justice and Assistance Act of 1986 has encouraged state representatives to develop interagency coordination between child protective services and law enforcement regarding the investigation of crimes against children (Jensen, et al., 1996). The way in which states choose to implement these policies varies widely (Cross, et al., 2005). The lack of consistency has made systematic evaluation of CACs difficult.

Since the creation of the Children's Justice and Assistance Act of 1986, the federal government, in collaboration with state governments, has taken an active role in promoting the MDT approach to investigating child abuse. A majority of states now require law enforcement and child protective services to work together as part of an MDT when investigating criminal cases of child abuse (Newman, et al., 2005). Additionally, the Children's Justice Act Grants require states receiving monetary assistance for child abuse to establish a multidisciplinary task force (Lalayants & Epstein, 2005). In communities without formal MDT protocols, there may be little to no communication between investigative agencies (Cross, et al., 2005). Prior to the CAC movement most decision making involving child abuse was not coordinated and involved multiple agencies performing redundant, sometimes competing tasks (Cross, et al., 2007).

**Investigation benefits.** Tjaden and Anhalt (1994) evaluated five communities that varied in the degree that law enforcement and child protective service investigations were conducted jointly. They found that those with joint investigations, defined as both law enforcement and child protective services working together, had shorter response times than those without joint investigations. Furthermore, there were more alleged

perpetrator confessions and more alleged perpetrators removed from the home of the child in cases with joint investigations. The investigations in which both law enforcement and child protective services worked together were lengthier than those conducted by only one agency. One explanation regarding this finding is that the investigations were more thorough, requiring more time, however, later research by Walsh, et al. (2008) found that MDTs resulted in quicker charging decisions by prosecutors. Additionally, Pence and Wilson (1994) found that MDTs resulted in a more accurate assessment of risk, indicating that CPS investigators were better able to determine if any safety concerns existed.

MDTs lead to decreased fragmentation, less role confusion, reduced duplication of services, and enhanced quality of evidence for lawsuits or criminal prosecution (Kolbo & Strong, 1997; Pence & Wilson, 1994). Kolbo and Strong (1997) conducted a survey of respondents from all 50 states in reference to their MDT usage. Two-thirds of the states reported statewide participation in MDTs, the majority having legislative mandates. Seventeen states had no requirement for a MDT in 1997, of those, 11 recognized the value of interagency sharing of information. While most states subscribed to some MDT initiative, they differed in implementation. Among all states, the most likely entities to be a part of an MDT were child protective services, law enforcement, and the legal system, however, other entities involved included mental health, public health, juvenile corrections, and child care agency workers. They found that more decisions were made jointly after the MDT approach was implemented. Also, there was a greater range of viewpoints considered in the decision making process, more resources being identified, and an overall better quality of assessment and treatment services provided to the child

(Cross, et al., 2005; Kolbo & Strong, 1997). Kolbo and Strong (1997) did not report the percentages of respondents who reported each outcome.

Faller and Henry (2000) examined 323 criminal records for sexual abuse crimes and found that the MDT approach was successful in facilitating collaboration between child protective services and law enforcement. In addition, they asserted that the MDT approach could assist in the investigator's ability to substantiate reports of child sexual abuse; however, Faller and Henry did not examine the extent of MDT collaboration for the records they examined.

While the majority of research supports the use of MDTs in child abuse investigations (Cross, et al., 2005), Lalayants and Epstein (2005) argued that there is no empirical evidence that these teams decrease fragmentation. Since that time some studies, including Wolfeich and Loggins (2007), have given evidence supportive of decreased fragmentation among MDT members. Wolfeich and Loggins (2007) examined case outcomes in Florida over a five year period. They compared the outcomes of Child Protection Teams, CACs, and the traditional investigative techniques without MDTs. It should be noted that Florida is unique in that it has two versions of MDTs: Child Protection Teams and CACs. The goal of this research was to establish whether or not the MDT approach had an effect on case outcomes of child abuse investigations. Wolfeich and Loggins found that both the Child Protection Teams and CACs were associated with a higher frequency of substantiated abuse than the traditional approach of child protection investigations.

Cross et al. (2007) conducted comparison research on four CACs with comparison jurisdictions without CACs. They found that team interviews and joint child

protection and law enforcement investigations were more common in jurisdictions with CACs. They argue for the importance of a team approach to child abuse by alleging that uncoordinated investigations can lead to undiscovered evidence and misinformation provided to the families.

**Benefits to investigators.** Not only does the use of an MDT have the potential to improve investigations, it can have positive effects on investigators through improved training, skills, and decreased secondary or vicarious trauma (Lalayants & Epstein, 2005; Sheppard & Zangrillo, 1996). Powell et al. (2011) found that interagency discussions, frequently held at MDT meetings referred to as case staffings, can help identify best practices while assisting in understanding the role of other team members. This supported previous research by Cross, et al. (2005) who found that coordination of law enforcement and child protective agencies can decrease friction between the two agencies. According to Texas Standards for Children's Advocacy Centers (2012) a coordinated MDT approach broadens knowledge and improves communication among different agencies.

Sheppard and Zangrillo (1996) surveyed 239 child welfare agencies. Those agencies designed to have collaboration between professionals reported advantages over those without collaboration such as greater expertise among child interview specialists and more accessible investigative team members. Moreover, the nature of child abuse investigations can be emotionally difficult for investigators. Mutual support was found to be fostered among professionals in MDTs, resulting in reduced burnout and increased effectiveness (Kolbo & Strong, 1996). The MDT has also been associated with positive attitudes towards continuing work in the field of child protection among professionals

and overall better relationships with clients, supervisors, and peers (Fryer, Poland, Bross, & Krugman, 1988; Goldstein & Griffin, 1993).

Lalayants and Epstein (2005) conducted data-mining research where they found that MDT members found the team approach to investigations as advantageous. Newman, et al. (2005) found that CACs frequently help with coordination and communication between investigative agencies. In addition, MDT meetings facilitated by CACs provide training and staff support which help in establishing good working relationships.

Inadequate collaboration is a major stressor among police investigators and is blamed for poor interviewing skills (Powell, et al., 2011). Moreover, different professionals have different ideas on what constitutes a good forensic interview. Because of this it is important that a consensus is made among all professionals on who will conduct the interviews and under what circumstances. The MDT allows for such collaborative decisions (Cross, et al., 2005).

### **Forensic Interviews**

A forensic interview of a child is designed to “obtain a statement from a child, in a developmentally and culturally sensitive, unbiased and fact-finding manner that will support accurate and fair decision making by the involved multidisciplinary team in the criminal justice and child protection systems” (NCA, 2011, p11). Forensic interviews have become an integral part of child abuse investigations. Skillful forensic interviews of suspected child sexual abuse victims are important, not only to protect children, but also to protect innocent individuals from wrongful convictions (Cronch, et al., 2006).

Interviewers have the ability to determine the probability of disclosure and likelihood of prosecution, therefore, it is paramount that interviews be standardized and evidence based (Cronch, et al., 2006). Forensic interviews are conducted, at the request of investigators, after a preliminary investigation has provided some information about what may have occurred (Lamb, et al., 2008).

There is a consensus in the academic literature regarding the ways in which investigative interviews of children should be conducted regarding the use of non-leading questions and the use of free narrative, a practice that allows the child to explain an event with little prompting (Lamb, et al., 2008; Pool & Lamb, 1998). While Poole and Lamb (1998) assert that this consensus is in response to a review of the experimental and empirical literature, it is noteworthy that not one protocol exists for interviewing children. On the contrary, there are several nationally recognized protocols, all developed using the same literature, but all different (Anderson, 2014; Toth, 2011).

Jackson (2004) found that over 90% of surveyed CAC directors reported having a forensic interviewing component in their model. Only 68% of NCA members and 41% of non-members housed a specially trained forensic interviewer. Newman, et al. (2005) conducted a survey and found that a major reason law enforcement and child protection workers used a CAC was the expertise of the interviewers who were available.

A forensic interview is conducted in a child friendly environment with a trained forensic interviewer, with the use of a one way mirror and/or closed circuit television. This allows MDT members to observe the interview in real time (Bonach, et al., 2010). Moreover, it allows for a variety of professional experts to collaborate on the specific needs of an individual child (Kolbo & Strong, 1997).

Because alleged victims are the primary, and often only, source of evidence, the quality of the child's interview is critical (Pipe, et al., 2013; Walsh, et al., 2010). It is vital that forensic interviewers have formal training and participate in a peer review process (CACTX, 2012; Lamb, et al., 2008). Faller (1996) asserted that the need for an impartial, educated, and trained interviewer ultimately led to the field of forensic interviewing, arguing that there was a virtual absence of other alternatives to reliably collect information regarding child sexual abuse allegations.

The CAC movement was the beginning of changing the number of times a child was interviewed, how the interview was conducted, and who interviewed the child (Bonach, et al., 2010; Cross, et al., 2007; Faller, 1996). CACs are the ideal location for forensic interviews to take place. They are more likely to provide a child-friendly location for interviews when compared to child protective service offices, police buildings, and schools (Cross, et al., 2007). The environment at a CAC has the potential to decrease stress experienced by the child, thereby, increasing the willingness and ability of that child to provide a detailed statement.

**Differing protocols.** The development of the National Institute of Child Health and Human Development (NICHD) protocols have led to an increase in the quality of interviews conducted on alleged child abuse victims (Bull, 2010; Lamb, et al., 2007). These protocols have also allowed for a surge in research on the effectiveness of different interviewing techniques. The NICHD protocol has been subjected to rigorous tests and has been shown to involve more open ended questions, eliciting higher quality and more compelling information than other interview techniques (Harris, 2010; Lamb, et al., 2008; Pipe, et al., 2013).

While the NICHD protocol (see Table 1) has been subjected to rigorous tests (Lamb, et al., 2008), it is also very scripted (see Appendix B). Other protocols were developed using the same research as NICHD but are not as scripted, such as the APSAC protocol (see Table 2), NCAC protocol (see Table 3), CornerHouse’s Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario, and Closure (RATAC) protocol (see Table 4), and Texas’ Semi-Structured Narrative protocol (see Table 5) (Lamb, et al., 2007). While all of these protocols have distinctive features, they are all based upon the same research. Because the other protocols are not scripted, it is difficult to conduct research on interviewer adherence to protocols.

Table 1. National Institute of Child Health and Human Development Protocol

Introductory Phase	Interviewer explains the purpose of the interview and the ground rules, including telling the truth.
Rapport Building Phase	Interviewer asks child about themselves while avoiding TV, videos, and fantasy.
Training in episodic memory	Interviewee practices narrative event recall with minimal interview prompts.
Transition to substantive issues	Using open-ended questions and non-suggestive, verbal prompts.
Free Recall	Obtain more detail using a variety of open-ended prompts.
Closure	Shift to a neutral topic and end interview.

*Note:* Adapted from: Lamb, M., Orbach, Y., Hershkowitz, I., Esplin, P., & Horowitz, D. (2007). A structured forensic interview protocol improves the quality and informativeness of investigative interviews with children: A review of research using the NICHD Investigative Interview Protocol. *Child Abuse & Neglect, 31(11)*, 1201-1231.

Table 2. American Professional Society on the Abuse of Children Protocol

Introduction of self, role, and purpose of interview	Introductions with developmentally appropriate language. Interviewer attempts to make the child feel safe and at ease.
Informing child about documentation	Inform the child about any recordings of the interview and who may be observing.

Table 2 Continued.	
Interview instructions	The following instructions are given: permission to say “I don’t know”, permission to correct the interviewer, permission to admit lack of understanding, and help the interviewer understand.
Truth/lie discussion	The child’s competency to tell the truth is evaluated and a promise to tell the truth is elicited.
Narrative event practice	Also known as episodic memory training. The child tells about a neutral topic while the interviewer maximizes the use of open-ended questions.
Introducing topic of concern	Interviewer uses phrases such as “tell me why you are here today.”
Substantive questions	Interviewer uses phrases such as “tell me more about that...”
Presenting child with physical evidence	If necessary, physical evidence can be presented to the child.
Closure	Interviewer takes a break to determine if any other questions are needed. The interviewer returns, asks any remaining questions, asks child if he or she has questions, and ends on a positive note.

*Note:* Adapted from: American Professional Society on the Abuse of Children (2012). Practice Guidelines: Forensic Interviewing in cases of suspected child abuse. Elmhurst, IL: Author.

Table 3. National Children’s Advocacy Center Protocol

Introduction	Simple introductions, not lengthy, and used to gauge the needs of the child.
Rapport building	Allows the child to become familiar with the interviewer. Also, allows interviewer to become familiar with child’s language and communications styles.
Developmental screening	Occurs with rapport-building and continues throughout the interview. The interviewer is able to adapt the interview to the level of the child.
Ground rules/guidelines	Cover the following topics: talk about true things, the child knows more about what happened than the interview, it is okay to say “I don’t know”, encourage child to correct interviewer, the interviewer may repeat questions.
Competency	Interviewer assesses child’s understanding of the truth and the importance of telling the truth.
Introducing topic of concern	Transitional questions including “What are you here to talk to me about?”
Abuse-specific questioning	Encourages the child to provide a narrative in their own words using prompts such as “tell me more about that.”
Follow-up questions	May include more specific questions and focused questions.
Specialized Techniques	This can involve anatomically correct dolls or touch surveys.
Closure	Interviewer shifts the conversation to a neutral topic before closing.

*Note:* Adapted from: National Children’s Advocacy Center. (2012). *Advanced Forensic Interviewing Training*. Hunstville, AL.

The CornerHouse Forensic Interview Protocol, also known as RATAc follows three guiding principles (National Center for Prosecution of Child Abuse, 2014). First

interviews should be person centered, meaning that all interviewees should be treated with dignity. Second, interviews should be semi-structured, meaning that each interview is specifically tailored to the interviewee because no two situations are the same. Finally, interviews should be forensically sound, meaning that interviewers must be unbiased and avoid leading and suggestive questioning.

Table 4. CornerHouse Protocol

Build Rapport	Interviewers establish the foundation for the interview and utilize narrative practice.
Seek information	Interviewers provide interviewees with the opportunity to disclose an experience while choosing a strategy for exploring any disclosures in detail.
Explore statements	Allows the interviewee to provide details of any disclosures.
End respectfully	Interviewer takes into consideration the interviewees needs and any communicated experiences.

*Note:* Adapted from: Anderson, J. (2014). Recent changes to the CornerHouse Forensic Interview Protocol. *National Center for Prosecution of Child Abuse, 24(1)*, 1-7.

It should be noted that prior to the recent implementation of the four phases, the CornerHouse protocol centered on five elements of the interview: Rapport, Anatomy Identification, Touch Inquiry, Abuse Scenario, and Closure (Toth, 2011). These elements represent the commonly used acronym RATAC. From 1989 through 2011 the protocol based on the RATAC acronym was taught in over 15 states and in other countries (Toth, 2011). It is unknown how the changes will affect future trainings of CACs currently using the old RATAC protocol. These changes were made to reflect research and best practice developments. The new protocol allows for more open ended questions and is considered semi-structured, allowing the interviewer to tailor the interview to the specific needs of each child (Anderson, 2014).

Table 5. Children’s Advocacy Centers of Texas Protocol

Preparation	Interviewer meets the child, shows the child the interviewer room, and meets with investigators.
Rapport	Establish child’s comfort level while assessing developmental level.
Truth/Lie/Oath	Competency is established, ground rules are explained, and a promise to tell the truth is elicited.
Introduction of topic of concern	Transition to why the child is being interviewed, use tools if necessary.
Detail Gathering	Fact finding through free recall and the exploration of alternative hypotheses.
Closure	Education in safety and transition to a neutral topic.

*Note:* Adapted from Children’s Advocacy Centers of Texas (2011). *Semi-Structured Narrative Process: Practice Application for Forensic Interviewers, Forensic Interview Training Core Curriculum: Block I*. Washington, DC: Author.

**Training.** One of the primary goals of CACs is to improve forensic interviews following allegations of child sexual abuse (Cross, et al., 2007). While the need to improve interviews is long established, there is a consensus among prosecutors and child testimony experts that more free narrative is needed in child witness interviews in lieu of closed ended questions (Lamb, et al., 2008; Powell, et al., 2011). While soliciting free narrative is taught to forensic interviewers, it is not used as often as needed (Lamb, et al., 2007; Lamb, et al., 2008). Lamb, et al. (2002) found that training should be ongoing for forensic interviewers. They found that the quality of interviews was lower for interviewers who only received a single session of training and did not have immediate supervision.

The training of forensic interviewers is most effective at improving interview quality when it includes structured protocols and is coupled with regular supervision (Jones et al., 2005; Lamb, et al., 2008). When training is not coupled with supervision and a peer review process, it has been shown to be ineffective in improving or maintaining interview quality (Harris, 2010; Toth, 2011). While designated forensic interviewers receive basic, advanced, and continuing education, it is likely that child

protection workers and law enforcement officers who interview children lack this training (Faller & Palusci, 1997).

**Effects on the number of interviews children endure.** Limiting the number of interviews alleged victims endure comes from a variety of different concerns varying from revictimization of the child to false allegations (Jones, et al., 2005; Smith, et al., 2006; Walsh, et al., 2003). While the concern about the number of interviews is well established, researchers do not agree on whether CACs are effective at reducing the number (Cross, et al., 2007; Jones et al., 2005; Pipe, et al., 2013).

Research does show that avoiding duplicative interviews is best practice, however, there are times when a subsequent interview is needed. When this occurs it is best that the same interviewer conduct the follow-up interview (APSAC, 2012). According to Kienberger and Martone (1992), multiple interviews and poorly coordinated investigations can have harmful effects on children. Additionally, repeated questioning of children can produce discrepancies that can decrease their credibility in the legal system. This is unfortunate because the discrepancies are often a product of interviewer error and not a product of an incompetent or untruthful child (Lamb, et al., 2013). Not only can repeated questioning lead to discrepancies, it can also lead to revictimization and higher trauma scores measured by the Trauma Symptom Checklist, a tool used to evaluate trauma for psychotherapy. Additionally, lower trauma scores were associated with the presence of a trusted professional during abuse disclosure (Henry, 1997).

It is often touted that CACs have effectively reduced the number of times a child is interviewed (Cross, et al., 2005), however, according to Cross, et al. (2007) the

empirical data that exists concerning the number of times an alleged child victim is interviewed is limited and inconsistent. There are many reports of children being interviewed in excess of ten times by different people for one allegation, however, this number is not based on empirical data. In 2007, the comparison study conducted by Cross et al. found that the majority of alleged victims only had one interview, regardless of whether or not their case was processed through a CAC. They concluded that it is possible that the number of interviews a child endures was never extreme.

While it is common for informal interviews to be conducted to assess a child's safety during investigations, it is important that these interviews are limited in scope (Pipe et al., 2013). Little research has been conducted examining the effects of child safety assessments, which are limited in scope, on an official forensic interview.

Lyon and Ahern (2011) argued that delayed disclosures and non-disclosures of child sexual abuse are most common with family or household members. They also found that inconsistencies and recantations can be common in children's reporting of sexual abuse. An inconsistent statement or recantation of the disclosure cannot be equated with false allegations. This argument supports the previous findings of Malloy, et al. (2007) who found when non-offending caregivers were unsupportive, children were more likely to recant initial disclosures. While a recantation of a sexual abuse outcry may, indeed, stem from original false allegations, it is important to ascertain the circumstances surrounding the outcry and subsequent recantation. The research explaining recantation and inconsistencies lends support to multiple interviews when conducted in a neutral, non-leading manner. This is in contrast to Ceci and Bruck's (1995) claim that multiple interviews may negatively affect disclosures and accuracy.

While emphasis has been placed on limiting the number of interviews a child has, this emphasis may have been displaced. Katz and Hershkowitz (2013) found that the first attempt at memory retrieval is never enough for child sexual abuse victims. They argue that multiple interviews, following the principles of free recall, yield more accurate information than a single interview. They argue that the first interview is typically incomplete. These findings support the earlier research of Lamb, et al. (2008) who argue rules that limit interviewers to a single session are not in the best interests of the child or justice because they are not conducive to obtaining the most accurate and complete details.

### **Memory and Suggestibility of Children**

Research has established that although children can remember experiences, there are a variety of factors that influence their ability to retrieve those memories (Faller, 1996; Lamb, et al., 2008). Additionally, the relationship between a child's age and memory is complex (Lamb, et al., 2008). Lamb, et al. (1996) found that younger children typically remembered less and provided briefer accounts of their experiences than older children.

Experts agree that as much information as possible should be solicited in the form of open-ended free-recall questions (Lamb, et al., 2008; Pipe, et al., 2007; Toth, 2011). These questions force the respondent to recall information from memory, increasing the response reliability. Recognition prompts should only be used when needed to illicit undisclosed, forensically relevant information (Lamb, et al., 2007). According to Bruck and Ceci (1999) poor interviewing conditions can negatively affect a child's memory. Lamb, et al. (1995) argue that errors of omission are more common than errors of

commission, meaning that children are more likely to leave details out than to fabricate details when children are interviewed correctly. The interviewer's ability to elicit information from the child and the child's willingness and ability to express it are more important than the child's ability to remember (Lamb, et al., 2007). Studies have consistently shown that children can remember salient effects such as sexual abuse. Although children can remember, they may not readily disclose information. Additionally, interviewer skill and perceived bias plays an important role in child disclosures.

There is an important distinction to be made between episodic and semantic memories. Episodic memories are unique memories of events. In contrast, semantic memories, also referred to as script memories, indicate a fluid memory of several or more events. For example, a child describing abuse using semantic or script memories may use phrases such as "he always" or "most of the time". As events occur with some regularity they can become part of semantic or script memories, as opposed to episodic memories or the memories of specific events (Lamb, et al., 1995; Lamb et al., 2008). This becomes problematic in terms of forensic interviews when sexual abuse occurs over time as children may have difficulty describing individual incidents. The importance of this difference can be seen in the McMartin Preschool and Kelly Michaels cases where much of the interviews relied on alleged episodic memories (Lamb, et al., 1995).

According to Ceci and Bruck (1993, p. 404) suggestibility "concerns the degree to which children's encoding, storage, retrieval, and reporting of events can be influenced by a range of social and psychological factors." Much of the research completed on children's memory and suggestibility was conducted in staged events in controlled

settings (Faller, 1996). Hershkowitz (2001) argued that laboratory studies should be applied to the field of forensic interviewing cautiously. In examining a case study he found that social-emotional forces can induce a child into making false sexual abuse allegations, or exaggerating a real event. Inappropriate interviewer practices can lead to false allegations (Faller, 1996). Bazelon (2014) argued that a balance must be found between false denials from children and false allegations. Moreover, he argued that the infamous preschool cases led to a societal doubt placed on children's sexual abuse accounts. While it is well established that children can provide accurate information when not asked leading questions, the opposite is also true, children can provide false information when improper interviewing techniques are used (Bruck & Ceci, 1999; Ceci & Bruck, 1995; Cheit, 2014; Faller, 1996; Lamb, et al., 1995; Lamb, et al., 2008).

According to Ceci and Bruck (1993) an interviewer has the potential to taint children's statements to the degree the statements merely reflect the interviewer perceptions. They argued that young children have consistently been shown to be more suggestible than adults as well as older children. They point to their previous research that found preschoolers are especially susceptible to suggestibility of interviewers, suggesting that children can be led to make false reports under certain conditions.

Lamb, et al. (1995) found that the interviewer's skills can greatly influence the outcomes of forensic interviews. Everything the interviewer does, verbal and nonverbal, has the potential to influence a child's testimony. Interviewers must avoid pressuring children to simply agree with the interviewer's suggestions while encouraging them to dispel false allegations. Because preschoolers are more suggestible it is important for trained interviewers to elicit the information from young children.

Graven, et al. (1998), in response to the McMartin Preschool case, proposed a model to explain how false statements may be solicited from witnesses, both children and adults. In analyzing the McMartin Preschool interviews, they found that social influence and reinforcement appeared more problematic than interviewer questioning techniques. Through awareness of the suggestive techniques, interviewers can successfully avoid them, increasing the likelihood of obtaining a truthful statement. They proposed the SIRR model. The SIRR model indicates that the use of suggestive questions, social influence, reinforcement, and removal of the child from the direct experience all increase false reports of abuse.

Bellah, et al. (2006) also analyzed both the McMartin Preschool and Kelly Michaels cases and identified five suggestive techniques commonly used during the interviews: reinforcement, repetition of questions, providing co-witness information, inviting speculation, and introducing new information to the child. They identified three suggestive techniques that were used with the most frequency in these cases: Reinforcement, use of co-witness information, and introducing new information. These findings support the findings from Graven, et al. (1998) that social influence and reinforcement are highly suggestive and can lead to false allegations.

### **Medical exams**

Medical exams are an important aspect of child sexual abuse investigations. While medical exams of sexually abused children frequently lack any findings indicative of sexual abuse, experts in the medical aspects of child sexual abuse can testify during trial to explain a lack of medical evidence (Walsh, et al., 2007). Additionally, there are hearsay rules that allow medical professionals to testify to what the child stated, known

as the “history” during the exam (Kellogg, 2005). According to Kellogg (2005), medical personnel should obtain a history statement from the child prior to examination. The medical history can help determine what tests should be administered, assist in interpreting medical findings, and provide helpful information regarding what services the child may need. The medical statement can also be used during the investigation to show consistencies or inconsistencies in the child’s statement.

Walsh, et al. (2007) examined a sample of cases from four large, urban CACs and compared them with samples from similar demographics not served by a CAC. The authors found that CACs are not uniform in how medical examinations are carried out. However, they did find that 48% of child sexual abuse victims seen at a CAC received a medical exam while only 21% of the children at the comparison sites received medical exams. Interestingly, Walsh, et al. (2007) found that children seen at a CAC whose disclosure did not involve penetration were four times more likely to receive an exam than those not seen at a CAC. They argue that CACs are an effective response to ensuring medical exams when sexual abuse allegations are made. This study supported Smith, et al. (2006) who found that 57.1% of sexual abuse cases serviced by a CAC received a medical exam compared to only 12.7% of cases served by standard procedures. According to Finkel (2011) all children who indicate sexual abuse should have a medical examination, regardless of whether penetration is indicated.

Most sexually abused children have normal medical exams with no abnormal findings (Adams, Harper, Knudson, & Revilla, 1994; Finkel, 2008; Heger, Ticson, Velasquez, & Bernier, 2002; Kellogg, 2005; Kellogg, Menard, & Santos, 2004). The lack of genital injury on sexually abused children can be explained by several factors.

Most injuries caused by sexual abuse are not significant. This coupled with the mucosal nature of genital tissue explains why any injuries incurred usually heal quickly and are not present at exam (Finkel, 2011). Additionally, children with delayed disclosures of sexual abuse have a lower frequency of genital injury than children who disclose immediately (Adams, et al., 1994).

Adams, et al. (1994) argued that more emphasis should be placed on documenting the child's disclosure than finding genital injuries. Moreover, they argue that the lack of genital injury is not well known in the child abuse profession and more education should be conducted, especially for prosecutors. Adams et al. (1994) examined 236 case files of confirmed sexual abuse. Of the children examined, the mean was 9 years of age. Only 14% of the female children had genital findings that were either clear or suggestive evidence of sexual abuse. Moreover, only 1% of the cases had anal injuries considered clear evidence of sexual abuse.

Heger, et al. (2002) found that less than 5% of over 2,000 sexually abused children had medical exam findings that were indicative of abuse. Kellogg, et al. (2004) examined cases of older children with a mean age of 15.1 years. While the sample they evaluated was small, n=36, their findings were consistent with previous studies. All 36 of the cases examined involved pregnant females. Only two of the 36 children had definitive genital evidence of penetration.

### **Case Outcomes**

Smith et al. (2006) asserts that if the CAC model is effective, then different outcomes should be found when compared with traditional models of child abuse

investigations. However, little research has been conducted on the actual effectiveness of CACs (Faller & Palusci, 2007; Jones, et al., 2005; Miller & Rubin, 2009). Of those studies conducted, mixed results have been reported (Jones, et al., 2005). Additionally, the majority of outcome measure research focuses on caregiver satisfaction, although, even that research has been limited (Bonach et al., 2010; Walsh, et al., 2008; Wolfeich & Loggins, 2007).

The research that has been conducted on caregiver satisfaction has reported overall satisfaction with services received at CACs; however, the individual satisfaction with different MDT members has not been established. Cross et al. (2007) compared four jurisdictions with well-established CACs with like jurisdictions without CACs. They found that families reported, on average, a more positive experience when their cases were handled through a CAC. Their positive experiences were linked to case coordination, not the number of interviews their child experienced.

According to Bonach, et al. (2010) CACs have greatly improved nonoffending caregiver satisfaction with the way abuse cases are investigated. This study only surveyed 26 nonoffending caregivers from one CAC. Overall caregivers and child victims provide good ratings for CAC services (Wolfeich & Loggins, 2007). Wolfeich and Loggins (2007) found that cases processed through a CAC may have longer investigation time periods because of the comprehensive nature of their investigative methods. This may lead to a decrease in caregiver satisfaction because of the perceived lag time.

## **Prosecution of Child Sexual Abuse**

Society has an expectation that child abuse offenders will be prosecuted because children are recognized as among the most innocent and vulnerable in the population. CACs were originally created to assist with the investigation and prosecution of child abuse cases, however, according to Hagborg, Stromwall, and Tidefors (2012) a high prosecution rate is not always desirable, based upon the truthfulness of the allegations and the individual needs of each family.

### **Uniqueness of Child Sexual Abuse**

Because of the legal status of children as minors and the high incidence of intra-familial child sexual abuse, criminal prosecution is not a straight forward process (Stroud, Martens, & Barker 2000). Prosecutors face many challenges in prosecuting child abuse, most notably child sexual abuse (Hagborg, et al., 2012). There are a number of reasons that prosecutors decide not to file charges against alleged perpetrators of child abuse. The four most common being: no corroborating evidence, inconsistencies in the child's narratives of the abuse, the family is not supportive of prosecution, and the victim is considered too young to testify (Cross, 1995; Cross et al., 2003; Cross, Whitcomb, & De Vos, 1995; Gray, 1993; Hagborg, et al., 2012; Pipe, et al., 2013).

Successful prosecution of child abuse relies on the perceptions of child abuse; those involved must be able to acknowledge a problem that has historically been disbelieved, ignored, and discounted (Cross, 1995; Cross, et al., 2003). If juries are unable to acknowledge a problem or the possibility that child abuse occurs, it is possible that any evidence brought by the prosecution will be overlooked.

Research has shown that individuals react in a number of different ways to traumatic events. Societal norms dictate that abused children should react in a certain manner. If a child does not display the expected emotion and appears neutral or unaffected, they are viewed as not credible (Kaufman, et al., 2003). This is an obstacle that prosecutors must overcome in order to successfully prosecute child abuse cases.

Prosecuting child sexual abuse poses unique challenges for prosecutors. The decision to prosecute child sexual abuse can be controversial for a number of reasons (Cross, et al., 2003; Walsh, et al., 2010). The crime of child sexual abuse most often occurs in private with the only witnesses being the child victim and offender (Walsh et al., 2008). While other crimes may also rely on victim testimony, it is the child victim's testimony that is highly scrutinized because of interviewing techniques and developmental abilities. The perception may be that a young child has been coerced into fabricating a story; or an older child may have fabricated a story as a means to an end (Cheit, 2014). This creates a unique problem when the only evidence is a child's statement or testimony. Although experts can testify that a young child is not developmentally capable of inventing a complex, consistent story about child sexual abuse, convincing the public that the word of a child is enough evidence to prosecute is an uphill battle.

### **Law Enforcement Decisions**

A component of child sexual abuse cases is the law enforcement decision whether or not to refer the case for prosecution. Stroud, et al. (2000) examined cases that were referred for prosecution and compared them with those that were not referred or dropped. They found that the victims in cases that were referred for prosecution differed

significantly from victims with cases dropped on age and gender. Cases with male victims were less likely to be prosecuted than those with female victims. Only 9% of the cases referred involved children 4 and under. Additionally, nearly 52% of the dropped cases had sexual abuse disclosures in the forensic interview.

While Stroud, et al. (2000) only examined sexual abuse cases, Brewer, Rowe, and Brewer (1997) and Sedlak, et al. (2005) found that sexual abuse cases were more likely to reach court than physical abuse cases. This may be, in part, because physical abuse cases often have physical evidence which sexual abuse cases frequently lack, making them more likely to result in guilty pleas.

Differences at local and state levels make it difficult to generalize charging rates (Cross, et al., 2003). Differences include how felony screening processes are established, disparity in prosecution rates because of differences in child abuse prosecution commitment, and differences in skill levels among prosecutors. In some communities all felony cases must be reviewed by prosecutors before a complaint is issued, while in other communities a law enforcement official can make that decision. Additionally, the commitment of the criminal justice personnel to working child abuse cases and investigative skill levels vary across jurisdictions.

### **Child Protection Decisions**

Child protection case dispositions do not appear to have an effect on the prosecution of child abuse. Tjaden and Theonnes (1992) found that 83% of child sexual abuse cases that were substantiated, or validated, by child protections departments were not criminally prosecuted. In addition, Cross, et al. (2003) found that most substantiated

child abuse cases do not lead to prosecution. They do acknowledge that there are different referral protocols throughout the country. Therefore, not all substantiated child protection cases may be referred to law enforcement for investigation.

### **Decision to Prosecute**

Stroud, et al. (2000) compared criminal justice outcomes of child sexual abuse cases. They found that 32% of cases dropped involve children four years of age and under, indicating young age is a significant impediment to referring cases for prosecution. The ability for a child to testify improves with age, therefore, it is not surprising that cases involving older children are more likely to be prosecuted. In a later study by Hagborg, Stromwall, and Tidefors (2012) a difference in the quality of interview based upon age was found, however, they did not find that age had a significant effect on the decision to prosecute.

Walsh, et al. (2010) found four types of evidence that predicted the likelihood of charges being filed for child sexual abuse cases: victim disclosure, corroborating evidence, offender confession, and additional allegations against the offender. Having a corroborating witness was the single piece of evidence that had the greatest impact on the decision to charge. As the types of supporting evidence available increased so did the likelihood of charging the alleged perpetrator. According to Walsh, et al. (2010) evidence is often available to support victim statements. This is often cursory information that can lend credibility to the victim while not indicating an actual criminal act.

There is rarely any evidence in child sexual abuse other than the victim and alleged perpetrator statements (Cross, et al., 2003; Faller, 1996; Staller & Vandervort, 2010). Additionally, in cases where the alleged perpetrator does not provide a statement, the only evidence may be the child's statement which begs the question: is the statement of a young child sufficient to successfully prosecute an adult? According to Cross, et al. (2003) prosecution relies heavily on the child victim's testimony.

Cross, et al. (2003) found that little consistency exists across jurisdictions with whether or not prosecutors decide to pursue charges. However, some commonalities do exist. When a decision to prosecute is made, child sexual abuse cases are more likely than other felony cases to go to trial. While this possibility is still small (approximately nine percent of child sexual abuse prosecutions go to trial) it is significantly higher than other felony arrests (three percent go to trial). Possible reasons for the greater likelihood of trial include the frequent lack of evidence and the significant social stigma of a conviction. In addition, convicted defendants of child sexual abuse are more likely to receive harsher sentences than defendants convicted of different crimes of the same grade (Cross, et al., 2003; Cross, et al., 1995). The findings of Cross, et al. (2003) support previous findings where Cross, et al. (1995) found that child sexual abuse cases were four times more likely than other felony cases to be declined for prosecution. Of those accepted for prosecution, a great majority ended in guilty pleas. While most child sexual abuse cases are disposed of without a trial, they are five times more likely to go to trial than other felonies (Cross, 1995). While the data used in the 1995 study is over 20 years old, it included more cases (552) than most studies of this nature. Of the cases examined,

defendant confession was the primary evidence in 30% of the cases with a victim statement available in approximately half of cases.

A cost benefit analysis is often calculated in deciding to prosecute (Cross, et al., 2003). There are some cases where prosecution may do more harm than good to the child victim. For example, if there is a low chance of conviction because of sparse evidence, a child's testimony may not result in a conviction. When the offender is the primary provider for the family, the financial cost to the family may also be considered. This cost benefit analysis may also play a part in the sentence of the defendant. Low incarceration rates may be the result of defendant victim relationships, however, no consistent standard has been found for sentencing offenders. In addition, the close relationship between many victims and defendants may lead to lack of cooperation from the victim and family making prosecution difficult (Walsh, et al., 2010).

Because the decision to charge is a necessary precursor to a conviction, prosecutors may only charge cases that they determine have the highest probability of conviction (Cross, et al., 2003). While prosecutors accept lower proportions of child sexual abuse cases than other felonies, they also dismiss fewer. The vast majority of cases accepted for prosecution result in conviction, predominantly by plea (Cross, et al., 1995; Cross, et al., 2003). Bradshaw (1990) examined 350 child sexual abuse cases from 1975-1987 and found that the presence of medical evidence and a statement from the offender were significantly related to predicting a plea or conviction, while, the age of the victim and the differences in the offense were not significant.

Corroborating evidence is frequently lacking in child sexual abuse cases (Harris, 2010). When it is available it is frequently in the form of developmentally unusual sexual

behavior by the victim, unusual psychological symptoms, medical evidence, offender confessions, additional complaints, and other witnesses who can confirm cursory details the victim provides (Walsh, et al., 2008). All of these possibilities play a role in the decision to prosecute.

Walsh, et al. (2010) examined the Dallas Children's Advocacy Center and two comparison counties for cases that originated between 2001 and 2003 and continued to follow the cases until 2005. Of the cases examined, the majority (87%) had a child disclosure of child sexual abuse, 46% had a corroborating witness, and approximately 20% of the cases had other evidence. Of all cases examined 64% led to charges being filed. Most types of evidence increased the likelihood that charges would be filed. The two most significant types of evidence were a corroborating witness and offender confession. In addition, elementary school age children were more likely than younger children and adolescents to have their cases charged. This finding is likely due to the viewpoint that young children are less reliable and adolescents are more likely to make up false allegations. Of those cases that proceeded to charges, 80% ended in conviction, 82% of those resulted from a guilty plea.

### **Effects of Child Advocacy Centers on the Decision to Prosecute**

Research measuring the prosecution outcomes of cases involved with CACs has been limited because studies have not had adequate control groups and have only examined short periods of time (Jones, et al., 2007). Faller and Palusci (2007) assert that, as of the date of their research, there has been no study that has thoroughly examined how CACs affect the decision to charge.

Jensen, et al. (1996) examined three CACs in Utah and the dispositions of the cases processed through the CACs. They found that, although 42% of the cases contained supportive evidence: medical findings, witness statements, and confessions; there were very few arrests and restraining orders issued. Of the total (223) cases examined, 12% were closed by an arrest and another 27% were closed as unfounded.

Walsh, et al. (2008) examined three communities served by the Dallas County District Attorney's Office. They found that cases serviced through the CAC had significantly quicker charging decisions than those not serviced through the Children's Advocacy Center. Over two thirds of the CAC cases reached indictment between 31 and 60 days. Walsh et al. (2008) theorize that the quicker resolution time was because the prosecutors are involved with the case from the beginning when it is routed through the Children's Advocacy Center. They also found that an initial arrest significantly shortened the length of time to a charging decision, however, only 20% of these cases were completed within American Prosecution Association recommendation of 120 days. The researchers acknowledge that the criminal court process can be very lengthy for child sexual abuse cases. In addition, this study was limited to 160 cases in a concentrated area of Dallas County, Texas. The small number of cases examined and the concentrated area of the origination of the cases limit the generalizability of these findings.

Wolfteich and Loggins (2007) found that organizations with MDTs were associated with higher frequency of substantiated abuse than the traditional child protection model that does not facilitate an MDT. The authors assert that the MDT approach leads to improved outcomes. These findings support the earlier research of Tjaden and Anhalt (1994) who found that those cases with joint investigations involving

both law enforcement and child protective services had more criminal prosecutions and more guilty pleas than those without joint investigations and Smith, et al. (2006) who found that 80% of cases substantiated through a MDT at a CAC were referred for prosecution. However, only 42.8% of substantiated cases not served through an MDT had prosecution referrals.

In one of the largest studies on the effects of CACs and the first to thoroughly examine the link between CACs and prosecution rates of child sexual abuse, Miller and Rubin (2009) compared prosecution rates in two districts of a large urban city between 1992 and 2002. Because these two districts were in the same city, they were comparable across many variables with the exception of their use of the local Child Advocacy Center. Miller and Rubin (2009) were able to gather data from the CAC, District Attorney, and Child Protective Services. In one district, the use of the CAC tripled while use in the other district remained constant. The district that tripled use, doubled the prosecution rates of child sexual abuse while experiencing a 59% decrease in reports. The second district experienced a 49% decrease in reports of sexual abuse while their prosecution rates remained constant with their use of the CAC. While this study is suggestive of the effectiveness of CACs it is important to note that although the prosecution rates in 2002 were 69% higher in district one, the conviction rates did not experience the same increase. Moreover, Miller and Rubin (2009) acknowledge that causality cannot be inferred from this study because of possible confounding variables. In addition, because of missing data, estimates had to be made using census data for the second district.

Prosecutors agree on the importance of child witness statements being concise, relevant, and clear (Burrows & Powell, 2013). To date, however, prosecutors have

played a limited role in developing interview protocols. This trend is changing to allow prosecutors to provide feedback on interview protocols. Prosecutors acknowledge that there must be a balance between free recall questions and the possibility of fatigue with a long forensic interview. If the child becomes fatigued during the interview, he or she may not have a clear disclosure. During this study prosecutors were surveyed in reference to forensic interviews. They based their decisions on a total of 36 interviews, 22 of which were child sexual abuse cases. In 33% of these cases the defendant was convicted while in 52% of these cases the defendant was acquitted.

Pipe, et al. (2013) found a correlation between an increase in quality of victim statement and the decision to charge. They argue that improvements in the quality of victim statements are likely to have accounted for increases in charging decisions for child abuse cases. They acknowledge that other factors may have also played a role.

### **Gaps in Research**

In 1997, Kolbo and Strong found that much more research was needed to determine if a causal relationship existed between an MDT design and team effectiveness. They assert that more research is needed in reference to how MDTs can encourage appropriate reporting, generate legally admissible evidence, resolve cases in a timely manner, and respond to the needs of child victims and their families while preventing future abuse. Researchers acknowledge the lack of research on CACs (Cross, et al., 2003; Jacobson, 2001). Jenson, et al. (1996) claimed that CAC evaluation is complex because of the different professionals involved, therefore, there is a lack of empirical studies of CACs.

Moreover, Jacobson (2001) found a perceived gap between research and practice. Well-meaning professionals were investigating child abuse claims with little to no training. The training that was received was not empirically based. The development of CACs was a logical solution to some of the difficulties of the child protection system. There is little evidence pointing to the efficacy of CACs over traditional child protection system procedures (Cross, et al., 2007; Smith, et al., 2006; Wolfteich & Loggins, 2007).

In 2005, Newman, et al. found that controlled studies on the effectiveness of MDTs had not been conducted. An impediment found to conducting this type of research was a lack of outcome data measuring the effectiveness. Because of this lack of information available and the decentralized nature of CACs little outcome research is available (Jones, et al., 2005). This has also led to disparate results for the few studies that have been conducted (Cross, et al., 2007; Faller & Palusci, 2007; Jones, et al., 2005). Moreover, Cross, Helton, and Chauncy (2012) found that law enforcement participation in child protective service investigations has rarely been studied. Therefore, it is difficult to measure the effectiveness of the MDT approach to child abuse investigations. Additionally, most of the research to date has assumed coordination if a case was processed through a CAC. Research measuring if actual coordination occurred is needed.

According to Lalayants and Epstein (2005) the existing research on MDT effectiveness focuses on the strengths and all but ignores possible weaknesses. They provide a substantial list of areas where research is lacking in reference to MDT: more consistent operations definitions of MDT outcomes, descriptive quantitative studies, qualitative studies of MDT collaboration, comparative quasi-experimental studies, multivariate studies of MDTs, and more ethnographic studies. Because of the

decentralized nature of CACs the authors call for more descriptive quantitative studies on the variations in designs at different locations. They also call for more multivariate studies of MDTs that control for confounds such as differential case assignment, variations in structure, and professional composition of the team.

There is a wealth of information in reference to child development and learning and how forensic interviews should conform to these factors. Research about question type and the benefits of soliciting free narrative is well established (Lamb, et al., 2008; Pipe, et al., 2007). There is a lack of research about the best way to conduct a forensic interview that is legally defensible while maintaining a child friendly approach (Burrow & Powell, 2013).

Walsh, et al. (2003) argues that systematic evaluations of CACs is lacking. They do note that CACs, by their nature, vary in how they should be evaluated. Because not all CACs have the same outcome measurements and organization, evaluations must, in some ways, be tailored to individual CACs.

In summary, little research has been conducted on the effects of Children's Advocacy Centers in regards to prosecutorial decisions and outcomes (Burrow & Powell 2013; Cross, et al., 2007; Cross, et al., 2012; Faller & Palusci, 2007; Jackson, 2004; Jacobson, 2001; Jenson, et al., 1996; Jones et al., 2005; Malloy et al., 2013; Newman et al., 2005; Smith et al., 2006; Walsh, et al., 2003; Walsh, et al., 2008; Walsh, et al., 2010; Wolfeich & Loggins, 2007). The majority of research to date is descriptive in nature, focusing on demographics of clients and satisfaction perception among caregivers (Wolfeich & Loggins, 2007). The comparative research completed to date has focused

on large metropolitan areas, leaving the effects of CACs in smaller communities largely unexamined.

## **CHAPTER III**

### **METHODS**

A recurrent theme in the existent literature is the need for more research on the effectiveness of CACs. This research project represents an attempt to fill the gap in the literature on CACs. In doing so, the researcher's goal is to foster future research in this area. This study examined the impact of different core components of the CAC MDT model on the decision to accept or reject child sexual abuse cases for prosecution.

#### **Participants**

##### **Study Site**

Texas leads the way in research and innovation regarding forensic interviews due to the involvement of the Children's Advocacy Centers of Texas. In fact, several other states have adopted the Texas curriculum developed to train forensic interviewers (Ada McCloud, personal communication, May 8, 2014). Additionally, Texas has the largest number of CACs of any state in the United States.

This study examined cases from two Texas counties processed through the same NCA accredited CAC. The CAC is unique in that it serves two counties in one location. The counties vary widely in demographics and population. The larger county has a population of over 300,000 while the smaller county has a population of approximately 75,000 and is considerably more rural than the larger county. Children are brought to the CAC to receive a forensic interview and other services. The CAC houses two full-time forensic interviewers, a family advocate, and a licensed professional counselor. Children needing a medical exam are referred to the local hospital that has a team of forensic nurses specializing in child sexual abuse. The CAC coordinates the local MDTs for both counties. The MDT for each county consists of the core components: law enforcement,

child protective services, prosecution, medical staff, therapists, prosecutors, and CAC staff. The CAC collects data on a number of case characteristics including case status, CPS and law enforcement dispositions, medical reports, and if a case was accepted or rejected for prosecution. These data were analyzed to determine what factors impact the decision to accept or reject a child sexual abuse case for prosecution.

### **Population and Sample**

All cases referred to the CAC for sexual abuse from 2010-2013 were considered for inclusion in this study; however, approximately 32% of the cases were included in the final analyses (see Table 6). A report providing the aggregate number of cases from 2010-2013 indicated 1,732 forensic interviews were conducted during this time. The CAC does provide additional forensic interviews for other alleged offenses as well as witnesses to violent crimes. These cases were excluded. Particularly, cases involving allegations of physical abuse and neglect were excluded. The CAC provides what are referred to as “courtesy interviews” which were also excluded. These interviews are conducted with children who are in the CAC service area, but whose alleged offense occurred elsewhere. Additionally, multi-victim cases were excluded prior to the analysis. This is consistent with prior studies (Cross, et al., 1995; Cross, et al., 2005; Hagborg, et al., 2012; Walsh, et al., 2010). Multi-victim cases will inherently violate the regression assumption that all cases are independent. These cases were removed prior to the analysis. An unexpected category of cases that were removed prior to analysis were those cases that were never presented to the prosecution because of the decision of the law enforcement agency charged with investigating the case. The reasons these cases were never presented for prosecution is beyond the scope of this research. Table 6 has a complete breakdown of all cases that were removed prior to analysis.

There are a number of data sources for this project. While all data is housed at the CAC, there is no standard system for tracking all needed data. The computer system established by CACs of Texas, Case Tracking, was used for some of the data. However, not all data is captured in that system. Case specific data was collected by the researcher from individual case files and minutes from MDT meetings.

Table 6. Count of Cases

Initial Count	1,732
Adult Victims	4
Incomplete Data	17
Alleged Perpetrator Under Age 10	29
Child Witness	152
Multiple Victim Cases	166
PHAB & Neglect	194
Cases Not Presented to Prosecutor	245
Other Jurisdiction	367
Total cases included in analyses	558

### Research Questions and Variables

All of the research questions formed for this project all focused on the dependent variable indicating acceptance or rejection of a child sexual abuse case by prosecution. For all questions the dependent variable was measured using a dichotomous variable “accepted for prosecution”.

0 = no

1 = yes

The following section is organized by research question. Each of the four research questions are explained and the variables associated with each question follow the explanation. Flag variables were used when appropriate and coded using 1 for the

presence of a variable and 0 for the absence. The data sources are listed with the variables.

### **Research Question 1**

To what extent, if any, does the involvement of the core components of the MDT correlate with the prosecutor's decision to prosecute? The question is asked in different ways, yielding two logistic models. The first model addressed whether the involvement of individual MDT members at case staffings is correlated with the likelihood of prosecution. The first model included the following agencies: Law enforcement, CPS, prosecution, mental health, medical, family advocacy, and CAC staff. Each component was examined.

*Law Enforcement Meeting Flag:* Dichotomous variable measuring whether law enforcement was present for the subsequent case staffing.

0 – No

1 – Yes

*CPS Meeting Flag:* Dichotomous variable measuring whether CPS was present for the subsequent case staffing.

0 – No

1 – Yes

*Prosecution Meeting Flag:* Dichotomous variable measuring whether prosecution was present for the subsequent case staffing.

0 – No

1 – Yes

*Mental Health Meeting Flag:* Dichotomous variable measuring whether a mental health representative was present for the subsequent case staffing.

0 – No

1 – Yes

*Medical Meeting Flag:* Dichotomous variable measuring whether the medical representative was present for the subsequent case staffing.

0 – No

1 – Yes

*Family Advocate Flag:* Dichotomous variable measuring whether a family advocate was present for the subsequent case staffing.

0 – No

1 – Yes

*CAC Staff Flag:* Dichotomous variable measuring whether a CAC staff member was present for the subsequent case staffing.

0 – No

1 – Yes

The second model addressed whether having larger MDT participation is correlated with the likelihood of prosecution. A continuous derived variable was created to measure if the increase of the participation of one member, regardless of discipline, is correlated with the prosecutorial decision to accept or reject a case. All information for these variables were obtained manually with MDT meeting sign-in sheets.

*MDT Participation Continuous:* A continuous variable ranging from 0-7 indicating the number of MDT members present for the subsequent case staffing.

## **Research Question 2**

The MDT meeting is the only official time and place that all members of the MDT have the opportunity to collaborate on child sexual abuse investigations. All

parties, not just investigators attend the meetings. Conversely, the investigators involved in the case have the opportunity to collaborate at both the forensic interview and the MDT meeting.

This question asked about case coordination beyond just the MDT, specifically, to what extent, if any, does case coordination between law enforcement and CPS correlate with the prosecutor's decision to accept or reject the case? Case coordination was measured at two different points in time: the initial forensic interview and the subsequent case staffing or MDT meeting. This was measured by whether CPS was present at the forensic interview, whether law enforcement was present at the forensic interview, whether CPS was present at the subsequent case staffing, and whether law enforcement was present at the subsequent case staffing.

*Level of Coordination:* Ordinal level variable measuring whether law enforcement and/or CPS were present at both the forensic interview and MDT meeting.

0 – No coordination, law enforcement and CPS are not present, together, at either the forensic interview or MDT meeting.

1 – Some coordination, law enforcement and CPS are present, together, at either the forensic interview or MDT meeting.

2 – Complete coordination, law enforcement and CPS are present, together at both the forensic interview and MDT meeting.

### **Research Question 3**

To what extent, if any, does the medical exam component of the MDT correlate with a prosecutor's decision to accept or reject the case? This question required two separate logistic models. The first model measured the effects of whether a child had an exam. The second model only included those cases where the child had an exam and

measures the effects of physical findings indicative of sexual abuse found during the exam.

*Medical Exam Flag:* Dichotomous variable measuring whether a child had a medical exam from a forensic nurse. This information was obtained through a report run through case tracking.

0 – No exam

1 – Exam

*Physical Findings Flag:* Dichotomous variable measuring whether forensic nurses found physical findings indicating sexual abuse. Physical findings included those identified by forensic nurses as indicative of sexual abuse. This information was obtained manually through accessing each client file and notes provided by the forensic nurses. Additionally, MDT minutes were used to verify information.

0 – No physical findings

1 – Physical findings

#### **Research Question 4**

To what extent, if any, does the consistency in whether a child discloses sexual abuse at two different time points correlate with a prosecutor's decision to accept or reject the case? All cases where the child received a medical exam were included in this analysis. All others were excluded. Statements at both the forensic interview and medical exam were used. Three variables were created to measure consistency. The information for forensic interview statements were obtained through running online reports through the case tracking system. The information for the medical exam statements were obtained manually through the examination of nursing notes provided to the CAC and MDT minutes. Two logistic models were run. The first model compared

full and partial disclosures to no disclosures. The second model compared full disclosures to partial disclosures.

A disclosure of sexual abuse is one that meets the criteria for one of the following from the Texas Penal Code:

Sec. 21.02 Continuous Sexual Abuse of Young Child or Children

Sec. 21.11 Indecency with a Child

Sec. 22.011 (2) Sexual Assault of a Child

Sec. 22.021 (a) (1) (B) Aggravated Sexual Assault of a Child

*Disclosure:*

0 – No disclosure at either the SANE exam or forensic interview.

1 – Partial disclosure, sexual abuse disclosure at either the SANE exam or forensic interview.

2 – Full disclosure, sexual abuse disclosures at both the SANE exam and forensic interview.

### **Control Variables**

*County:* Rural or urban. The county in which the case originated is listed on the paperwork completed by CAC staff when a referral is made. The first county is referred to as urban, the second county, with approximately 75,000 people is referred to as rural. This information was obtained by running a report using the online case tracking system.

0 – Rural

1 – Urban

*Child Age:* A continuous variable ranging from 2-16. This information was obtained by running a report using the online case tracking system. The data originally comes from the investigator requesting the interview and the non-offending caregiver.

*Child Race/Ethnicity Flag:* A dichotomous variable indicating the minority status of the child. This information was obtained by running a report using the online case tracking system. This information is originally obtained on an intake form asking the non-offending caregiver the “Race/Ethnicity” of the child with a blank space. Therefore, the data were limited in that they did not distinguish between race and ethnicity.

0 – Non-white, race or ethnicity indicated other than white or Caucasian

1 – White

*Sex of Child:* A dichotomous variable indicating the child’s sex. This information is originally provided by the investigator requesting the interview and the non-offending caregiver. The majority of children who received forensic interviews were female. The decision was made to code *Female* as 1 and *Male* as 0 for ease in interpretation of results.

0 – Male

1 – Female

*Alleged Offender Age:* A continuous variable ranging from 10-99. Because the age of culpability is 10 in Texas the CAC only has data on alleged offending beginning at that age.

*Alleged Offender Race/Ethnicity:* A dichotomous variable indicating the minority status of the alleged offender. This information was obtained by running a report using the online case tracking system. This information is originally obtained from the investigator requesting the interview. The case tracking system does not distinguish between race and ethnicity.

0 – Non-white, race or ethnicity indicated other than white or Caucasian.

1 – White

*Sex of Alleged Offender:* A dichotomous variable indicating the child's sex. This information is originally provided by the investigator requesting the interview.

0 – Female

1 – Male

*Relationship to Child:* A nominal level variable indicating how the alleged offender is related to the child. The CAC offers the following categories: parent, step-parent, sibling, step-sibling, foster/adoptive parent, parent's paramour, other relative, known non-relative, and stranger. This information is obtained from the non-offending caregiver and the investigator requesting the interview. The variables were collapsed into a continuous variable measuring the relationship between the alleged offender and child.

0 – Stranger, the person is unknown to the child.

1 – Parent's paramour and known non-relative.

2 – Parent, step-parent, sibling, step-sibling, foster/adoptive parent, and other relative.

*Household Status Flag:* Dichotomous variable indicating whether the child and alleged offender lived in the same household.

0 – Child and alleged offender lived at different locations

1 – Child and alleged offender lived at the same location

**Case specific control variables.**

*Child Witness:* Dichotomous variable indicating if another child was a witness to the alleged offense. This information was obtained through manually accessing the files and determining if a child witness was interviewed at the CAC. Previous studies have found that having a witness to child sexual abuse increases the likelihood of prosecution.

0 – No child witness

1 – Child witness

*CPS Disposition:* Nominal level variable indicating the CPS decision in the case.

This information was obtained both through manually examining MDT meeting notes and running case tracking reports. The burden of proof needed for a CPS investigator to make a reason to believe finding is a preponderance of the evidence. Because of the lower level of proof needed, these findings may represent the quality and quantity of the investigation as a whole.

0 – Ruled Out. Indicates that, based on the available information, the investigator found that it was reasonable to conclude that abuse did not occur.

1 – Unable to Determine. Indicates that the investigator found that a preponderance of the evidence did not exist to conclude abuse occurred, however, it is not reasonable to conclude that it did not occur.

2 – Administrative Closure/Unable to Complete/None. Indicates that the family moved, the investigator was unable to complete the investigation, CPS intervention was unwarranted, or a variety of other nondescript reasons for closure. The cases that did not include, at any point, CPS involvement were also coded as 2. All three categories; administrative closure, unable to complete, and no CPS involvement; would likely yield the same effect, if any, on the decision to accept or reject a case because they all indicate the lack of CPS involvement in any particular case.

3 – Reason to Believe. Indicates that the investigator found by a preponderance of the evidence that abuse did occur.

*Prior Outcry Flag:* This dichotomous variable indicates whether there is a report that the child has already made a sexual abuse outcry or if the child was interviewed “at risk”. The term “at-risk” is used to indicate when there is suspected abuse with no outcry

from the child. For example, a child who displays what is considered inappropriate sexual knowledge may be interviewed “at-risk” in an attempt to ascertain how the child obtained the knowledge.

0 – No known prior outcry

1 – Reported prior outcry

### **Data Collection and Analysis**

#### **Data Preparation and Cleaning**

The researcher had access to all CAC case files and the online case tracking system, used to track CAC cases. The staff at the CAC are responsible for entering individual case information into case tracking. A variety of reports can be run using the case tracking system; however, no single report was able to provide all of the needed information to answer the research questions. The researcher ran a variety of reports and merged them in an excel spreadsheet. The excluded cases were then deleted from the spreadsheet. Not all of the information needed was captured in the case tracking system. Therefore, the researcher manually accessed the case files and notes from case staffing meetings to complete the spreadsheet. Once all of the available data were gathered, all cases were de-identified and assigned a number beginning at “1”. No identifying information remained that can link a case to a particular individual. From the remaining data the information was entered into SPSS.

#### **Data Analysis**

All analyses were conducted using SPSS. The data were coded and entered into SPSS by the researcher. The preliminary analysis included the creation of cross-tabulations and contingency tables to display frequency distributions. The cross-tabulations allowed the researcher to disaggregate the data across multiple categories.

For example, a cross-tabulation was computed to describe how the service of a forensic exam differs across cases. This allowed the researcher to begin to discern whether or not there were relationships between the variables. Additionally, descriptive statistics were run at this stage including the demographics of each case.

Logistic regression analysis was used to estimate whether any of the independent variables described above were significantly related to the prosecutor's decision to accept or reject a child sexual abuse case. Regression is the process of modeling the dependent variable as a function of the independent variables. Logistic regression is commonly used when the dependent variable for the equation is discrete. Logistic regression uses the maximum likelihood estimation to estimate the log odds of the independent variables' effect on the dependent variable. All tests for statistical analysis were based upon a .05 alpha level.

### **Limitations in Methods**

Limitations for this research include those that are applicable for all secondary research. Because the researcher used data collected for another purpose, the validity of the data must be questioned (Babbie, 2005). For example, the intake form used by the CAC simply asks the non-offending caregiver to fill in blanks, not pick from a set list of variables. Additionally, the relationship between the alleged offender and the child is asked on both the intake form completed by the non-offending caregiver and the form completed by the CAC staff. This information is largely dependent on the caregiver's view of the relationship. For example, the caregiver may indicate the relationship is step-father, when in fact the relationship is mother's paramour. In addition to relationship, the category "race/ethnicity" is both on the intake form and in the case tracking system. The

data does not distinguish between non-Hispanic whites from Hispanic whites. It is only possible to distinguish between white and non-white. The non-white category will include all races and/or ethnicities provided by the caregivers other than white or Caucasian.

In an effort to ensure that the data collected provided valid measures for the variables, the researcher cross checked the data across the different documents available. Some of the data was only available in files located at the CAC. These files were manually accessed to gather some of the data. This increased the possibility of coding errors. The researcher entered all data into SPSS. To limit entry errors, a CAC staff member voluntarily checked entries at random for accuracy.

### **Ethical Considerations**

Because the researcher had access to original records, subject confidentiality was a concern (Bachman & Schutt, 2007). To ensure the confidentiality of subjects, all information was deidentified before being analyzed. Additionally, no records with identifying information left the CAC. The CAC has locked storage cabinets and rooms where client files are kept. The case tracking system is protected with a username and password required to access information. In addition to protecting the individual client information, the name of the CAC will also be withheld. This will ensure any findings viewed as negative will not adversely impact the CAC. This research was presented to the Texas State University Institutional Review Board for approval. An exemption was granted based upon the data used being de-identified secondary data.

## CHAPTER IV

### RESULTS

#### **Descriptive Statistics**

The first analysis conducted was a descriptive assessment of the data. The descriptive analysis allowed the researcher to gain an understanding of the data prior to conducting regression analysis. The first descriptive analysis was conducted using only continuous and dichotomous variables (see Table 7). A second descriptive analysis was conducted using the cases that were not presented to the prosecutor (see Table 8). The descriptive statistics of the cases not presented will be included in the analysis within parenthesis and italicized after the cases that were presented to the prosecution to allow for comparison.

The mean age for the victim, 9.24 (*8.12*) years, is consistent with what is generally reported by this CAC as the most populous age category. The CAC reported seeing children between the ages of 6-12 more frequently than any other age. Additionally, CACs reported seeing predominantly female victims, which aligns with the fact that 79% of the victims in the study sample were female. Slightly over half (53%, *51%*) of the victims interviewed were white. This is likely attributed to the urban county being having a very diverse population. Additionally, if victims were reported as being Hispanic, they were put into the non-white category.

The mean age for the alleged offenders was 28.24 (*28.92*) years old. The youngest alleged offender was 10 while the oldest was 81 years of age. A notable finding in reference to alleged perpetrators is that the mode was 14 years of age with 42 cases

having alleged perpetrators that were 14 years of age. Almost 30% (29.7) of the alleged perpetrators were juveniles (10-16 years of age) when the alleged abuse occurred. Only 7% (14%) of the alleged perpetrators were reported as being female. Again, this statistic is not surprising given current literature on alleged perpetrators which indicates that males are charged with child sexual abuse more frequently than females (Tjaden & Anhalt, 1994; Whittier, 2009).

The urban county accounted for the majority of interviews (76%, 71%). This was expected because the urban county has a 75% higher population than the rural county. Only 37% (42%) of the alleged perpetrators lived in the same home as the victim. For a variety of reasons, children are less likely to report offenses that occur within the home (Pipe, et al., 2007).

Only 15% (8%) of the reported cases had child witnesses that were also interviewed at the CAC. This is consistent with prior research (Cross, et al., 1995; Cross, et al., 2003; Jones, et al., 2005) indicating that the majority of child sexual abuse cases do not have witnesses. Almost all, 92% (82%), of the victims had a reported prior outcry. This is consistent with the operation of CACs in that children are only interviewed when there is a reason to suspect a child has been abused.

Table 7. Descriptive Statistics of Cases Presented and not Presented to Prosecutor

<b>Variable</b>	<b>Mean</b>	<b>Std. Dev.</b>
<b>Victim</b>	Presented/Not	Presented/Not
Age	9.24/8.12	4.13/4.12
Sex (Female vs. Male)	.79/.75	.41/.43
Race (White vs. Non-white)	.53/.51	.50.50
<b>Alleged Perpetrator</b>		
Age	28.24/28.92	14.44/14.13
Sex (Male vs. Female)	.93/.86	.26/.34
Race (White vs. Non-white)	.56/.56	.50.50
In-home	.37/.42	.48/.50

Table 7. Continued		
Variable	Mean	Std. Dev.
<b>Case Specific</b>		
Child Witness	.15/.08	.35/.27
Prior Outcry	.92/.82	.26/.39
County (Urban)	.76/.71	.43/.50

Table 8 lists the percentage of cases accepted for prosecution based upon the dichotomous variable of accepting or refusing a case for prosecution. When the alleged perpetrator was male 71% of the cases were accepted, compared to only 42.5% when the alleged perpetrator was female. The rural county had a much higher percentage of cases accepted for prosecution at 83.1% compared to 64.5% for the urban county. Additionally, when the child had a reported prior outcry, 70.3% of those cases were accepted, compared to 52.4% when there was no reported prior outcry.

Table 8. Percentage of Cases Accepted for Prosecution and Refused by Variable

Variable	Prosecution Decision	
	% Accepted	% Refused
Victim Sex (female)	70.7	29.3
Victim Sex (male)	62.7	37.3
Victim Race (white)	72.1	27.9
Victim Race (non-white)	65.5	34.5
Alleged Perpetrator Sex (male)	71.0	29.0
Alleged Perpetrator Sex (female)	42.5	57.5
Alleged Perpetrator Race (white)	68.3	25.8
Alleged Perpetrator Race (non-white)	70.0	30.0
County (Urban)	64.5	35.5
County (rural)	83.1	16.9
Child Witness	82.9	17.1
No Child Witness	66.6	33.3
Prior Outcry	70.3	29.7
No Prior Outcry	52.4	47.6

Table 9 lists the percentage of cases screened by prosecution based upon the dichotomous variable of the decision to present a case to prosecution by law enforcement. When the alleged perpetrator was male 70.6% of the cases were presented to the prosecution, compared to only 57.9% when the alleged perpetrator was female. The rural

county had a slightly lower percentage of cases presented to prosecution at 65.7% compared to 70.8% for the urban county. Additionally, when the child had a reported prior outcry, 71.6% of those cases were presented to the prosecution, compared to 48.9% when there was no reported prior outcry. Regardless of the decision to present the case to prosecution for screening, the overwhelming majority of cases (94.4% and 90.4%) were staffed at least once at an MDT meeting.

Table 9. Percentage of Cases Presented to Prosecution by Variable

Variable	Decision to Screen Case	
	% Screened	% Not Screened
Victim Sex (female)	70.2	29.8
Victim Sex (male)	65.2	34.8
Victim Race (white)	69.8	30.2
Victim Race (non-white)	68.4	31.6
Alleged Perpetrator Sex (male)	70.6	29.4
Alleged Perpetrator Sex (female)	57.9	42.1
Alleged Perpetrator Race (white)	69.4	30.6
Alleged Perpetrator Race (non-white)	68.6	31.4
County (Urban)	70.8	29.2
County (rural)	65.7	34.3
Child Witness	81.2	18.8
No Child Witness	67.3	32.7
Prior Outcry	71.6	28.4
No Prior Outcry	48.9	51.1
MDT Staffing	94.4	5.6
No MDT Staffing	90.4	9.6

### Regression Analysis

The research questions were addressed by a series of logistic regression analyses; these are presented according to research question. For all equations the following control variables were used: victim age (victim age), victim race (victim race), alleged perpetrator race (AP race), alleged perpetrator age (AP age), alleged perpetrator relationship to victim (AP relation), alleged perpetrator home location (in home), and the county of the alleged offense (county). The following case specific control variables

were used in all equations: whether there was a reported prior outcry (prior outcry), whether there was a child witness (child witness), and the disposition of CPS regarding the case (CPS disposition).

For the alleged perpetrator relationship to victim variable, the category of “stranger” posed several unexpected problems during analysis. Only five of the 558 cases had a relationship of “stranger”. Additionally, all of the five cases were accepted for prosecution and all had sexual abuse outcries at both the forensic interview and SANE. Because there was no variability among the “stranger” cases the decision was made to run all analyses twice, both with and without the five “stranger” cases. The pattern of findings were consistent across both analyses for all research questions for all variables other than alleged perpetrator relationship to victim. For alleged perpetrator relationship, removing “stranger” allowed the researcher to accurately analyze the significance of familial relationship. To show this familiar relationship, reported analyses exclude the five “stranger” cases.

The odds ratio statistic is used to interpret the results of the analyses. When comparing the odds for two groups, an odds ratio statistically greater than one indicates that the outcome is more likely for the first group than the second. To calculate the percentage one simply subtracts 1 from the odds ratio (Menard, 2010). For example, an odds ratio of 1.55 would indicate that the first category had a 55% higher odds of the outcome occurring than the second category. Conversely, an odds ratio that is statistically less than 1 indicates that the outcome is less likely for the first group but is not directly interpretable (Menard, 2010). To interpret these odds ratios, 1 is divided by the odds ratio and the direction of the relationship is flipped. For example, an odds ratio

of .55 is transformed into 1/.55 and indicates that the second category has roughly an 82% greater odds of the outcome occurring than the first category.

### Control Variables

Because the number of cases included in the models changed throughout the analyses, separate tables (Table 10 and Table 15) are included that contain scores for the models run with the control variables before entering the predictor or independent variables. For the first two research questions which concern MDT participation and case coordination 553 cases were included in the analyses. The third question, which evaluated the impact of SANE exams, is divided into two sections, yielding two models. The first model included all 553 cases. The second model only included those cases that had SANE exams, 304. The last research question, regarding consistency yielded a model including 294 cases.

Table 10. Control Variable Models With and Without Case Specific Variables

Independent Variables	Control Variables					Case Specific Control Variables				
	B	SE	Wald	p.	Odds Ratio	B	SE	Wald	p.	Odds Ratio
Victim Age	.132	.025	27.219	<.001	1.141*	.113	.030	14.383	<.001	1.119*
AP Age	-.007	.007	1.057	.304	.993	-.010	.008	1.534	.216	.990
Victim Sex (female)	.165	.243	.459	.498	1.179	.114	.299	.147	.702	1.121
AP Sex (male)	1.022	.356	8.258	.004	2.780*	.984	.420	5.493	.019	2.675*
AP Race (white)	.405	.258	2.452	.117	1.499	.672	.303	4.925	.026	1.958*
Victim Race (white)	.353	.258	1.871	.171	1.423	.581	.300	3.755	.053	1.787
AP Relation (relative)	.210	.219	.920	.338	1.234	.368	.303	1.471	.225	1.444
In Home	-.204	.222	.846	.358	.815	-.600	.291	4.249	.039	.549*
In Home	-.204	.222	.846	.358	.815	-.600	.291	4.249	.039	.549*
County (Urban)	.981	.266	13.566	<.001	2.666*	1.048	.323	10.554	.001	2.853*

Table 10 Continued.

Independent Variables	Control Variables					Case Specific Control Variables				
	B	SE	Wald	p.	Odds Ratio	B	SE	Wald	p.	Odds Ratio
Prior Outcry	-	-	-	-	-	.225	.453	.247	.619	1.252
Child Witness	-	-	-	-	-	1.094	.397	7.586	.006	2.987*
CPS R/O vs. RTB	-	-	-	-	-	-2.987	.393	57.775	<.001	.050*
CPS UTD vs. RTB	-	-	-	-	-	-3.276	.410	63.883	<.001	.038*
CPS None vs. RTB	-	-	-	-	-	-.867	.358	5.860	.015	.420*
Constant	-1.846	.504	13.438	<.001	.158*	-1.131	.737	2.358	.125	.323

n=553

\*=p<0.05

Model Fit Statistics Control Variables						
H-L Goodness of Fit			Omnibus Test			Model Summary
Chi-Square	df	Sig.	Chi-Square	df	Sig.	-2 LLR
20.52	8	.009	65.03	9	<.001*	622.185

  

Model Fit Statistics Case Specific Control Variables						
H-L Goodness of Fit			Omnibus Test			Model Summary
Chi-Square	df	Sig.	Chi-Square	df	Sig.	-2 LLR
11.443	8	.178	215.53	5	<.001*	471.70

All model fit statistics improved with the addition of the case specific control variables. The Hosmer and Lemeshow's goodness of fit test, for which a non-significant result means a good fit, improved from a significance of .009 to .178, indicating the addition of the case specific control variables improves the predictability of the model. Additionally, while both models, with and without the case specific control variables, were statistically significant, the chi-square value increased by 150.50 with the additional variables.

In both models the victim's age, alleged perpetrator's sex, and county were all significant. Therefore, it is concluded that at the .05 level of statistical probability that there is a difference between cases that are accepted and cases that are rejected with

respect to those variables. Once the precursor variables were entered in the model, the alleged perpetrator race and the home status of the alleged perpetrator became significant. This indicates that the odds of a case being accepted for prosecution increases by approximately 96% for white alleged perpetrators. Additionally, the odds of having a case accepted increases by roughly 82% when the alleged perpetrator lives in the same home as the victim. The odds ratios for the victim age variable were 1.14 and 1.12 respectively, indicating that for every year increase in one year of age of victim, the odds of having a case accepted for prosecution increased by roughly 12%. The odds ratios for alleged perpetrator sex were 2.780 and 2.675 respectively, indicating that male alleged perpetrators had a 168% higher odds of having their cases accepted for prosecution.

The odds ratio for child witness was 2.987, which was statistically significant indicating that the odds for having a case accepted for prosecution increases by nearly 200% when a child witness is available. The CPS disposition variables are also statistically significant indicating that cases with RTB (reason to believe) dispositions have higher acceptance rates than other CPS dispositions or no involvement at all. When compared to cases that were ruled out by CPS, cases that received an RTB disposition had 20 times higher odds of being accepted for prosecution. When compared to cases that were coded 'unable to determine' by CPS, cases that received an RTB disposition had over 26 times higher odds of being accepted for prosecution. When compared to cases with no CPS involvement, cases that received an RTB disposition had a 2.38 times higher odds of being accepted for prosecution.

## MDT Participation

The first research question concerned the effect of MDT participation on the decision to accept or reject a case for prosecution. The first model, illustrated in Table 11, examined whether having more MDT members at case staffings increased the odds that the prosecutor would accept the case. The second model, illustrated in Table 12, examined how these odds changed based on the individual effects of each MDT member at case staffings.

In the first MDT participation model, the Hosmer and Lemeshow's goodness of fit test was significantly improved over the control models by adding the number of MDT members variable (MDT amount). Additionally, the chi-square value increased by 9.173 in this model and it is statistically significant indicating that this model is a better fit to the data than the models without this predictor variable. The odds ratio for the MDT Amount variable is 1.305 and is statistically significant, that there is a difference in cases that are accepted for prosecution and cases that are rejected in reference to this variable. Statistically, for every additional MDT member at case staffings, the odds of the case being accepted for prosecution increased by roughly 30%.

Table 11. MDT Amount

MDT AMOUNT	B	S.E.	Wald	p.	Odds Ratio
Victim Age	.113	.030	13.838	<.001	1.119*
Alleged Perpetrator Age	-.008	.008	.950	.330	.992
Victim Sex (female)	.074	.302	.060	.806	1.077
AP Sex (male)	1.076	.427	6.361	.012	2.933*
AP Race (white)	.614	.306	40.024	.045	1.848*
Victim Race (white)	.570	.302	3.565	.059	1.768

Table 11 Continued.						
<b>MDT AMOUNT</b>	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>p.</b>	<b>Odds Ratio</b>	
Relation	.284	.308	.852	.356	1.328	
In Home	-.580	.295	3.862	.049	.560*	
County (urban)	.919	.326	7.941	.005	2.508*	
Prior Outcry	.220	.456	.231	.630	1.245	
Child Witness	1.005	.402	6.246	.012	2.731*	
CPS Ruled Out vs Reason to Believe (RTB)	-2.896	.404	51.260	<.001	.055*	
CPS Unable to Determine vs RTB	-3.181	.415	58.772	<.001	.042*	
CPS None vs RTB	-.778	.363	4.606	.032	.459*	
MDT Amount	.266	.090	8.642	.003	1.305*	
Constant	-2.522	.886	8.093	.004	.080*	
<i>n</i> =553				*= <i>p</i> <0.05		
<b>Model Fit Statistics</b>						
<b>H-L Goodness of Fit</b>			<b>Omnibus Test</b>			<b>Model Summary</b>
Chi-Square	df	Sig.	Chi-Square	df	Sig.	-2 LLR
5.693	8	.682	9.173	1	.002*	462.518

In the second MDT model that addressed the individual MDT members, when all seven MDT members were included as variables, the model was not statistically significant. It was determined that the Forensic Interviewer, Therapist, and Family Advocate were present for almost all of the case staffings. Because there was little variability regarding the presence of these three MDT members, another model was created omitting these member variables. With these variables were omitted, the model became statistically significant, illustrated in Table 12. The Hosmer and Lemeshow's goodness of fit test is, again, significantly improved with this model. Additionally, the chi-square value increased by 13.051 for this model and is statistically indicating that this model is a better fit to the data than the models without these predictor variables.

Of all the possible MDT members, the only member that had a significant odds ratio was MDT Prosecution at 1.80 indicating that for cases with prosecutor participation at case staffings the odds of having the case accepting were increased by 80%.

Table 12. MDT Individuals

<b>MDT INDIVIDUALS</b>	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>p.</b>	<b>Odds Ratio</b>
Victim Age	.107	.031	12.119	<.001	1.113*
Alleged Perpetrator Age	-.011	.008	1.648	.199	.989
Victim Sex	.081	.304	.071	.790	1.084
Alleged Perpetrator Sex	1.127	.430	6.871	.009	3.085*
Alleged Perpetrator Race	.637	.308	4.282	.039	1.891*
Victim Race	.526	.303	3.003	.083	1.691
Alleged Perpetrator Relation	.311	.308	1.016	.314	1.364
In Home	-.544	.302	3.252	.071	.580
County	.896	.343	6.822	.009	2.449*
Prior Outcry	.260	.462	.317	.574	1.297
Child Witness	1.066	.403	6.994	.008	2.902*
CPS Ruled Out vs Reason to Believe (RTB)	-2.930	.407	51.780	<.001	.053*
CPS Unable to Determine vs RTB	-3.274	.418	61.256	<.001	.038*
CPS None vs RTB	-.925	.370	6.240	.012	.396*
MDT SANE	.369	.253	2.126	.145	1.447
MDT Prosecution	.599	.253	5.599	.018	1.820*
MDT CPS	-.113	.273	.171	.679	.893
MDT Law Enforcement	.461	.245	3.549	.060	1.586
Constant	-1.914	.797	5.759	.016	.148*

n=553

\*=p<0.05

<b>Model Fit Statistics</b>						
<b>H-L Goodness of Fit</b>			<b>Omnibus Test</b>			<b>Model Summary</b>
Chi-Square	df	Sig.	Chi-Square	df	Sig.	-2 LLR
3.444	8	.903	13.051	4	.011*	458.641

## Case Coordination

The second research question concerned whether increased case coordination between CPS and law enforcement is correlated with prosecutorial decisions. The model compared no coordination to partial and full coordination. Table 13 contains the results of this analysis.

The Hosmer and Lemeshow's goodness of fit test indicates that this model is a better fit to the data than the model without the predictor variables. However, the chi-square value is 2.893 and is not statistically significant. Therefore, including the amount of case coordination in the model did not improve the ability to predict whether or not the prosecutor would accept the case.

Table 13. Coordination

<b>Coordination</b>	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>p.</b>	<b>Odds Ratio</b>
Victim Age	.118	.030	15.401	<.001	1.125*
Alleged Perpetrator Age	-.010	.008	1.542	.214	.990
Victim Sex	.092	.306	.091	.763	1.097
Alleged Perpetrator Sex	.991	.427	5.397	.020	2.695*
Alleged Perpetrator Race	.665	.304	4.786	.029	1.944*
Victim Race	.537	.301	3.624	.057	1.773
Alleged Perpetrator Relation	.365	.304	1.439	.230	1.441
In Home	-.642	.293	4.792	.029	.526*
County	1.001	.327	9.381	.002	2.721*
CPS Ruled Out vs Reason to Believe (RTB)	-2.945	.400	54.261	<.001	.053*
CPS Unable to Determine vs RTB	-3.268	.411	63.152	<.001	.038*
CPS None vs RTB	-.666	.376	3.136	.077	.514
Coordination Partial vs None	.447	.282	2.519	.112	1.564
Coordination Full vs None	.457	.396	1.335	.248	1.579

Table 13 Continued.					
<b>Coordination</b>	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>p.</b>	<b>Odds Ratio</b>
Constant	-1.418	.759	3.486	.062	.242
<i>n</i> =553				*= <i>p</i> <0.05	
<b>Model Fit Statistics</b>					
<b>H-L Goodness of Fit</b>			<b>Omnibus Test</b>		<b>Model Summary</b>
Chi-Square	df	Sig.	Chi-Square	df	-2 LLR
2.920	8	.939	2.893	2	.235
					468.798

### SANE Exam

The third research question concerned whether a child having a SANE exam increased the ability to predict a prosecutor’s decision to accept or reject a case, see Table 14. With a chi-square value that increased by 4.978 and a significance score of .026 this model is statically significant. The odds for whether a child had a SANE exam (Had SANE) was 1.732, *p*=.026. This means that cases involving a child who had a SANE exam were 73% more likely to be accepted than those without SANE exams.

Table 14. SANE Exam

<b>SANE Exam</b>	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>p.</b>	<b>Odds Ratio</b>
Victim Age	.120	.030	15.778	<.001	1.128*
Alleged Perpetrator Age	-.010	.008	1.490	.222	.990
Victim Sex	.049	.303	.026	.872	1.050
Alleged Perpetrator Sex	.995	.425	5.484	.019	2.704*
Alleged Perpetrator Race	.736	.306	5.781	.016	2.087*
Victim Race	.604	.303	3.993	.046	1.830*
Alleged Perpetrator Relation	.348	.305	1.304	.254	1.417
In Home	-.626	.293	4.560	.033	.535*
County	1.122	.328	11.739	.001	3.072*
Prior Outcry	.034	.460	.005	.942	1.034
Child Witness	1.095	.400	7.488	.006	2.989*

Table 14 Continued.						
<b>SANE Exam</b>	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>p.</b>	<b>Odds Ratio</b>	
CPS Ruled Out vs Reason to Believe (RTB)	-2.912	.396	54.131	<.001	.054*	
CPS Unable to Determine vs RTB	-3.230	.412	61.307	<.001	.040*	
CPS None vs RTB	-.795	.361	4.850	.028	.451*	
Had SANE	.549	.247	4.961	.026	1.732*	
Constant	-1.342	.743	3.261	.071	.261	
<i>n</i> =553				*= <i>p</i> <0.05		
<b>Model Fit Statistics</b>						
<b>H-L Goodness of Fit</b>			<b>Omnibus Test</b>			<b>Model Summary</b>
Chi-Square	df	Sig.	Chi-Square	df	Sig.	-2 LLR
8.824	8	.357	4.978	1	.026*	466.713

### **SANE Findings**

The third research question also examined whether having findings indicative of sexual abuse (SANE findings) was correlated with prosecutorial decisions, see Table 15. Because only 304 children in the sample had SANE exams additional regression analyses were run that excluded all cases with no SANE exam. Table 15 illustrates the models with control and case specific control variables on the 304 cases.

In both models, with control and case specific control variables, victim age, alleged perpetrator sex, and the county of alleged offense were all statistically significant. These findings are consistent with the model that included all 553 cases. Even with less cases the chi-square value was 68.493 with a significance of >.001 indicating that the model was a good fit for the data.

Table 15. Control Variables With and Without Case Specific Variables SANE

Findings

Independent Variables	Control Variables					Case Specific Control Variables				
	B	S.E.	Wald	p.	Odds Ratio	B	S.E.	Wald	p.	Odds Ratio
Victim Age	.164	.037	19.933	<.001	1.178*	.134	.043	9.671	.002	1.143*
AP Age	-.001	.010	.015	.902	.999	-.005	.012	.189	.664	.995
Victim Sex	.421	.369	1.300	.254	1.524	.646	.451	2.054	.152	1.907
AP Sex	1.364	.533	6.562	.010	3.912*	1.250	.625	3.998	.046	3.491*
AP Race	.224	.402	.309	.578	1.251	.869	.473	3.378	.066	2.383
Victim Race	.165	.405	.166	.684	1.179	.627	.463	1.835	.176	1.873
AP Relation	.822	.316	6.766	.009	2.275*	.918	.420	4.782	.029	2.505*
In Home	.106	.317	.112	.738	1.112	-.370	.414	.795	.372	.691
County	1.448	.476	9.269	.002	4.256*	1.638	.548	8.906	.003	5.146*
Prior Outcry	-	-	-	-	-	1.954	1.008	3.756	.053	7.060
Child Witness	-	-	-	-	-	1.161	.548	4.485	.034	3.194*
CPS R/O vs. RTB	-	-	-	-	-	-3.089	.629	24.115	<.001	.046*
CPS UTD vs. RTB	-	-	-	-	-	-3.082	.587	27.550	<.001	.046*
CPS None vs. RTB	-	-	-	-	-	-.826	.527	2.458	.117	.438
Constant	-2.788	.800	12.155	<.001	.062*	-4.148	1.366	9.227	.002	.016*

n=304

\*=p<0.05

Model Fit Statistics Control Variables						
H-L Goodness of Fit			Omnibus Test			Model Summary
Chi-Square	df	Sig.	Chi-Square	df	Sig.	-2 LLR
13.966	8	.083	48.547	9	>.001*	299.787
Model Fit Statistics Case Specific Control Variables						
H-L Goodness of Fit			Omnibus Test			Model Summary
Chi-Square	df	Sig.	Chi-Square	df	Sig.	-2 LLR
8.736	8	.365	68.493	5	>.001*	231.294+

The chi-square value for the SANE findings model, Table 16, was .014 which was not statistically significant indicating that the model including the predictor variable of SANE findings was no better at predicting the dependent variable than the simpler model without that variable. These findings indicate that, taking into account all of the

control variables in the model, there is no statistically significant difference between cases that are accepted and those that are rejected for prosecution in reference to SANE findings.

Table 16. SANE Findings

SANE Findings	B	S.E.	Wald	p.	Odds Ratio
Victim Age	.134	.043	9.662	.002	1.144*
Alleged Perpetrator Age	-.005	.012	.189	.664	.995
Victim Sex	.643	.451	2.027	.155	1.902
Alleged Perpetrator Sex	1.244	.628	3.917	.048	3.468*
Alleged Perpetrator Race	.866	.473	3.349	.067	2.378
Victim Race	.625	.464	1.820	.177	1.869
Alleged Perpetrator Relation	.920	.420	4.797	.029	2.510*
In Home	-.370	.415	.796	.372	.691
County	1.647	.554	8.837	.003	5.190*
Prior Outcry	1.947	1.012	3.703	.054	7.011
Child Witness	1.162	.548	4.488	.034	3.196*
CPS Ruled Out vs Reason to Believe (RTB)	-3.086	.629	24.080	<.001	.046*
CPS Unable to Determine vs RTB	-3.801	.587	27.508	<.001	.046*
CPS None vs RTB	-.828	.527	2.470	.116	.437
SANE Findings	.046	.389	.014	.907	1.047
Constant	-4.148	1.367	9.207	.002	.016*

n=304

\*=p<0.05

Model Fit Statistics						
H-L Goodness of Fit			Omnibus Test			Model Summary
Chi-Square	df	Sig.	Chi-Square	df	Sig.	-2 LLR
8.807	8	.359	.014	1	.906	231.280

## Disclosure

The fourth research question concerned the relationship between disclosure of sexual abuse and prosecutorial decisions. Initially three levels of disclosure were

included in the analysis, full, partial, and none. Only 10 cases had partial disclosure and all 10 of those cases were rejected for prosecution. In order to adequately examine the relationship between full and no disclosure, the 10 cases with partial disclosure were excluded from the following analyses. None of the values of the control and case specific control variables varied significantly from the previous control variable models before the 10 cases were excluded.

Table 17 illustrates the model including the predictor variable of disclosure, comparing full to no disclosure. The chi-square value was 12.562 with a p-value of <.001 indicating that this model does a better job of predicting prosecutorial decisions than the model without the predictor variable of disclosure. The odds ratio for cases that had full disclosure versus those with no disclosure (Full vs None Disclosure) was 4.894 which was statistically significant. This indicates that victims who disclose sexual abuse at both the forensic interview and SANE exam have nearly five times higher odds of having their cases accepted by the prosecution than victims who do not disclose at either time.

Table 17. Disclosure

<b>Variable</b>	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>p.</b>	<b>Odds Ratio</b>
Victim Age	.116	.045	6.629	.010	1.123*
Alleged Perpetrator Age	-.008	.013	.367	.544	.992
Victim Sex	.645	.479	1.814	.178	1.906
Alleged Perpetrator Sex	1.172	.660	3.155	.076	3.227
Alleged Perpetrator Race	1.011	.496	4.161	.041	2.750*
Victim Race	.598	.484	1.529	.216	1.819
Alleged Perpetrator Relation	.808	.441	3.353	.067	2.244

Table 17 Continued.						
Variable	B	S.E.	Wald	p.	Odds Ratio	
In Home	-.274	.431	.404	.525	.761	
County	1.699	.591	8.265	.004	5.470*	
Prior Outcry	.941	1.176	.640	.424	2.563	
Child Witness	1.299	.595	4.772	.029	3.666*	
CPS Ruled Out vs Reason to Believe (RTB)	-2.721	.674	16.289	<.001	.066*	
CPS Unable to Determine vs RTB	-2.711	.601	20.370	<.001	.066*	
CPS None vs RTB	-.795	.542	2.153	.142	.451	
Full vs None Disclosure	1.588	.449	12.524	<.001	4.894*	
Constant	-4.230	1.485	8.108	.004	.015*	
<i>n</i> =294			*= <i>p</i> <0.05			
Model Fit Statistics						
H-L Goodness of Fit			Omnibus Test			Model Summary
Chi-Square	df	Sig.	Chi-Square	df	Sig.	-2 LLR
12.298	8	.138	12.562	1	<.001*	213.948

## Grand Model

The results of the last analysis run are illustrated in Table 18 and included all independent variables from all four research questions. Because the combined analysis could only be run on cases that had SANE exams and did not have partial disclosure, only 294 cases were included in the final model. The prior models show that by simply having a SANE exam the odds of having a case accepted for prosecution is 73% higher than those cases that do not have a SANE exam. Drawing conclusions from this model must be done cautiously because it is possible that a substantial portion of variation in the prosecutorial decisions may be attributed to having a SANE exam.

Victim age remained a significant variable with an odds of 1.12, indicating that with every year increase in victim age, the odds of having a case accepted for prosecution increases 12%. CPS dispositions in reference to ruled out and unable to determine were

both statistically significant with odds ratios of .048 and .057 respectively. This indicates that cases with a CPS disposition of ruled out or unable to determine are significantly less likely to be prosecuted than those with reason to believe rulings. Disclosure also remained a statistically significant variable the odds of the case being accepted by the prosecution are 5.338 times greater for victims who were consistent in their disclosure compared to those who did not make a disclosure. Additionally, a correlation matrix revealed a multicollinearity problem with the grand model, indicating that several of the independent variables explain the same portion of the variance in the dependent variable.

Table 18. Grand Model

<b>Variables</b>	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>p.</b>	<b>Odds Ratio</b>
Victim Age	.117	.048	6.005	.014	1.124*
Alleged Perpetrator Age	-.004	.013	.107	.743	.996
Victim Sex	.505	.510	.978	.323	1.656
Alleged Perpetrator Sex	1.618	.703	5.298	.021	5.045*
Alleged Perpetrator Race	1.095	.540	4.117	.042	2.988
Victim Race	.599	.526	1.296	.255	1.820
Alleged Perpetrator Relation	.754	.459	2.696	.101	2.125
In Home	-.201	.448	.200	.654	.818
County	1.778	.631	7.953	.005	5.919*
Prior Outcry	.503	1.193	.178	.673	1.654
Child Witness	1.093	.613	3.185	.074	2.984
CPS Ruled Out vs Reason to Believe (RTB)	-3.030	.721	17.641	<.001	.048*
CPS Unable to Determine vs RTB	-2.863	.641	19.928	<.001	.057*
CPS None vs RTB	-.557	.605	.849	.357	.573
MDT SANE	1.142	.600	3.618	.057	3.132
MDT Prosecution	.281	.623	.204	.651	1.325
MDT CPS	-.146	.579	.064	.801	.864
MDT Forensic Interviewer	.185	2.529	.005	.942	1.203

Table 18 Continued.

<b>Variables</b>	<b>B</b>	<b>S.E.</b>	<b>Wald</b>	<b>p.</b>	<b>Odds Ratio</b>
MDT Therapy	-.981	2.530	.150	.698	.375
MDT Family Advocate	.803	1.341	.358	.549	2.232
Disclosure	1.675	.462	13.130	<.001	5.338*
SANE Findings	-.144	.418	.119	.730	.866
Coordination Partial vs None	.510	.494	1.067	.302	1.665
Coordination Full vs None	.376	.789	.227	.634	1.456
Constant	-5.132	1.824	7.914	.005	.006*

*n*=294

\*=*p*<0.05

<b>Model Fit Statistics</b>						
<b>H-L Goodness of Fit</b>			<b>Omnibus Test</b>			<b>Model Summary</b>
Chi-Square	df	Sig.	Chi-Square	df	Sig.	-2 LLR
13.851	8	.086	125.102	25	<.001	204.448

## **CHAPTER V**

### **DISCUSSION**

This research yielded some results that were expected as well as some unexpected results. Significant effects were found for MDT participation as well as the independent participation of the prosecutor in case staffings on the decision to accept or reject cases. Case coordination between CPS and law enforcement was not found to have a significant effect. While having findings indicative of sexual abuse during a SANE exam was not statistically significant, merely having the exam was. A victim's disclosure was also found to significantly aid in predicting prosecutorial decisions. The variations in the control variables are discussed followed by a discussion organized by research question. Because different portions of the sample were used for different models the differences in the statistical significance of the independent variables are discussed.

#### **Control Variables**

The victim age variable was statistically significant in every model run, indicating that as age increases the odds of prosecution also increases. This could be due to older children being able to better articulate victimization. As children age, their ability to recall memories improves, allowing them to become more competent witnesses. Additionally, prior research shows that as children age they become less susceptible to suggestive questioning which could lend validity to their statements (Ceci & Bruck, 1995; Lamb, et al., 2007; Pipe, et al., 2007). As children become less susceptible to suggestive questioning, the focus can shift from the interviewer questioning techniques to the child's statements, allowing investigators to more fully investigate allegations.

The sex of the alleged perpetrator was statistically significant in all but one model. Cases involving male alleged perpetrators were more often accepted for prosecution than those with female alleged perpetrators. It was not significant in the model that included consistency in outcry as the predictor variable. It should be noted that the model that did not show this variable as statistically significant was the model run with the fewest cases (n=294). Previous research has found that males are prosecuted more often than females for child sexual abuse so this was not a surprising finding.

One surprising finding was the significance of the alleged perpetrator's race on the acceptance of cases. In all models run, White alleged perpetrators were more likely to have their cases accepted for prosecution than non-white alleged perpetrators. The lowest odds ratio for all models for being white, 1.848, still indicated that white alleged perpetrators were 84.8% more likely to have their cases accepted for prosecution.

Having a child witness was also a significant variable in every model. Regardless of other variables having a child witness resulted in a case having almost twice the odds of being accepted for prosecution. This is most likely because having witnesses increases the credibility of the child victim and enhances the strength of a case. This finding is most likely due to the relative rarity of actual witnesses to child sexual abuse, not the age of the witness.

Another surprising finding was that for all analyses, the county in which the case originated was statistically significant. Cases originating in the rural county have a much higher odds of being accepted for prosecution than those originating in the urban county. Additional research is needed to examine this finding further. It is possible that this finding is simply a reflection of available resources and criminal justice personnel in the

rural county having more time to dedicate to each case. However, the experience of the investigator, political climate, and other various factors cannot be ruled out. For example, it is possible that rural populations are more sensitive to these cases given the relative frequency when compared to urban populations. Additionally, because rural communities are more likely than urban communities to have close knit relationships prosecutors may be more willing to accept cases that may be more difficult to prove. Prosecutors in rural areas may feel a vested interest in prosecuting alleged perpetrators because they likely live in the same community as the victims and alleged perpetrators where this is less likely in urban communities.

In all models the CPS disposition was statistically significant. CPS cases that are ruled reason to believe have a greater likelihood of prosecution than cases ruled unable to determine or ruled out. This is not surprising because the ruling of CPS can lend to the strength of the case as a whole. While CPS has a lower threshold of proof, their findings can be indicative of strength of the entire case.

The age of the alleged perpetrator and the relationship between the alleged perpetrator and the victim were not significant in any model. Though relationship was not predictive, the household status of the alleged perpetrator was statistically significant in most of the models with 553 cases, indicating that prosecution was less likely when the victim and alleged perpetrator lived in the same home.

## Research Questions

### MDT Participation

The multidisciplinary team approach to child abuse is central to the development and purpose of CACs. The belief that the MDT approach is more effective than traditional approaches is widely held among child abuse professionals. This research revealed that for every person added to the case staffings, the likelihood of a case being accepted for prosecution increased by 30.5%. Conversely, when the MDT members were examined separately only one out of the seven members yielded a statistically significant increase in the odds of having the case accepted for prosecution. When all seven disciplines that comprise the MDT (law enforcement, prosecution, CPS, forensic interviewing, victim advocate, therapist, and medical staff) were assessed independently in the model, the prosecutor was the only member of the core make-up of the MDT that showed increased odds of the case being accepted for prosecution. Prosecutorial involvement in cases appears crucial to the acceptance of child sexual abuse cases. While it could be argued that this finding appears to negate the objectivity that CACs claim, it can also be argued that this finding allows prosecutors the opportunity to ensure that necessary steps in the investigative process are taken.

While the models examining the MDT approach indicate only one out of seven were significant, they also indicated that the more MDT members that are present, the more likely a case is to be accepted for prosecution. These findings do support the widely held belief that the team approach to investigating child abuse leads to different outcomes than the traditional methods of investigation that include little to no coordination.

## **Case Coordination**

Another widely held belief is that a joint investigation between law enforcement and CPS yields better case outcomes. This research aimed to help determine whether case coordination between different agencies can alter prosecutorial decisions. This belief was not supported by the research, as degree of case coordination between the two agencies was not a statistically significant predictor. It must be noted that it is impossible to gather a complete picture of case coordination without examining case reports. This research solely relied on coordination at the only two official points in time law enforcement and CPS staff cases. Though the MDT is the only official case coordination strategy, it is reasonable to believe that additional, undocumented coordination does occur. This unofficial coordination may impact case outcomes.

## **SANE Exams**

A case had a 73% higher odds of being accepted for prosecution simply by the victim having a SANE exam. This finding was interesting in that regardless of the findings on the exam, simply having the exam was predictive. This could be attributable to a number of different reasons. The nurses who conduct the exams are able to testify to what the child reported as their history, which may add credibility to a child victim. Additionally, the nurse can testify as to why physical findings are often not present during exam. Having a SANE exam may also be viewed as an indicator of familial cooperation with the case. It is important to remember that this result could also stem from other factors beyond the scope of this research. For example, victims from certain agencies may be more likely to be referred for SANE exams while other victims may not be referred because of case specific information.

Whether the child victim had findings on the SANE exam indicative of sexual abuse was not a statistically significant predictor of whether the prosecutor would take the case. This is contrary to what the researcher expected to find, and all the more surprising given the finding that having a SANE exam *did* increase the odds a case would be accepted for prosecution. Though non-significant findings are hard to interpret, the lack of predictiveness of the SANE findings could indicate that prosecutors in the study realize the likelihood of a victim having physical findings on their exam is slim, regardless of the truthfulness of the allegations.

### **Outcries**

The outcry variable was statistically significant. Children who have outcries have much higher odds that their cases will be accepted for prosecution when compared to children with no outcries. Unfortunately, there were not enough cases of partial disclosure to run accurate models including that variable. The odds of a case being accepted were nearly five times higher for children who had outcries. Some of the variance in prosecutorial decisions may be attributable to other case specifics. However, it is also likely that, regardless of case specifics, prosecuting a case without a victim who can articulate an offense is very difficult. Additionally, some of the child victims who made no disclosures were not abused, therefore the decision to reject a case is the proper one.

### **Limitations**

A limitation of this research was the relatively small sample size. While the roughly 30% of cases examined provide a picture of the data as a whole, its interpretation

and generalizability are limited. While the majority of cases removed from the analysis were expected, 245 cases were removed because the case was never presented to the prosecutor. Had those cases been presented to the prosecutor the analyses would have included roughly 46% of the cases. It is likely that the cases not presented to the prosecutor were significantly different from those presented. For example, descriptive statistics revealed that only 57.9% of the cases with female perpetrators were ever presented to the prosecutor to review. Additionally, only 48.9% of the cases with no prior outcry were presented to the prosecutor to review. Future research is needed to examine the qualitative differences between the cases presented to prosecutors and those closed by law enforcement agencies before a prosecutor examines them.

While this research helps in determining if CAC factors predict prosecutorial decisions, it did not consider most qualitative differences between cases such as other evidence or confessions, which were unavailable for this research. Additionally, there are many factors that affect prosecutorial decision making that are beyond the scope of this research including budgetary constraints, political variables, quality of investigation, and caregiver cooperation. This research examined cases organizationally, not qualitatively. Given the data the researcher had access to it is likely that the case specific control variables accounted for some of the same variance in prosecutorial decisions that other case specific information would have accounted for, such as the presence of offender confessions; however, without that information, it is impossible to be certain. Additional qualitative research is needed to further explain what specific factors predict prosecutorial decisions.

While CPS dispositions were included in this research, additional CPS involvement is beyond the scope of this research. It is important to realize that although prosecution may not occur, CPS intervention may still proceed. CPS intervention can include offering a family services. Additionally, if warranted CPS can also initiate civil proceedings that can result in the child being removed and eventual termination of parental rights. Additional research is needed to further examine CPS involvement in cases and how that involvement may affect prosecutorial decisions.

In addition to the limitations for secondary research, the data used for this research only represents cases from two counties processed through one CAC. Therefore, the findings may not be generalizable across CACs; however, any findings can be compared to other research in the area of CAC utility and prosecution of child sexual abuse.

## **CHAPTER VI**

### **CONCLUSION**

The unique combination of infamous false child sexual abuse accusations and professionals investigating and prosecuting cases of child sexual abuse wanting child focused investigations led to the reformation of how child sexual abuse allegations are investigated. A balance must be struck between prosecuting child sexual abuse offenders and protecting victims of false allegations. Understanding what factors influence prosecutorial decisions to accept or reject cases of child sexual abuse can aid in securing just outcomes of cases. This research has provided insight into how cases accepted by prosecutors differ from those rejected.

#### **Implications**

Victim age and the county the offense originated were both significantly related to prosecutorial decisions in every analysis. The increase in victim age is consistent with prior research indicating as a child ages, his or her statements become more reliable (Bull, 2010; Bruck & Ceci, 1999; Lamb, et al., 2008). Cases were much more likely to be accepted for prosecution in the rural county than the urban county. This could be attributable to a number of factors including personnel resources. Though urban counties typically have larger budgets, rural counties typically have smaller caseloads. The smaller caseloads may enable more time to be dedicated to individual cases. However, other factors cannot be ruled out such as prosecutorial screening protocols, individual investigator differences, and individual jurisdictional differences.

One of the goals of this research was to determine if consistency in outcry was correlated with prosecutorial decisions. Initially discrepancies in outcries at the forensic interview and SANE exam were included in the analyses. However, because of the lack of variation they were excluded. All 10 cases with discrepancies were refused for prosecution. This is consistent with Lamb, et al. (2013) who found that discrepancies decrease a victim's credibility in the legal system. The authors also argued that discrepancies are often a product of interviewer error. If correct, the small number of cases with discrepancies is encouraging in that it could lend credence to the minimal interviewer error at the study site.

This research produced seemingly contrary results than those produced by Tjaden and Theonnes (1992) and Cross, et al. (2003) who assert that CPS dispositions do not appear to have an effect on the prosecution of child abuse cases. Both prior studies examined CPS cases in general, not just cases that were processed through a CAC. The results of this study supports the view that CPS decisions may have an impact on prosecutorial decisions of cases of child sexual abuse. These findings underscore the importance of ensuring that CPS investigators are competent and properly trained.

An MDT is a core component of CACs. This research provides a starting point to fill the dearth of information in reference to the effectiveness of MDTs. While the MDT philosophy encompasses different goals at different CACs, the overarching theme is that a coordinated response to child abuse cases is better than one that is uncoordinated. If this assertion is correct, one would expect to see a statistically significant difference in cases that are processed with an MDT and those that are not when other crucial factors are taken into account. Only one member, prosecution, was individually statistically

significant; however, when looked at as a whole, the MDT approach does appear to produce different results. It is possible that the team approach is what most relates to prosecutorial decisions, more so than any individual member.

### **Policy Implications**

The descriptive statistics show little variation between those cases presented to the prosecution and those closed at a lower level by law enforcement. The procedures for determining which cases are presented to the prosecution should be examined and streamlined. Each jurisdiction may have a different policy in place to assist in determining how to make this decision. However, with variability comes unequal justice for both alleged victims and alleged perpetrators. With no standard policy, individual bias has the potential to plague the criminal justice system at the onset of a case. CACs should develop their relationship with the local prosecuting attorneys and work towards creating a standard policy. Identifying ways to streamline the decision of whether to present a case to prosecution for review or screening will help ensure case decisions are made on a consistent basis. An example, of a streamlined approach includes a checklist for child sexual abuse cases where certain criteria indicate the need for prosecutorial review. Because relationships between agencies are sometimes volatile, the CAC is the ideal agency to spearhead discussions between law enforcement agency heads and prosecutors.

Because the age of the victim is a significant predictor, continued expansion of services offered to younger populations is necessary. Additionally, CACs should take an active role in training investigators and prosecutors on the limitations of young children and how cases can still be effectively investigated, regardless of a child's age. Forensic

interviewers are frequently the local experts in a child's ability to accurately verbalize events. CAC management should allow forensic interviewers to provide training to investigative personnel in their jurisdictions to foster understanding of both the suggestibility and vulnerability of young victims.

### **Directions for Future Research**

While this research did help bridge a gap in existing research, it also exposed areas in need of more research. A major limitation in this study is it did not examine cases that were never presented to a prosecutor. The cases that were not presented to a prosecutor were closed out by individual police investigators as either 'inactive', 'suspended', or 'unfounded'. Without a streamlined approach to presenting cases to prosecutors the variations in why an investigator ultimately decides to close a case may remain largely unexamined. Qualitative research is needed to further examine this area.

An extension of this research should include examining all CPS cases in the same counties during the same time period as this study. This would further the understanding of the relationship between CPS dispositions and prosecutorial decisions. Because not all CPS cases are reported to law enforcement or processed through a CAC, an examination is needed of the cases not reported and how they compare to cases that are reported. Additionally, qualitative research examining the differing acceptance rates across counties of different populations is needed.

Replication studies should also be conducted in similarly populated areas. Most research to date has focused on large metropolitan areas. It is assumed that CACs serving large metropolitan areas are inherently different than those serving smaller populations.

Because prosecutor offices have differing protocols it is important to take those into consideration in future research. Ultimately, more qualitative and quantitative research is needed to further evaluate how CACs can effectively aid in achieving just outcomes for child sexual abuse cases.

## **APPENDIX SECTION**

### **APPENDIX A**

#### **National Children's Alliance Standards for Children's Advocacy Centers**

The standards and their essential components are (NCA, 2012; TXCAC, 2012):

##### **1. Multidisciplinary Team (MDT)**

The CAC must have interagency agreements signed by all MDT components that commit the individual components to the CAC and MDT model for child abuse. All MDT members must be routinely involved investigations. The CAC written protocols must address information sharing among MDT members.

##### **2. Cultural Competency and Diversity**

CACs must have a cultural competency plan that includes goals and strategies. CACs must make provisions for non-English speaking and deaf families. The CAC must make accommodations throughout the investigation for children and families who have special needs. The CAC and MDT members must ensure that services are provided in a developmentally and culturally appropriate manner.

##### **3. Forensic Interview**

Forensic interviews must be provided by staff that have specialized training in conducting forensic interviews. Protocols must describe the forensic interview process. Forensic interviews must be conducted in a legally sound, non-duplicative, non-leading, and neutral manner. Investigative members of the MDT must be present for the interviews. Forensic interviews must routinely occur at the CAC.

##### **4. Victim Support and Advocacy**

CACs must provide crisis intervention and support on-site or have agreements with other agencies to provide these services. Education regarding the dynamics of abuse and the investigation must be made available to families. Information regarding crime victim rights must be made available and be consistent with legal, ethical, and professional standards of practice. Written protocols must include the available of these services.

##### **5. Medical Evaluation**

Medical evaluations must be conducted by providers with pediatric experience and expertise. Evaluations must be routinely made available either on-site or through agreements with outside agencies. Medical evaluations must be made available,

regardless of the ability to pay. CACs must have written documentation including access to medical evaluations.

#### 6. Mental Health

Mental health services must be provided by professionals who have child abuse expertise. Specialized, trauma-focused mental health services must be made available on-site or through agreements with other agencies. Services must be made available, regardless of the family's ability to pay. CACs must have written protocols regarding access to mental health.

#### 7. Case Review

Case review is a process where the sharing of information regarding individual cases occurs on a routine basis. The CAC must establish protocols for case review. Case review is a process that allows informed decisions to be made based on the input from all MDT members. An individual must be designated to coordinate and facilitate this process.

#### 8. Case Tracking

CACs must have written protocols that include tracking case information until final disposition. The CAC must be able to retrieve NCA statistical information.

#### 9. Organizational Capacity

The CAC must have a defined organizational identity that ensures the appropriate governance and oversight. The CAC must carry insurance and have an annual independent financial review or audit. The CAC is required to have written policies that apply to staff, MDT members, board members, volunteers, and clients. These policies must include criminal and child abuse background checks.

#### 10. Child Focused Setting

The CAC must operate in a neutral location, separate from other agency partners. The facility must provide a safe environment for child victims of abuse. There must be written policies and procedures ensuring the separation of victims and alleged offenders. The CAC must be physically accessible. CACs must also allow for live observation of forensic interviews by MDT members.

## APPENDIX B

### NICHD Protocol

#### I. INTRODUCTION

1. ‘Hello, my name is \_\_\_\_\_ and I am a police officer. [Introduce anyone else in the room; ideally, nobody else will be present.] Today is \_\_\_\_\_ and it is now \_\_\_\_\_ o’clock. I am interviewing \_\_\_\_\_ at \_\_\_\_\_.’ ‘As you can see, we have a video-camera and microphones here. They will record our conversation so I can remember everything you tell me. Sometimes I forget things and the recorder allows me to listen to you without having to write everything down.’ ‘Part of my job is to talk to children [teenagers] about things that have happened to them. I meet with lots of children [teenagers] so that they can tell me the truth about things that have happened to them. So, before we begin, I want to make sure that you understand how important it is to tell the truth.’ [For younger children, explain: ‘What is true and what is not true’]. ‘If I say that my shoes are red (or green) is that true or not true?’ [Wait for an answer, then say:]
2. ‘That would not be true, because my shoes are really [black/blue/etc.]. And if I say that I am sitting down now, would that be true or not true [right or not right]?’ [Wait for an answer.]
3. ‘It would be [true/right], because you can see I am really sitting down.’ ‘I see that you understand what telling the truth means. It is very important that you only tell me the truth today. You should only tell me about things that really happened to you.’ [Pause.]
4. ‘If I ask a question that you don’t understand, just say, “I don’t understand.” Okay?’ [Pause] ‘If I don’t understand what you say, I’ll ask you to explain.’ [Pause.]
5. ‘If I ask a question, and you don’t know the answer, just tell me, “I don’t know”.’ ‘So, if I ask you, “What is my dog’s name?” [Or “my son’s name?”] what would you say?’ [Wait for an answer.] [If the child says, ‘I don’t know’, say:]
6. ‘Right. You don’t know, do you?’ [If the child offers a GUESS, say:] ‘No, you don’t know because you don’t know me. When you don’t know the answer, don’t guess – say that you don’t know.’ [Pause.]
7. ‘And if I say things that are wrong, you should tell me. Okay?’ [Wait for an answer.]
8. ‘So if I said that you are a 2-year-old girl [when interviewing a 5-year-old boy, etc.], what would you say?’ [If the child denies and does not correct you, say:] ‘What would you say if I made a mistake and called you a 2-year-old girl [when interviewing a 5-year-old boy, etc.]?’ [Wait for an answer.]
9. ‘That’s right. Now you know you should tell me if I make a mistake or say something that is not right.’ [Pause.]
10. ‘So if I said you were standing up, what would you say?’ [Wait for an answer.] ‘OK.’

## II. RAPPORT BUILDING

‘Now I want to get to know you better.’

1. ‘Tell me about things you like to do.’ [Wait for child to respond.] [If the child gives a fairly detailed response, skip to question 3.] [If the child does not answer, gives a short answer, or gets stuck, you can ask:]
2. ‘I really want to know you better. I need you to tell me about the things you like to do.’ [Wait for an answer.]
3. ‘Tell me more about [activity the child has mentioned in his/her account. AVOID FOCUSING ON TV, VIDEOS, AND FANTASY].’ [Wait for an answer.]

## III. TRAINING IN EPISODIC MEMORY

### Special Event

[NOTE: THIS SECTION CHANGES DEPENDING ON THE INCIDENT.]  
[BEFORE THE INTERVIEW, IDENTIFY A RECENT EVENT THE CHILD EXPERIENCED – FIRST DAY OF SCHOOL, BIRTHDAY PARTY, HOLIDAY CELEBRATION, ETC. – THEN ASK THESE QUESTIONS ABOUT THAT EVENT. IF POSSIBLE, CHOOSE AN EVENT THAT TOOK PLACE AT ABOUT THE SAME TIME AS THE ALLEGED OR SUSPECTED ABUSE. IF THE ALLEGED ABUSE TOOK PLACE DURING A SPECIFIC DAY OR EVENT, ASK ABOUT A DIFFERENT EVENT.]

‘I want to know more about you and the things you do.’

1. ‘A few [days/weeks] ago was [holiday/ birthday party/ the first day of school/ other event]. Tell me everything that happened on [your birthday, Easter, etc].’ [Wait for an answer.]
  - 1a. ‘Think hard about [activity or event] and tell me what happened on that day from the time you got up that morning until [some portion of the event mentioned by the child in response to the previous question].’ [Wait for an answer.] [Note: Use this question as often as needed throughout this section.]
  - 1b. ‘And then what happened?’ [Wait for an answer.] [Note: Use this question as often as needed throughout this section.]
  - 1c. ‘Tell me everything that happened after [some portion of the event mentioned by the child] until you went to bed that night.’ [Wait for an answer.] [Note: Use this question as often as needed throughout this section.]
  - 1d. ‘Tell me more about [activity mentioned by the child].’ [Wait for an answer.] [Note: Use this question as often as needed throughout this section.]

1e. 'Earlier you mentioned [activity mentioned by the child]. Tell me everything about that.' [Wait for an answer.] [Note: Use this question as often as needed throughout this section.] [If the child gives a poor description of the event, continue with questions 2–2e.] [Note: If the child gives a detailed description of the event, say: 'It is very important that you tell me everything you remember about things that have happened to you. You can tell me both good things and bad things.'

Yesterday

2. 'I really want to know about things that happen to you. Tell me everything that happened yesterday, from the time you woke up until you went to bed.' [Wait for an answer.]

2a. 'I don't want you to leave anything out. Tell me everything that happened from the time you woke up until [some activity or portion of the event mentioned by the child in response to the previous question].' [Wait for an answer.]

2b. 'Then what happened?' [Wait for an answer.] [Note: Use this question as often as needed throughout this section.]

2c. 'Tell me everything that happened after [some activity or portion of the event mentioned by the child] until you went to bed.' [Wait for an answer.]

2d. 'Tell me more about [activity mentioned by the child].' [Wait for an answer.] [Note: Use this question as often as needed throughout this section.]

2e. 'Earlier you mentioned [activity mentioned by the child]. Tell me everything about that.' [Wait for an answer.] [Note: Use this question as often as needed throughout this section.]

Today

**IF THE CHILD DOES NOT PROVIDE AN ADEQUATELY DETAILED NARRATIVE ABOUT YESTERDAY, REPEAT QUESTIONS 2–2E ABOUT TODAY, USING 'THE TIME YOU CAME HERE' AS THE CLOSING EVENT.**

'It is very important that you tell me everything about things that have really happened to you.'

**THE SUBSTANTIVE PART OF THE INTERVIEW**

**IV. TRANSITION TO SUBSTANTIVE ISSUES**

'Now that I know you a little better, I want to talk about why [you are here] today.' [If the child starts to answer, wait.] [If the child gives a summary of the allegation (e.g., 'David touched my wee-pee', or 'Daddy hit me'), go to question 10] [If the child gives a detailed description, go to question 10a] [If the child does not make an allegation, continue with question 1.]

1. 'I understand that something may have happened to you. Tell me everything that happened from the beginning to the end.' [Wait for an answer.] [If the child makes an allegation, go to question 10.] [If the child gives a detailed description go to question 10a.] [If the child does not make an allegation, continue with question 2.]
2. 'As I told you, my job is to talk to kids about things that might have happened to them. It is very important that you tell me why [you are here/ you came here/ I am here]. Tell me why you think [your mum, your dad, your grandmother] brought you here today [or 'why you think I came to talk to you today'].' [Wait for an answer.] [If the child makes an allegation, go to question 10.] [If the child gives a detailed description, go to question 10a.] [If the child does not make an allegation and you do not know that there was previous contact with the authorities, go to question 4 or 5.] [If the child does not make an allegation and you know that there was previous contact with the authorities, go to question 3.]
3. 'I've heard that you talked to [a doctor/a teacher/a social worker/any other professional] at [time/location]. Tell me what you talked about.' [Wait for an answer.] [If the child makes an allegation, go to question 10.] [If the child gives a detailed description, go to question 10a.] [If the child does not make an allegation and there are no visible marks, proceed to question 5.] [When marks are visible, the investigator has been shown pictures of or told of marks, or the interview takes place in the hospital or right after the medical examination say:]
4. 'I see [I heard] that you have [marks/ injuries/ bruises] on your \_\_\_\_\_. Tell me everything about that.' [Wait for an answer.] [If the child makes an allegation, go to question 10.] [If the child gives a detailed description, go to question 10a.] [If the child does not make an allegation, proceed with question 5.]
5. 'Has anybody been bothering you?' [Wait for an answer.] [If the child confirms or makes an allegation, go to question 10.] [If the child gives a detailed description, go to question 10a.] [If the child does not confirm, and does not make an allegation, proceed with question 6.]
6. 'Has anything happened to you at [location/time of alleged incident]?' [Note: Do not mention the name of the suspect or any details of the allegation.] [Wait for an answer.] [If the child gives a detailed description, go to question 10a.] [If the child confirms or makes an allegation, go to question 10.] [If the child does not confirm or does not make an allegation, continue with question 7.]
7. 'Did someone do something to you that you don't think was right.' [Wait for an answer.] [If the child confirms, or makes an allegation, go to question 10.] [If the child gives a detailed description, go to question 10a.] [If the child does not confirm or does not make an allegation, proceed to question 8.]

**PAUSE. ARE YOU READY TO GO ON? WOULD IT BE BETTER TO TAKE A BREAK BEFORE GOING FURTHER? IN CASE YOU DECIDE TO GO AHEAD, YOU SHOULD HAVE FORMULATED**

SPECIFIC VERSIONS OF QUESTIONS 8 AND 9, USING THE FACTS AVAILABLE TO YOU, BEFORE THE INTERVIEW. BE SURE THAT THEY SUGGEST AS FEW DETAILS AS POSSIBLE TO THE CHILD. IF YOU HAVE NOT FORMULATED THESE QUESTIONS, TAKE A BREAK NOW TO FORMULATE THEM CAREFULLY BEFORE YOU PROCEED.

8a. ‘Did somebody [briefly summarize allegations or suspicions without specifying names of alleged perpetrator or providing too many details].’ (For example, ‘Did somebody hit you?’ or ‘Did somebody touch your wee-pee [private parts of your body]?’) [Wait for an answer.] [If the child confirms or makes an allegation, go to question 10.] [If the child gives a detailed description, go to question 10a.] [If the child does not confirm or does not make an allegation, proceed to question 9.]

9a. ‘Your teacher [the doctor/psychologist/neighbour] told me /showed me [“that you touched other children’s wee-pee”/“a picture that you drew”], and I want to find out if something may have happened to you. Did anybody [briefly summarize allegations or suspicions without specifying the name of the alleged perpetrator or providing too many details].’ [For example: ‘Did somebody in your family hit you?’ or ‘Did somebody touch your wee-pee or other private parts of your body?’] [Wait for an answer] [If the child confirms or makes an allegation, go to question 10.] [If the child gives a detailed description, go to question 10a.] [If the child does not confirm or does not make an allegation, go to section XI.]

## V. INVESTIGATING THE INCIDENTS

### Open-Ended Questions

10. [If the child is under the age of 6, REPEAT THE ALLEGATION IN THE CHILD’S OWN WORDS without providing details or names that the child has not mentioned.] [then say:] ‘Tell me everything about that.’ [Wait for an answer.] [If the child is over the age of 6 simply say:] ‘Tell me everything about that.’ [Wait for an answer.]

10a. ‘Then what happened?’ or ‘Tell me more about that.’ [Wait for an answer.] [Use this question as often as needed until you have a complete description of the alleged incident.] [NOTE: IF THE CHILD’S DESCRIPTION IS GENERIC, GO TO QUESTION 12 (SEPARATION OF INCIDENTS). IF THE CHILD DESCRIBES A SPECIFIC INCIDENT, CONTINUE WITH QUESTION 10b.]

10b. ‘Think back to that [day/night] and tell me everything that happened from [some preceding event mentioned by the child] until [alleged abusive incident as described by the child].’ [Wait for an answer.] [Note: Use this question as often as needed to ensure that all parts of the incident are elaborated.]

10c. ‘Tell me more about [person/object/ activity mentioned by the child].’ [Wait for an answer.] [Note: Use this question as often as needed throughout this section.]

10d. ‘You mentioned [person/ object/ activity mentioned by the child], tell me everything about that.’ [Wait for an answer.] [Note: Use this question as often as needed throughout this section.] [If you are confused about certain details (for example, about the sequence of events), it may help to say:] ‘You’ve told me a lot, and that’s really helpful, but I’m a little confused. To be sure I understand, please start at the beginning and tell me [how it all started/exactly what happened/how it all ended/etc].’

Focused Questions Relating to Information Mentioned by the Child [If some central details of the allegation are still missing or unclear after exhausting the open-ended questions, use direct questions. It is important to pair open ‘invitations’ with direct questions whenever appropriate.] [Note: First focus the child’s attention on the detail mentioned, and then ask the direct question.]

Following is the General Format of Direct Questions:

11. ‘You mentioned [person/object/activity], [Completion of the direct question.]’

Examples

1. ‘You mentioned you were at the shops. Where exactly were you?’ [Pause for a response] ‘Tell me about that shop.’
2. ‘Earlier you mentioned that your mother “hit you with this long thing”. Tell me about that thing.’
3. ‘You mentioned a neighbour. Do you know his/her name?’ [Pause for a response] ‘Tell me about that neighbour.’ [Do not ask for a description.]
4. ‘You said that one of your classmates saw that. What was his/her name?’ [Pause for a response] ‘Tell me what he/she was doing there.’

Separation of Incidents

12. ‘Did that happen one time or more than one time?’ [If the incident happened one time, go to the Break]. [If the incident happened more than one time, continue to question

13. REMEMBER TO EXPLORE INDIVIDUAL REPORTED INCIDENTS IN DETAIL AS SHOWN HERE.] Exploring Specific Incidents When There Were Several

Open-Ended Questioning

13. ‘Tell me everything about the last time [the first time/the time in [some location]/the time [some specified activity/another time you remember well] something happened.’ [Wait for an answer.]

13a. ‘And then what happened?’ Or ‘Tell me more about that.’ [Wait for an answer.] [Note: Use this question as often as needed throughout this section.]

13b. ‘Think back to that [day/night] and tell me everything that happened, from [preceding events mentioned by the child] until [alleged abusive incident as described by

the child].’ [Wait for an answer.] [Note: Use variants of this question as often as needed until all parts of the incident are elaborated.]

13c. ‘Tell me more about [person/object/activity mentioned by the child].’ [Wait for an answer.] [Note: Use this question as often as needed throughout this section.]

13d. ‘You mentioned [person/object/activity mentioned by the child]. Tell me everything about that.’ [Wait for an answer.] [Note: Use this question as often as needed throughout this section.] Focused Questions Relating to Information Mentioned by the Child [If some central details of the allegation are still missing or unclear after exhausting the open-ended questions, use direct questions. It is important to pair open ‘invitations’ with direct questions, whenever appropriate.] [Note: First focus the child’s attention on the detail mentioned, and then ask the direct question.] Following is the general format of direct questions:

14. ‘You mentioned [person/object/activity], [how/when/where/ who/which/what] [completion of the direct question].’

#### Examples

1. ‘You mentioned you were watching TV. Where exactly were you?’ [Wait for a response] ‘Tell me everything about that.’

2. ‘Earlier you mentioned that your father ‘whacked you’. Tell me exactly what he did.’

3. ‘You mentioned a friend was there. What is her/his name?’ [Wait for a response] ‘Tell me what he/she was doing.’

4. ‘Earlier you said that your uncle “fingered you” [“French kissed”/“had sex with you”/etc.]. Tell me exactly what he did.’ **REPEAT THE ENTIRE SECTION FOR AS MANY OF THE INCIDENTS MENTIONED BY THE CHILD AS YOU WANT DESCRIBED. UNLESS THE CHILD HAS SPECIFIED ONLY TWO INCIDENTS, ASK ABOUT ‘THE LAST’, THEN ‘THE FIRST’, THEN ‘ANOTHER TIME YOU REMEMBER WELL’.**

#### VI. BREAK

[Tell the child:] ‘Now I want to make sure I understood everything and see if there’s anything else I need to ask. I will just [think about what you told me/go over my notes/go and check with?]’ [During the break time, review the information you received, fill out the Forensic Checklist, see if there is any missing information, and plan the rest of the interview. **BE SURE TO FORMULATE FOCUSED QUESTIONS IN WRITING.**]

After the Break [To elicit additional important information that has not been mentioned by the child, ask additional direct and open-ended questions, as described above. Go back to open-ended questions (‘Tell me more about that’) after asking each direct question. After finishing these questions, proceed to section VII.]

#### VII. ELICITING INFORMATION THAT HAS NOT BEEN

## MENTIONED BY THE CHILD

[You should ask these focused questions only if you have already tried other approaches and you still feel that some forensically important information is missing. It is very important to pair open invitations (‘Tell me all about that’) whenever possible.] [Note: In case of multiple incidents, you should direct the child to the relevant incidents in the child’s own words, asking focused questions only after giving the child an opportunity to elaborate on central details.]

[BEFORE YOU MOVE TO THE NEXT INCIDENT, MAKE SURE YOU HAVE OBTAINED ALL THE MISSING DETAILS ABOUT EACH SPECIFIC INCIDENT.]

The General Format of Questions Focused on Information that has not been Mentioned by the Child ‘When you told me about [specific incident identified by time or location] you mentioned [person/object/activity]. Did/was [focused questions]?’ [Wait for an answer.] [Whenever appropriate, follow with an invitation; say:] ‘Tell me all about that.’

### Examples

1. ‘When you told me about the time in the basement, you mentioned that he took off his trousers. Did something happen to your clothes?’ [Wait for an answer.] [After the child responds, say:] ‘Tell me all about that.’ [Wait for an answer.]
2. ‘When you told me about the last time, you mentioned that he touched you. Did he touch you over your clothes?’ [Wait for an answer.] [After the child responds, say:] ‘Tell me all about that.’ [Wait for an answer.]
3. ‘Did he touch you under your clothes?’ [Wait for an answer.] [After the child responds, say:] ‘Tell me all about that.’
4. ‘You told me about something that happened on the playground. Did somebody see what happened?’ [Wait for an answer.] [When appropriate, say:] ‘Tell me all about that.’
5. ‘Do you know whether something like that happened to other children?’ [Wait for an answer.] [When appropriate, say:] ‘Tell me all about that.’
6. ‘You told me about something that happened in the barn. Do you know when that happened?’

## VIII. IF CHILD FAILS TO MENTION INFORMATION YOU EXPECTED

Use only the prompts that are relevant. If you know of conversations in which the information was mentioned say:

1. ‘I heard that you talked to [] at [time/place]. Tell me what you talked about.’ [If child does not provide more information, ask question 2; If child does give some more information, say:] ‘Tell me everything about that.’ [Follow up with other open-ended prompts, such as ‘Tell me about that.’ If necessary.] If you know details about prior disclosures and the information has not been disclosed to you, say:

2. 'I heard [s/he told me] you said [summarize allegation, specifically but without mentioning incriminating details if possible]. Tell me everything about that.' [Follow up with other open-ended prompts, such as 'Tell me about that.' If necessary.]
3. If something was observed, say: a. 'I heard that someone saw []. Tell me everything about that.' [Follow up with other open-ended prompts, such as 'Tell me about that.' If necessary.] If child denies, go to 3b.  
b. 'Has anything happened to you at [place/time]? Tell me everything about that.' [Follow up with other open-ended prompts, such as 'Tell me about that.' If necessary.] If child has/had injuries or marks say:
4. 'I see [I heard] that you have [marks/bruises] on your []. Tell me everything about that.' [Follow up with other open-ended prompts, such as 'Tell me about that.' If necessary.]
5. 'Did somebody [summarize without naming the perpetrator (unless child already named her/him) or providing most incriminating details]?' If child denies, go to next section. If child acknowledges something say: 'Tell me everything about that.' [Follow up with other open-ended prompts, such as 'Tell me about that' if necessary.]

#### IX. INFORMATION ABOUT THE DISCLOSURE

'You've told me why you came to talk to me today. You've given me lots of information and that really helps me to understand what happened.' [If child has mentioned telling someone about the incident(s), go to question 6. If child has not mentioned telling anyone, probe about possible immediate disclosure by saying:]

1. 'Tell me what happened after [the last incident].' [Wait for an answer.]
2. 'And then what happened?' [Note: Use this question as often as needed throughout this section.] [If the child mentions a disclosure, go to question 6. If not, ask the following questions.]
3. 'Does anybody else know what happened?' [Wait for an answer. If the child identifies someone, go to Question 6.] [If the child confirms but does not mention the name, ask:] 'Who?' [Wait for an answer. If the child identifies someone, go to Question 6.]
4. 'Now I want to understand how other people found out about [the last incident].' [Wait for an answer. If the child identifies someone, go to Question 6.] [If there is missing information, ask the following questions.]
5. 'Who was the first person besides you and [the perpetrator] to find out about [alleged abuse as described by the child]?' [Wait for an answer.]
6. 'Tell me everything you can about how ["the first person mentioned by the child"] found out.' [Wait for an answer.] [Then say:] 'Tell me more about that.' [Wait for an answer.] [If the child describes a conversation, say:] 'Tell me everything you talked about.' [Wait for an answer.]

7. 'Does anyone else know about [alleged abuse as described by the child]?' [Wait for an answer.] [Then say:] 'Tell me more about that.' [If the child described a conversation, say:] 'Tell me everything you talked about.' [Wait for an answer.] [If the child does not mention that he/she told somebody ask:]

REPEAT ENTIRE SECTION AS NECESSARY FOR EACH OF THE INCIDENTS DESCRIBED BY THE CHILD.

#### X. CLOSING

[Say:] 'You have told me lots of things today, and I want to thank you for helping me.'

1. 'Is there anything else you think I should know?' [Wait for an answer.]
2. 'Is there anything you want to tell me?' [Wait for an answer.]
3. 'Are there any questions you want to ask me?' [Wait for an answer.]
4. 'If you want to talk to me again, you can call me at this phone number.' [Hand the child a card with your name and phone number.]

#### XI. NEUTRAL TOPIC

'What are you going to do today after you leave here?' [Talk to the child for a couple of minutes about a neutral topic.] 'It's [specify time] and this interview is now complete.'

## REFERENCES

- Adams, J., Harper, K., Knudson, S., & Revilla, J. (1994). Examination findings in legally confirmed child sexual abuse: It's normal to be normal. *Pediatrics*, *94*(3), 310–317.
- American Professional Society on the Abuse of Children (2012). Practice guidelines: Forensic interviewing in cases of suspected child abuse. Elmhurst, IL: Author.
- Anderson, J. (2014). Recent changes to the CornerHouse Forensic Interview Protocol. *National Center for Prosecution of Child Abuse*, *24*(1), 1-7.
- Babbie, E. (2005). *The Basics of Social Research*, 3<sup>rd</sup> ed. Belmont, CA: Thomson Wadsworth.
- Bachman, R. & Schutt, R. (2007). *The Practice of Research in Criminology and Criminal Justice*, 3<sup>rd</sup> ed. Thousand Oaks, CA: Sage Publications.
- Bazon, E. (2014, June 9). Abuse cases, and a legacy of skepticism: ‘The witch-hunt narrative’: Are we dismissing real victims? *The New York Times*. Retrieved from: [http://www.nytimes.com/2014/06/10/science/the-witch-hunt-narrative-are-we-dismissing-real-victims.html?\\_r=0](http://www.nytimes.com/2014/06/10/science/the-witch-hunt-narrative-are-we-dismissing-real-victims.html?_r=0).
- Bellah, L., Martinez, Y., McLaurin, K., Strok, R., Garven, S., & Wood, J. (2006). Suggestive interviewing in the McMartin Preschool and Kelly Michaels daycare abuse cases: A case study, *Social Influence*, *1*(1), 16-47.
- Berry, J. (2014, June 12). How the ‘Witch Hunt’ myth undermined American justice. *The Daily Beast*. Retrieved from: <http://www.thedailybeast.com/articles/2014/07/12/how-the-witch-hunt-myth-undermined-american-justice.html>.
- Bonach, K., Mabry, J., & Potts-Henry, C. (2010). Child advocacy centers and credentialing: Issues for practitioners. Exploring nonoffending caregiver satisfaction with a children’s advocacy center. *Journal of Child Sexual Abuse*, *19*(6), 687-708.
- Bradshaw, T. & Alan, E. (1990). Beyond a reasonable doubt: Factors that influence the legal disposition of child sexual abuse cases. *Crime & Delinquency*, *36*(2), 276-285.
- Brewer, K., Rowe, D., & Brewer, D. (1997). Factors related to the prosecution of child sexual abuse cases. *Journal of Child Sexual Abuse*, *6*(1), 91-111.
- Briere, J. & Jordan, C. (2009). Child maltreatment, interviewing variables, and adult psychological difficulties in women: An overview. *Trauma, Violence, and Abuse*, *10*(4), 375-388.

- Bruck, M. & Ceci, S. Amicus Brief for the Case of State of New Jersey v. Michaels. Presented by the Committee of Concerned Social Scientists. 1993.
- Bruck, M. & Ceci, S. (1999). The suggestibility of children's memory. *Annual Review of Psychology, 50(1)*, 419-439.
- Bull, R. (2010). The investigative interviewing of children and other vulnerable witnesses: Psychological research and working/professional practice. *Legal and Criminological Psychology, 15(1)*, 5-23.
- Burrow, K. & Powell, M. (2013). Prosecutors' recommendations for improving child witness statements about sexual abuse. *Policing and Society: An International Journal of Research and Policy, 24(2)*, 189-207.
- Ceci, S. & Bruck, M. (1993). Suggestibility of the child witness: A historical review and synthesis. *Psychological Bulletin, 113(3)*, 403-439.
- Ceci, S. & Bruck, M. (1995). *Jeopardy in the courtroom: A scientific analysis of children's testimony*. Washington, DC: American Psychological Association.
- Centers for Disease Control. (2012). Child abuse and neglect cost the United States \$124 billion. Retrieved from: [http://www.cdc.gov/media/releases/2012/p0201\\_child\\_abuse.html](http://www.cdc.gov/media/releases/2012/p0201_child_abuse.html).
- Chandler, N. (2000). *Best practices for establishing a children's advocacy center (3<sup>rd</sup> ed.)*. Washington, DC: National Children's Alliance.
- Chandler, N. (2006). Children's Advocacy Centers: Making a difference one child at a time. *Hamline Journal of Public Law & Policy, 28(1)*, 315-337.
- Cheit, R. (2014). *The Witch-Hunt Narrative: Politics, Psychology, and the Sexual Abuse of Children*. New York: Oxford University Press.
- Child Welfare Information Gateway. (2014). *Child maltreatment 2012: Summary of key findings*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
- Children's Advocacy Centers of Texas. (2011). *Semi-Structured Narrative Process: Practice Application for Forensic Interviewers, Forensic Interview Training Core Curriculum: Block I*. Washington, DC: Author.
- Children's Advocacy Centers of Texas. (2012). *Texas Standards for Children's Advocacy Centers*. Washington, DC: Author.
- Children's Advocacy Centers of Texas. (2014). *Child Abuse in Texas*. Retrieved from: <http://www.cactx.org/child-abuse-in-texas>.

- Chronch, L., Viljoen, J., & Hansen, D. (2006). Forensic interviewing in child sexual abuse cases: Current techniques and future directions. *Aggression and Violent Behavior, 11*(3), 195-207.
- Cross, T., Finkelhor, D., & Ormrod, R. (2005). Police involvement in child protective services investigations: Literature review and secondary data analysis. *Child Maltreatment, 10*(3), 224-242.
- Cross, T., Helton, J., & Chuang, E. (2012). Concurrent criminal and child protective services investigations. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.
- Cross, T., Jones, L., Walsh, W., Simone, M., & Kolbo, D. (2007). Child forensic interviewing in Children's Advocacy Centers: Empirical data on a practice model. *Child Abuse & Neglect, 31*(10), 1031-1052.
- Cross, T., Walsh, W., Simone, M., & Jones, L. (2003). Prosecution of child abuse: A meta-analysis of rates of criminal justice decisions. *Trauma, Violence, & Abuse, 4*(4), 323-340.
- Cross, T., Whitcomb, D., & De Vos, E. (1995). Criminal justice outcomes of prosecution of child sexual abuse: A case flow analysis. *Child Abuse & Neglect, 19*(12), 1421-1442.
- Everson, M. (2011). Forensic child interviewing at age 30: Taking stock of where we are. *Children's Advocacy Centers of Texas Advanced Issues & Current Research in Forensic Interviewing: Continuing education training Block V*. Lecture conducted from Austin, TX.
- Faller, K. (1996). Interviewing children who may have been abused: A historical perspective and overview of controversies. *Child Maltreatment, 1*(2), 83-95.
- Faller, K. (2004). Sexual abuse of children: Contested issues and competing interests. *Criminal Justice Review, 29*(2), 358-376.
- Faller, K. & Henry, J. (2000). Child sexual abuse: A case study in community collaboration. *Child Abuse & Neglect, 24*(9), 1215-1225.
- Faller, K. & Palusci, V. (2007). Children's advocacy centers: Do they lead to positive case outcomes? *Child Abuse & Neglect, 31*(10), 1021-1029.
- Fang, X., Brown, D., Florence, C., & Mercy, J. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect, 36*(3), 156-165.
- Finkel, M. (2008). "I can tell you because you're a doctor": Commentary on girls who disclose sexual abuse: Signs and symptoms following genital contact. The

importance of the pediatricians detailed medical history when evaluated suspect child sexual abuse. *Pediatrics*, 122(2), 422.

Finkel, M. (2011). Medical issues in child sexual abuse. In J. Myers (Ed.), *The APSAC Handbook on Child Maltreatment*, 3<sup>rd</sup> ed (pp.233-266). Thousand Oaks, CA: Sage Publications, Inc.

Finkelhor, D. (1979). *Sexually victimized children*. New York: Free Press.

Fryer, G., Jr., Poland, J., Bross, D., & Krugman, R. (1988). The child protective service worker: A profile of needs, attitudes, and utilization of professional services. *Child Abuse & Neglect*, 12(4), 481-490.

Garven, S., Wood, J., Malpass, R., & Shaw, J. (1998). More than suggestion: The effect of interviewing techniques from the McMartin Preschool case. *Journal of Applied Psychology*, 83(3), 347-359.

Goldstein, J., & Griffin, E. (1993). The use of a physician-social worker team in the evaluation of sexual abuse. *Journal of Child Sexual Abuse*, 2(2), 8-93.

Gray, E. (1993). *Unequal justice: The prosecution of child sexual abuse*. New York: The Free Press.

Henry, J. (1997). System intervention trauma to child sexual abuse victims following disclosure. *Journal of Interpersonal Violence*, 12(4), 499-512.

Hagborg, J., Strömwall, L., & Tidefors, I. (2012). Prosecution rate and quality of the investigative interview in child sexual abuse cases. *Journal of Investigative Psychology and Offender Profiling*, 9(2), 161-173.

Harris, S. (2010). Toward a better way to interview child victims of sexual abuse. *National Institute of Justice Journal*, 267 (1), 12-15.

Health and Human Services. (2014). *Child Maltreatment*. Washington, DC: U.S. Government Printing Office.

Heger, A., Ticson, L., Velasquez, O., & Bernier, R. (2002). Children referred for possible sexual abuse: Medical findings in 2,384 children. *Child Abuse and Neglect*, 26(6), 645-659.

Hershkowitz, I. (2001). A Case study of child sexual false allegation. *Child Abuse & Neglect*, 25(10), 1397-1411.

Jackson, S. (2004). A USA national survey of program services provided by child advocacy centers. *Child Abuse & Neglect*, 28(4), 411-421.

- Jacobson, M. (2001). Child sexual abuse and the multidisciplinary team approach: Contradictions in practice. *Childhood, 8*(2), 231-250.
- Jacobson, M. (2002). Local realities: A frontier perspective on child protection practice. *Child Welfare, 81*(5), 737-756.
- Jensen, J., Jacobson, M., Unrau, Y., & Robinson, R. (1996). Interventions for victims of child sexual abuse: An evaluation of the children's advocacy model. *Child and Adolescent Social Work Journal, 13*(2), 139-156.
- Jones, L., Cross, T., Walsh, W., & Simone, M. (2005). Criminal investigations of child abuse: The research behind "best practices". *Trauma, Violence, & Abuse, 6*(3), 254-268.
- Katz, C. & Hershkowitz, I. (2013). Repeated interviews with children who are the alleged victims of sexual abuse. *Research on Social Work Practice, 23*(2), 210-218.
- Kellog, N. & American Academy of Pediatrics Committee on Child Abuse and Neglect. (2005). The evaluation of sexual abuse in children. *Pediatrics, 116*(2), 506-512.
- Kellogg, N., Menard, S., & Santos A. (2004). Genital anatomy in pregnant adolescents: "Normal" does not mean "nothing happened". *Pediatrics, 113*(1), 67-69.
- Kienberger, P. & Martone, M. (1992). Interdisciplinary evaluations of alleged sexual abuse cases. *Pediatrics, 89*(6), 1164-1168.
- Kolbo, J. & Strong E. (1997). Multidisciplinary team approaches to the investigation and resolution of child abuse and neglect: A national survey. *Child Maltreatment, 2*(1), 61-72.
- Lamb, M., Esplin, P., & Sternberg, K. (1995). Making children into competent witnesses: Reactions to the Amicus Brief *In re Michaels*. *Psychology, Public Policy, and Law, 1*(2), 438-449.
- Lamb, M., Hershkowitz, I., Orbach, Y., & Esplin, P. (2008). *Tell Me What Happened: Structured Interviews of Child Victims and Witnesses*. England: Wiley.
- Lamb, M., Hershkowitz, I., Sternberg, K., Esplin, P., Hovav, M., Manor, T., & Yudilevitch, L. (1996). Effects of investigative utterance types on Israeli children's responses. *International Journal of Behavioral Development, 19*(3), 627-637.
- Lamb, M., Orbach, Y., Hershkowitz, I., Esplin, P., & Horowitz, D. (2007). A structured forensic interview protocol improves the quality and informativeness of

- investigative interviews with children: A review of research using the NICHD Investigative Interview Protocol. *Child Abuse & Neglect*, 31(11), 1201-1231.
- Lamb, M., Sternberg, K., Orbach, Y., Esplin, P., & Mitchell, S. (2002). Is ongoing feedback necessary to maintain the quality of investigative interviews with allegedly abused children? *Applied Developmental Science*, 6(1), 35-41.
- Lalayants, M. & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: A research agenda. *Child Welfare*, 84(4), 433-458.
- Lyon, T. & Ahern, E. (2011). Disclosure of child sexual abuse: Implications for interviewing. *APSAC Handbook on Child Maltreatment*, 3<sup>rd</sup> ed. (pp.233-252). Thousand Oaks, CA: Sage Publications, Inc.
- Malloy, L., Brubacher, S., & Lamb, M. (2013). "Because she's one who listens": Children discuss disclosure recipients in forensic interviews. *Child Maltreatment*, 8(4), 245-251.
- Malloy, L., Lyon, T., & Quas, J. (2007). Filial dependency and recantation of child sexual abuse allegations. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(2), 162-170.
- Menard, S. (2010). *Logistic Regression: From Introductory to Advanced Concepts and Applications*. Thousand Oaks, CA: SAGE Publications, Inc.
- Miller, A. & Rubin, D. (2009). The contribution of children's advocacy centers to felony prosecutions of child sexual abuse. *Child Abuse & Neglect*, 33(1), 12-18.
- Myers, J., Diedrich, S., Lee, D., Fincher, K., & Stern, R. (2002). Prosecution of child sexual abuse in the United States. In J. Conte (Ed.), *Critical Issues in Child Sexual Abuse: Historical, Legal, and Psychological Perspectives*. (pp.27-69). Thousand Oaks, CA: SAGE Publications, Inc.
- National Children's Advocacy Center. (2012). *Advanced Forensic Interviewing Training*. Hunstville, AL.
- National Children's Alliance. (2011). *Standards for Accredited Members*. Retrieved from: <http://www.nationchildrensalliance.org>.
- National Children's Alliance. (2013). *Child and Family Friendly Facilities*. Retrieved from: <http://www.nationalchildrensalliance.org/index.php?s=36>.
- National Children's Alliance. (2014). *Funding CAC Chapters*. Retrieved from: <http://www.nationalchildrensalliance.org/funding-cac-chapters>.
- National Children's Alliance. (2014). *Children's Advocacy Centers*. Retrieved from <http://www.nationalchildrensalliance.org>.

- National Children's Alliance. (2014). *CAC statistics*. Retrieved from: <http://www.nationalchildrensalliance.org/cac-statistics>.
- Newman, B., Dannenfelser, P., & Pendleton, D. (2005). Child abuse investigation: Reasons for using child advocacy centers and suggestions for improvement. *Child and Adolescent Social Work Journal*, 22(2), 165-181.
- Olafson, E. (2002). Ronald Summit and the rediscovery of child sexual abuse. In J. Conte (Ed.), *Critical Issues in Child Sexual Abuse: Historical, Legal, and Psychological Perspectives*. (pp.27-69). Thousand Oaks, CA: Sage Publications, Inc.
- Pence, D. & Wilson, C. (1994). *Team investigation of child sexual abuse: The uneasy alliance*. Thousand Oaks, CA: Sage.
- Pipe, M., Lamb, M., Orbach, Y., & Cederborg, A. (2007). *Child Sexual Abuse: Disclosure, Delay, and Denial*. New York: Routledge.
- Pipe, M., Orbach, Y., Lamb, M., Abbott, C., & Steward, H. (2013). Do case outcomes change when investigative interviewing practices change? *Psychology, Public Policy, and Law*, 19(2), 179-190.
- Poole, D. & Lamb, M. (1998). *Investigative interviews of children: A guide for helping professionals*. Washington, DC: American Psychological Association.
- Powell, M., Wright R., & Hughes-Scholes, C. (2011). Contrasting the perceptions of child testimony experts, prosecutors and police officers regarding individual child abuse interviews. *Psychiatry, Psychology and Law*, 18(1), 33-43.
- Sedlak, A., Mettenburg, J., Basena, M., Petta, I., McPherson, K., & Greene, A. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Shadish, W., Cook, T., & Campbell, D. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Houghton Mifflin Company: Boston, MA.
- Shadoin, A., Magnuson, S., Overman, L., Formby, J., & Shao, L. (2005). *Cost-Benefit analysis of community responses to child maltreatment: A comparison of communities with and without child advocacy centers*. Huntsville, AL: National Children's Advocacy Center.
- Sheppard, D. & Zangrillo, P. (1996). Coordinating investigations of child abuse. *Public Welfare*, 54(1), 21-31.

- Simone, M., Cross, T., Jones, L., & Walsh, W. (2005). Children's advocacy centers: Understanding the impact of a phenomenon. In K. Kendall-Tackett & S. Giacomoni (Eds.), *Victimization of children and youth: Patterns of abuse, response strategies*. (pp. 22-24). Kingston, NJ: Civic Research Institute, Inc.
- Smith, D., Witte, T., & Fricker-Elhai, A. (2006). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment, 11*(4), 354-360.
- Staller, K. & Faller, K. (2010). *Seeking justice in child sexual abuse: Shifting burdens & sharing responsibilities*. New York: Columbia University Press.
- State v. Michaels, 625 Nj Super, A2d 489 (1993).
- Stroud, D., Martens, S., & Barker, J. (2000). Criminal investigation of child sexual abuse: A comparison of cases referred to the prosecutor and those not referred. *Child Abuse & Neglect, 24*(5), 689-700.
- Tedesco, J. & Schness, S. (1987). Children's reaction to sex abuse investigation and litigation. *Child Abuse and Neglect, 11*(2), 267-272.
- Texas Department of Family and Protective Services. (2014). 2013 Annual Report and Data Book.
- Tjaden, J. & Anhalt, J. (1994). The impact of joint law enforcement-child protective services investigations in child maltreatment cases. Denver, CO: Center of Policy Research.
- Tjaden, J., & Thoennes, N. (1992). Predictors of legal intervention in child maltreatment cases. *Child Abuse and Neglect, 16*(6), 807-821.
- Toth, P. (2011). Comparing NICHD and RATAC child forensic interview approaches: Do differences matter? *The Link, 20*(1), 1-6.
- Walsh, W., Cross, T., Jones, L., & Simone, M. (2007). Which sexual abuse victims receive a forensic medical examination? The impact of children's advocacy centers. *Child Abuse & Neglect, 31*(10), 1053-1068.
- Walsh, W., Jones, L., & Cross, T. (2003). Children's advocacy centers: One philosophy many models. *APSAC Advisor, 15*(3), 3-7.
- Walsh, W., Jones, L., Cross, T., & Lippert, T. (2010). Prosecuting child sexual abuse: The importance of evidence type. *Crime & Delinquency, 56*(3), 3-13.
- Walsh, W., Lippert, T., Cross, T., Maurice, D., & Davison, K. (2008). How long to prosecute child sexual abuse for a community using a children's advocacy center and two comparison communities? *Child Maltreatment, 13*(1), 3-13.

- Watkins, S. (1990). The double victim: The sexually abused child and the judicial system. *Child and Adolescent Social Work, 7(1)*, 29-43.
- Whittier, N. (2009). *The Politics of Child Sexual Abuse: Emotion, Social Movements, and the State*. New York: Oxford.
- Wolfteich, P. & Loggins, B. (2007). Evaluation of the children's advocacy center model: Efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal, 24(4)*, 333-352.
- Wood, J. & Garven, S. (2000). How sexual abuse interviews go astray: Implications for prosecutors, police, and child protection services. *Child Maltreatment, 5(2)*, 109-118.