

Child Advocacy Centers:
The benefits to them and the reduction of trauma to children

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Abstract

The progression of child advocacy throughout the United States has impacted the way that the community assists child victims. Research reveals that maltreatment occurs and that there is a need for intervention methods. This paper analyzes the use of multidisciplinary teams and their advantages offered, in a community response to combat child abuse. Updated social services, such as the implementation of child advocacy centers, will reduce the trauma endured by children throughout the investigative and prosecution process. By addressing the limitations and recommendations of child advocacy centers, future changes can be made to assist victimized children.

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Introduction

Statement of the Problem

How often have people heard of news reports or read a newspaper article about a child victim? Within the media, these headlines can be heartbreaking to take in. Initial questions can arise when learning about a child being maltreated. Thoughts of: How could someone allow this to happen? Who could do that to a child? Will the child have lifelong effects from this? As these questions stream through the minds of community members, would someone ever think to intervene? Would someone actually speak up to something witnessed? It is easy to make assumptions and imagine the general public would... but WOULD they?

Children across the United States are susceptible in becoming victims to some kind of maltreatment. Maltreatment, or often known as child abuse, can come in many shapes and forms (CDC, 2014). Whether the abuse occurs by random or an intentional act, protocols need to be in place to infiltrate and support those in need. Changes in this country's social services offered has adapted to fit those needs. The implementation of child advocacy centers and the concept of a centralized resource tool, has changed the way the criminal justice system has assisted child victims (Miller-Perrin & Perrin, 2015).

Looking at the past, historical changes have evolved in child care reform and increased support to advocate for child. There are three major eras within the United States that have impacted how society addressed the maltreatment of children. The first era, which began in the late 1800's, was known as the social reform movement (Yarrow, 2009). This movement began during the colonial times and continued until 1875. This initial crusade in child care addressed the economic development and industrial growth of the United States. Children began working in

textiles, manufacturing and farm life. The use of child labor led to harsh conditions and the development of many child labor laws (Eastern Illinois University, 2008).

The second era which took place between 1875 and 1962 began the state and federal support in creating laws and regulations within social services, health and child labor. Some of the child labor laws included an age and working hour restrictions. Also, efforts were made to increase school enrollment for children (Bureau of Labor Statistics, 2017). This progressive movement or “child saving movement” continued to use activists to address socialization of children within society (Chesney-Lind & Shelden, 2014).

The third era, known as the modern era, provides the concept of government-sponsored child protective services (CPS). This era began in 1962 and continues today to provide new outlooks and growth in child protection (Myers, 2011). Throughout this modern time, the establishment of child advocacy centers (CAC) occurred within the United States. The development of CACs provided a new outlook on using a community-based approach in policing and outreach. Within this new perspective, society have been shown to improved the experiences that victim(s) and their families. This can both occur during the investigation and prosecution process (Elmquist, Shorey, Febres, Zapor, Klostermann, Schratte & Stuart, 2015).

The vision to focus more intently on children’s needs, was by former Alabama District Attorney, Robert E. Bud Cramer. His concept was to merge child advocacy centers (CAC) and multidisciplinary teams (MDT) to provide a stronger social service to child victims. Throughout the United States and the world, the National Children’s Advocacy Center (NCAC) has become a worldwide, recognized child abuse and advocacy resource (NCAC, 2018). It is reported that there are over 1,000 child advocacy centers throughout the United States have been developed from the Robert Cramer model. The concept used in the U.S. has also spanned across thirty

countries throughout the world (NCAC, 2018). This revolutionary framework has provided the necessary environment, to effectively manage and reduce stress on a child victim during a criminal investigation.

A general description as to what a child advocacy center is intended for, is to, "... coordinate the investigation, treatment, and prosecution of child abuse cases by utilizing multidisciplinary teams of professionals involved in child protective and victim advocacy services, law enforcement and prosecution..." (Office of Juvenile Justice and Delinquency Prevention, 2018, p.1). Within these specialized centers, a variety of maltreatment types can be addressed and supported by trained staff. Examples of child maltreatment types include: sexual abuse, physical abuse, child neglect and drug endangerment (Wallace & Roberson, 2015).

The use of child advocacy centers and their services have been argued by defense attorneys and prosecutors within the criminal justice system. The focus of these centers is to provide support to child victims. However, this must be done appropriately under each state's legislation. It is expected that victims, especially child victims, are entitled to rights and protections by the court. Yet, society must remember that a suspect is considered innocent until proven guilty and is also entitled to rights. This paper will provide an overview of the development of child advocacy centers, the resources provided, the benefits that these centers offer to multidisciplinary teams, and the continued ability to provide support and treatment to a child victim and their families.

Purpose of the Study

The purpose and significance of this research is to define and explain the positive aspects in the implementation of child advocacy centers. Throughout the evolution in child protective services and victim rights, the CAC/MDT model provides services to children and their families

at an easier and more accessible way. Each investigation is to be considered a primary focus, with consistency and communication expected with every case (Fontes & Tishelman, 2016).

An examination of the individual assets and components of the CAC/MDT model will be discussed and how children may respond to each type of intervention. A primary focus within a CAC is the use of child forensic interviews in the prosecution of child maltreatment offenders. The benefits to these recordings have impacted multidisciplinary teams in retrieving a child's recollection of the abuse and information needed in an investigation (OJJDP, 2015).

Forensic interviews allow for the reduction in the amount of times a child has to relay their allegations of maltreatment. Forensic interviews (FI) recordings can be distributed to MDTs members, who further investigate a child's accusation. This procedure can impact the way children express and reveal what has happened to them. Another benefit of FI's is the design layout of the interview rooms. CAC's are built to provide a neutral and welcoming environment, for a child and their families to feel comfortable and safe (OJJDP, 2015).

There can be inadequacies in case proceedings, such as the objection of recorded forensic interviews being used in court. Disadvantages to forensic interviews can stem from legal and/or ethical considerations. Some examples include: issues of witness tampering, the use of aids, props or leading questions. These potential issues can be addressed and argued by either the defense or prosecution (Poole, Bruck & Pipe, 2011). Different states will address the change in statutory guidelines and interpretations of the law across the United States and their admittance into the court record.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides a global resource from major forensic interview training programs. The overall purpose of a forensic

interview is to provide minimal traumatic experiences during the various stages of someone's allegations. Protocols are managed to configure to the child's age and competency level, to assist in retrieving information (OJJDP, 2015). Other opportunities for care provided by CAC's include advocacy and information about court proceedings, medical exams and treatment, counseling services, and prevention care (Willow Tree, 2016). With each service, consideration is provided to the victim and/or their family to guide them through their experiences.

Each resource available at a CAC can have a different type of care to those involved. For instance, prevention care addresses the outreach provided to schools and organizations about the types, symptoms and signs of child maltreatment. Medical care revolves around a child's physical and psychological health and the damage done by the mistreatment. Samples can be collected and used as evidence (if acceptable) along with photographs. Follow up exams or treatment may be necessary to ensure that the child has no long-lasting health needs.

Significance & Implications of the Study

The implication of child advocacy centers used throughout the United States draws the conclusion that CAC's are considered a centralized resource for child victims. The statistics shown in the number of abused and maltreated children within the United States, proves a significant need for this social service method of treating and rehabilitating children. Furthermore, the United States Department of Justice (2018) reported that in 2012, approximately 1.8 million children have become victims of sexual assault. The Center for Disease Control reported in that same year, that about 3.4 million referrals were received of children being abused or neglected (CDC, 2014).

The need to address and infiltrate these statistics is necessary for the welfare of the children within the United States. The evaluation of CAC's and their association with different supporting agencies is valuable in the efforts to provide justice against those who mistreat children.

Methods of Approach

The methodology approach of this paper presents past qualitative studies that will reflect the argument for consistent use and commonality of child advocacy centers (CAC) in the United States. Furthermore, literature reviews will define the different aspects of child advocacy centers and the multidisciplinary model. Forensic interviewing will be discussed as the focal point of a CAC and the significant benefits this practice has on child victims. Different techniques and interviewing protocol models will be compared to best assist the children involved.

Secondary research will be presented to reinforce the value of a centralized resource for children and their families within a CAC. State statistics will be evaluated as to the number of child advocacy centers available and that state's statutory provision and laws. Some states will vary in their current legislation, which should provide justification in the number of open centers, protocol models used, and the admission of recorded interviews being used in a criminal proceeding.

Finally, another method of approach will introduce the theoretical framework to address criminological theories that best correlate and explain the need for the CAC/MDT model. Concerns about adolescent's health and the strain related to child maltreatment can be applied to criminal justice system and the need to protocols to reduce the trauma to children during this process. Child victims' behaviors, such as non-disclosures or delayed disclosures discussed as to

why children don't report their abuse. Additionally, a summarization of advantages and disadvantages of the current CAC/MDT model will be addressed. Limitations and recommendations will be made based on this overview to provide improvement for community intervention and preventative measures, to better serve future children.

Literature Review

The use of child advocacy centers (CAC) throughout the United States has impacted children in a variety of ways. The innovation of CACs has streamlined the resources available to children and their families during the criminal justice process. Multidisciplinary teams (MDT) represent different government agencies and private practitioners who investigate crimes against children. These teams assist each other in the investigation, treatment, management and prosecution of child abuse cases (Johnson, 2017). The CAC/MDT model has two main objectives. First, for the successful prosecution of an offender for their crime. Secondly, to minimize trauma to a child throughout the process (OJJDP, 2000).

There are several entities that make up MDT groups in addressing child abuse investigations. These departments and agencies have all previously worked in their own ways to assist in the investigation of crimes against children but had been ineffective in the communication between each entity. The collaborative change in this development of MDTs has modernized the efforts of social welfare means. Figure 1 display how each resource/MDT member centralizes around a child and their family.



Figure 1: Centralized CAC/MDT model
(CPA, 2018)

The first group to address within an MDT is the child protective services (CPS) department. This branch within the human services area is, “... mandated by law to conduct an initial assessment or investigation of child abuse and neglect” (CPS, 2003, p.11). CPS staff provides comprehensive reports on allegations of maltreatment, which can stem from anyone who has concerns for a child’s welfare. Referrals for CPS interventions/investigations typically stem from family members, teachers, or other law enforcement contact (CPS, 2003).

Child protective service is a government funded agency, with a primary goal of ensuring a safe environment for a child (Children’s Bureau, 2018). The connection made between CPS workers and CAC agencies is within the investigation stage of child abuse allegations. Social workers contact their local CAC to set up appointments for medical exams and/or forensic interviews to further address any area(s) of concern.

Another agency that coincides with CPS staff is law enforcement departments. Depending on the situation, law enforcement or CSP workers may be the first responding agency

to a child abuse call. Detectives also fit into the law enforcement category of an MDT. Their role is to collect evidence, interview adult witnesses, make arrest(s), and create a detailed case referral to the district attorney's office (CAP, 2018).

For some victims, interactions made with law enforcement in itself can be considered a traumatic event. The perspective made by a child, may shine a poor light on policing efforts. Examples would include a police officer being someone of authority to protect and serve. Most children find law enforcement personnel to be elite individuals, who resemble a super hero and fight crime. However, when a child witnesses a parent or loved one being arrested and taken to jail, a child's opinion may change. The responsibility of officers and detectives is to protect people and the community, yet, a child may consider law enforcement to be the mad person in a situation (CAP, 2018). The perception of police officers in a child's mind can lay on the attitudes of others around them. These situations provide a justification for the development of child advocacy centers, which will be addressed later on.

The next and fundamental component of an MDT is the child advocacy center organization. Referrals made by law enforcement and/or CPS workers are handled with care and caution, because of their sensitive nature. There are several subcategories that may make up a child advocacy center: child advocates, forensic interviewers, medical personnel, mental health staff, and prevention specialists (Willow Tree, 2016). Together, these individuals assist children and families, as another feature of an MDT model during an investigation and prosecution process. Each member of a CAC team provides meaningful and child appropriate focus in determining what occurred to a child and how.

Medical personnel are another aspect of the MDT model that can provide significant support during the investigation and prosecution of a case. Physical evidence can be obtained

during a medical examination and include: swabs, photos, and documented injuries of a child (Karmen, 2016). Based on the severity of a child's injuries, medical staff will determine if immediate and extensive care is required and the best location for the medical attention to be administered. Some CACs have the advantage with on-site medical personnel to aid children with moderate to low needs. However, this necessity is not always available. Regardless as to the location of medical staff, this personnel type would be able to evaluate, provide care, and follow up on health needs for a child.

There is another form of physical evidence, that can benefit the criminal investigation of child maltreatment cases. Forensic interviews are performed on children with a goal and objective to gain information about allegations in a nonduplicative manner (Silovsky, 2000). These interviews are recorded and distributed to others within an MDT to reduce the number of times a child has to disclose their allegations (U.S. Department of Justice, 2015). In the past, untrained officers or social workers had been questioning children regarding their allegations. This type of procedure had the potential to damage both the victim and an investigation.

Advocates are an additional support member of an MDT group, who may also be employed through a CAC. Advocates can oversee a variety of tasks, with the main focus to assist a victim, case review and case tracking (Willow Tree, 2016). Advocates are often considered the primary connection between an MDT and a family. Support can be provided to an MDT from mental health professionals. This added link has provided evidence and information regarding a child's mental health status and progress through the investigation.

Lastly, another member of an MDT group to address is the prosecutor, of a criminal investigation. Prosecutors are attorneys who determine if a referral has substantial evidence to pursue charges. Criminal prosecutors are responsible for filing charges within their jurisdiction,

based on the information and evidence collected by others among an MDT. The role of a prosecutor is to weigh all the information provided and put forth appropriate charges against the offender. The charges filed are intended to be in the most favorable odds for the child victim (CCML, 2003). The incorporation of all MDT members gains strength in the intervention goal, knowing that all areas of concern are covered.

The prevalence of child abuse within the United States has become stronger, mainly based on public awareness and mandatory reporting. These factors have increased and provided a clearer statistical demographic in this field of study (Karmen, 2016). The National Children's Alliance (2018) reports that there are currently 854 child advocacy centers within the United States. This number has grown substantially since the development of the first child advocacy center in 1986. In 1994, there were only 50 reported centers assisting children and families throughout the United States. However, in 2006, over 600 centers were developed (OJJDP, 2008).

A factor to contribute to the growing need for CACs are based on the statistics of child abuse, which are becoming more accurately reported. The Department of Health & Human Services (2018) reports that in 2016, the United States had an increase of 9.5 percent from 2012 to 2016 in the number of children who received a CPS investigation. Also, from 2012 to 2016, the nations overall total of child victims increased 3.0 percent (DHHS, 2018).

The National Children's Alliance (2014) reported that neglect was the most common form of abuse treated in 2015. Neglect can be considered a broad labeling of child abuse, due to the difficulty in measuring specific act of harm towards a child. Unlike physical abuse, neglect may not directly cause harm or injury but it may have the potential to. The U.S. Centers for Disease Control (CDC) deems child abuse and neglect to be, "a high-priority health problem"

(Karmen, 2016). This further justifies the growing statistics on child maltreatment and need for additional CAC's around the country. Young children, especially those within their first year of life, were researched to have the highest rate of victimization (NCA, 2014). Karmen (2016) believed that there are over 20 million children who have been abused, neglected or traumatized by maltreaters within a given year. This estimation is derived based on the amount of unreported or unsubstantiated maltreatment cases that still occur in our country.

There are many advantages to using child advocacy centers during the investigation and prosecution of child abuse victims. Research has shown that the use of CACs has assisted in the minimization of stress and discomfort during the criminal justice process (Miller-Perrin & Perrin, 2013). The first benefit to address is the centralized structure and connection that a CAC brings to an MDT group. Members of a team are able to communicate in one consolidated area, which provides an easier access to records and information.

Snell (2003) found that having a centralized resource improved the quality of services available to victims and their families. The CAC/MDT model uses collaboration and decision-making by experienced individuals, to provide effective and prompt intervention to maltreated children. Wallace & Roberson (2015) reported that MDT members oversee about three-fifths of all alleged child abuse cases. This finding demonstrates how agencies have modified their protocols to implement a CAC/MDT format into daily routine.

The next advantage to a CACs is the way that evidence is collected and maintained. In the past, children were often taken to police stations or investigated at hospitals for allegations of abuse. At that time, this procedure may have seemed like the best practice, since the child was not within their abusive environment. Yet, police stations and hospitals can be very frightening place for children to be interviewed (OJJPD, 2008).

The creation of child advocacy centers was designed for children to discuss issues and concerns about themselves or others in a child appropriate location. These centers provide children with, "... a safe, welcoming, nonthreatening environment" (Miller-Perrin & Perrin, 2015, p. 275). A general description of CAC centers encompasses that the building and rooms resemble a "home-like" atmosphere. Playrooms, colorful décor, and comfortable furniture are some accommodations implemented to create a welcoming environment for children (OJJDP, 2015). The uses of the CAC/MDT model allow children to openly address their maltreatment and maximize the potential for an accurate disclosure.

Another benefit to implementing the CAC/MDT model is the availability of medical staff and treatment options. As previously discussed, medical professionals are apart of the CAC/MDT model and are useful in understanding what a child has been exposed to. This assistance can reduce strain to children both in a child's physical and mental health. Evidence collected is documented for other MDT members to review, which can increase the likelihood in legal decisions and prosecution of charges against an offender (OJJDP, 2008).

Knox, Starling, Feldman, Kellogg, Frasier & Tiapula (2014) report that child abuse pediatrics is an evolving field of study. This finding can be correlated with maltreatment being labeled as a neglectful act, because the factors and circumstances of each allegation can be different. An advantage of on-site medical staff would eliminate families from needing to travel to various clinics for different procedures and exams. Unfortunately, not all centers have this option of on-site care but medical personnel respond to immediate treatment needs to reduce life-altering health concerns (OJJDP, 2008).

Forensic interviewing is the most commonly used CAC technique in the United States (NCAC, 2018). Child forensic interviewing has provided significant benefits to children

throughout the investigative and prosecution process. Different training programs and protocols have been developed to maximize efforts and admittance in court (OJJDP, 2015). There are several areas of forensic interviews (FI) that have assisted children throughout their journey for justice.

The first and most logical benefit is the ability to reduce the amount of times a child must relay their allegations. Elmquist, Shorey, Febres, Zapor, Klostermann, Schratte & Stuart (2015) found that exposing a child to multiple interviews was “problematic” to the investigation process. They discovered that children felt re-traumatized, frustrated and became upset when having to retell their allegations to different agencies. This finding unfortunately does not mean that a child will only have to relay their story once. At times, a second interview or a number of shorter interviews can aid children to provide new details within a disclosure (Olafson, 2012).

Forensic interviewers use different protocols and techniques to specialize in the interviewing of children. Olafson (2012) discovered that the manner or non-verbal behaviors of an interview, factored into the ability for a child to recall information. Interviewers who had warm and friendly attitudes versus cold and condescending ones, gained more responsiveness to children. In the past, children were questioned by different agencies who had no knowledge of child development (OJJDP, 2008). For example, law enforcement had been a male-dominated field, which can attribute to a lack of empathy or warmth that forensic interviews now have. However, APSAC (2012) found that the gender of the interviewer did not matter as much as their skills and proficiency of their work. This issue addresses the change interviews have progressed over the years.

Another advantage in using forensic interviews is the wide-spanned ability to address any concern of child abuse. Victimization can be seen in various shapes and forms. Forensic

interviews are able to address any type of maltreatment, as the etiquette to retrieve information does not change. Child victims were found to experience a range of psychological and behavioral problems. These findings have supported the implementation of mental health treatment into CACs to assist in reducing prolonged trauma of victims (Olafson, 2012). Research has also found that there is not a set timeline for a child to overcome the trauma that they have endured. Each child may react and cope differently to situations they are placed into, which can lead to issues in a child's development (Hahn, Oransky, Epstein, Stover & Marans, 2015).

Child advocates can assist in a variety of ways. As previously stated, advocates are the primary connection between families and an MDT. Advocates are able to assist families in providing therapy or counseling recommendations, attending hearings, providing updated court dates, submitting victim impact statements and restitution claims to the court (Wallace & Roberson, 2015). A child and parent/guardian can be reimbursed for medical expenses, counseling needs and the replacement of any damaged items that occurred within an incident. Assistance by advocates can be beneficial to families, as the investigation and prosecution process can be overwhelming and prolonged. Advocates are another set of eyes to the situation and may provide insight to things ordinary people wouldn't think of.

Other supportive aspects of advocates are that they can work with the media. Advocates can make statements on a family's behalf to "minimize the impact" of personal and/or confidential information being leaked to the news (Wallace & Roberson, 2015). Upon the conclusion of criminal investigation/case advocates can provide information about resources to continue a child and/or families journey of healing.

Unfortunately, there are several disadvantages during the investigation and criminal process that have potential risks associated with the use of CACs. While forensic interviews have

been praised in ability to gain useful information of children, there are drawbacks in the admissibility of these recordings. Witness tampering is a common argument made upon defense attorneys, such as, the interviewer leading the child to obtain certain information. Also, another area for concern is when a forensic interview reveals high-risk exposure of abuse without any physical evidence (Brink, Thackeray, Bridge, Letson & Scribano, 2015).

An example scenario that addresses these issues is of a child disclosing years of sexual and inappropriate touching but no penetration. A medical exam would find no physical markings of sexual intercourse and no collaborating testimony by others. Yet, why would a child disclose numerous accounts of abuse? Olafson (2012) found that false positives can occur in forensic interviewing. This can be seen in sexual abuse cases, similar to the example described. However, by eliminating forensic interviews from the CAC/MDT model, there would be no basis for further investigation.

Another issue associated with witness tampering is the use of interview aids during a forensic interview. Poole, Bruck & Pipe (2011) found that props aided in the clarification of body parts but also prompt false disclosures. Props often used in forensic interviews are anatomical dolls or body diagrams, especially when dealing with younger children. Questionable remarks arise when an underdeveloped child is asked if they've been "touched" in areas discussed on the body. Defense counsel argue that use of props to assist an interviewer during a disclosure. Objections are made, as props can be considered suggestive and leading in nature (Olafson, 2012).

The age of a child victim is another disadvantage during a CAC/MDT model investigation and prosecution. The credibility of a child on the stand raises the question about what age is an appropriate age for a child to disclose abuse. Karmen (2016) reported that

repeated interrogatories can coerce children to make up allegations about maltreatment.

Manipulation and coaching by parents/guardians have been found to sway young children from making accurate disclosures to MDT members. Research continues to address the retention and retrieval period of children and their distractibility because of age.

Miller-Perrin & Perrin (2013) further suggests that the involvement of a child in the prosecution stage of the legal system can increase stress and trauma. An obstacle is when the defense attorney requires a child to testify as to the allegations they are bringing forward. A child victim is required to testify in court, if the prosecutor requests to admit the forensic interview. This regulation is enforced as an alleged maltreater is not able to question or contradict what was stated within the interview. At times, forensic interviews may not be needed in court due to additional evidence retrieved within the investigation. However, not all abuse cases are provided with an abundance of evidence and a forensic interview may be all that was obtained.

A defendant/alleged perpetrator has the right to confront the victim based statutory guidelines (FindLaw, 2018). When a defense attorney confronts or questions a child, it can affect a child's ability to answer details of their story and may result in inconsistent statements. The use of a forensic interview may benefit the prosecution but also has the ability to damage it as well. Issues with memory recall and the child's performance on the stand can alter the way a court official or jury sees the allegations.

Social media and the coverage of child maltreatment cases within a community can also cause trauma for a child victim and their family. "The media can help or hinder the victim's recovery and subsequent attitude towards life" (Wallace & Roberson, 2015, p. 88). This therapeutic interference can cause victims or their families to recant the allegations or refuse to cooperate in the legal system (Hahn, Oransky, Epstein & Stover, 2015).

Other restrictions with forensic interviewing are the inability to assist others of different cultures or nationalities. Fontes & Tishelman (2016) researched foreign languages and cultural traditions in the language competence of a child from fully disclosing their maltreatment. Findings reported that the use of a bilingual interpreter has been found to be distracting within a forensic interview. Also, concern arise when translators were not interpreting correctly or expressing incorrectly what a child is disclosing. CAC's are often apprehensive in the using interpreters because of the emotional and sensitive material. However, a way to combat this problem is in hiring bilingual staff member who has been trained in the forensic interviewing protocol. This would eliminate the need for using an interpreter, especially in a highly diverse area (Fontes & Tishelman, 2016).

Another disadvantage with the use of CACs is the drawback of these organizations being government or privately funded. Future funding is based off the data collection and the amount of families that have used the facility and resources. Olafson (2012) discovered that on a conservative estimate, child abuse cases cost around \$103.8 billion dollars. This total cannot fully be attributed to CACs but is a depiction for the amount of expenditures needed for investigating, treating and providing aftercare.

Further shortcomings are found when addressing the fact that every child is not able to be protected and not every offender will be prosecuted and/or punished for their crime. Members of a CAC/MDT group are ethically bound to protect children and families from perpetrators, yet, there is no means to predict when or where an abuse will happen (Olafson, 2012). This failure in finding justice for everyone can take a toll on members of the MDT model and illustration frustration in the criminal justice system.

Finally, another disadvantage is that a CAC resource can only support a child victim as much as permitted. Due to litigation by defense attorneys and prosecutors, a victim may not feel their offender received enough punishment for their crime. Defendants may take plea agreements or have charges dismissed based on legal factors of a case. Court officials must weigh the mitigating and aggravating factors of the crime to provide a sentence that best suits the community, not the victim (Branaman & Gottlieb, 2013). These disadvantages continued to be further researched and addressed, to hopefully eliminate any additional drawbacks to its usage.

Throughout the United States, there are several major forensic training programs that have been developed during the progression of child advocacy. These programs include: the American Professional Society on the Abuse of Children (APSAC), the Corner House Interagency Child Abuse Evaluation and Training Center, the Gundersen National Child Protection Training Center, the National Children's Advocacy Center (NCAC) and the National Institute of Child Health and Human Development (NICHD). Each center addresses a different structure of forensic interviews to best fit the needs of those involved (OJJDP, 2015).

Swerdlow-Freed (2017) reported that there is not a national consensus to one specific protocol. When comparing these protocols, there does not seem to be a substantial change from one to another either. Each program carries common components or key phases that occur. The three main phases are: the rapport building phase, the substantive phase and the closure phase. Additional phases or extended phases can be conducted to satisfy that programs specific guidelines (Children's Bureau, 2017).

The difference between each protocol is based on their structure model. The Gundersen National Child Protection model, also known as the cognitive interview model is considered to be the most flexible protocol. Next, the APSAC, Corner House, and the NCAC models are

considered to be semi-structured practiced models. The interviewers under these protocols are to adapt to each child throughout the forensic interview, which may lead to skipping one of the key components (Swerdlow-Freed, 2017).

Finally, the NICHD protocol is considered to be the most structured model. This model requires interviewers to follow a specific phase to clarify details and use open-ended prompts (Swerdlow-Freed, 2017). Research has shown that this protocol has allowed interviewers to better determine if a child was telling the truth, based on the amount of information provided within the child's narrative (Lamb, Orbach, Herschkowitz, Esplin & Horowitz, 2007).

All of these forensic interview protocols require a child to distinguish between the difference of a truth and a lie. This requirement tests a child's competency, which is essential in the prosecution stage. Examples such as, asking a child what color an item is or if they know what the interviewer did prior to the child's arrival are different ways to determine a child's truth-telling ability. The objective of this step is for the child not to make up an answer but to recognize that they may not know all the answers. This will become important throughout a child's disclosure. Depending on the age of a child, a forensic interviewer may administer an oath, regarding the information a child plans to disclose (Silovsky, 2000).

The Office of Juvenile Justice and Delinquency Programs (OJJDP) (2008) reported that a forensic interview was only one part of a collaborative effort by an MDT. However, the OJJDP modified their position in a 2015 report, finding that 90 percent of CACs nationally provided used forensic interviews within their legal proceedings (OJJDP, 2015). The success of a criminal investigation lays in the experience of those involved but the prosecutor is who ultimately brings forth charges against a maltreater. Issues may arise in the admissibility of forensic interview

The map above provides a visual as to the coverage of child advocacy centers across the country. The state of Nevada has an obvious lack in support for centers within this area. Currently, there are only four implemented child advocacy centers available to assist children (NOTC, 2018). This statistic can be associated with Nevada's large desert terrain, as the majority of Nevada's population is restricted to several general areas. Las Vegas, Nevada (located in the southern portion of the state) is the largest city and metropolitan region. This provides justification as to the need for a CAC in this area based on the large population size.

Nevada's Children's Advocacy Alliance gathers and analyzes this data to better understand how their state supports child maltreatment. In 2016, Nevada received a C- grade for the overall total of management for physical, sexual and neglectful maltreatment responses. This grade has ranked this state to be 17th in the nation (CAANV, 2018). This ranking coincides with the number of CACs within the state, which leaves room for an overall improvement. However, Nevada has applied state's legislation regarding forensic interviews. The statute reads:

NRS 432.270(1) "A designee of an agency investigating a report of abuse or neglect of a child may, without the consent of and outside the presence of any person responsible for the child's welfare, interview a child concerning any possible abuse or neglect..."
(Nevada, 2017).

Another state to compare implemented centers is New York. Many people refer to this state, as the "city that never sleeps". Currently, New York has 44 of the 62 counties covered by the National Children's Alliance membership status. This would account for 71% of the overall state. In addition, another seven counties (11%) make up for non-member CAC groups (NCA, 2014). This dramatic difference from Nevada's statistics can be associated with the large change

in population size. New York is a widely diverse area, with a broad spectrum of inhabitants, based on its international status.

New York has also implemented legislation to allow forensic interviews and child advocacy centers to be established. The statute reads:

Article 6, Title 6, 423 (2) “Child advocacy centers may assist in the investigation of child abuse and child maltreatment cases and shall provide at a minimum for the following... (f): forensic interviews to be conducted in a manner which a neutral and fact-finding and coordinated to avoid duplicative interviewing...”

(Justia, 2018).

Finally, a third state to review is Wisconsin. There are currently fifteen local centers across the state that support children in their time of need. While this amount is greater than Nevada, it only accounts for 10 percent of the state’s 72 counties (CACW, 2017). The Child Advocacy Center of Wisconsin (2017) reported that in 2013, over 7,000 children received services at a Wisconsin CAC. Comparing this statistic to the most recent U.S. Census Bureau (conducted in 2010) calculated 336,138 children resided within Wisconsin (U.S. Census Bureau, 2018). This rough estimate reflects that of the two figures, only two percent of children were seen and treated for some kind of maltreatment in 2013.

This statistic may seem low, but the recognition that even one child is being abused in some form is unbearable to think about. Like Nevada and New York, Wisconsin has also implemented a state statute to support children during a criminal court proceeding. The Wisconsin statute, 908.08 addresses audiovisual recordings of child statements. This acceptance of forensic interviews has initiated judicial acceptance of child advocacy centers and what they do.

The statute reads:

908.08(1) “In any criminal trial or hearing, juvenile fact-finding hearing under s. 48.31 or 938.31 or revocation hearing under s. 302.113 (9) (am), 302.114 (9)(am), 304.06 (3), or 973.10 (2), the court or hearing examiner may admit into evidence the audiovisual recording of an oral statement of a child who is available to testify, as provided in this section”
(WSL, 2018).

While there may not be child advocacy centers available in every city, in every state, the focus to address child maltreatment is evident throughout the United States. States like Nevada, New York and Wisconsin prove that maltreatment is real and efforts are being taken. Research has proven the ability and benefits of what child advocacy centers are able to provide. Without child advocacy centers, the voices of maltreated children can be lost.

Theoretical Framework

A theory that is applicable to child maltreatment is the general strain theory. Robert Agnew developed this model in the 1980s, which differed from other forms of strain theory that fit into the criminal justice scheme. The general strain theory focuses on the source of strain and the noxious stimuli that causes stress and frustration. A noxious stimulus would be the abusive individual in a child maltreatment case (Tibbetts & Hemmens, 2015).

Coohy, Dirks-Bihun, Renner & Baller (2014) found that strain occurs in adolescents who try to avoid or experience abuse/neglect. Their research found that children who endure maltreatment often adapt to negative responses over time. Filipas & Ullman (2006) found similar

findings in adaptive coping mechanisms in child victims such as: suppression, dissociation with others and self-blame.

Children often choose not to report abuse based on a variety of reasons. Townsend (2016) indicates that children often try to tell someone about their maltreatment, but are often not heard. Other reasons for delayed or no disclosures include: threats to the child, fear of the maltreater, lack of opportunity, lack of understanding their abuse and/or their relationship to the perpetrator. These reasons justify the need for child advocacy centers in determining if child maltreatment is occurring, how often and by who (Townsend, 2016).

Agnew's general strain theory fits into this topic of the use of child advocacy centers because the various changes to protect children from additional stress throughout the investigation and legal process (Miller-Perrin & Perrin, 2013). Accommodations can be made to reduce stress that often occur from an interview, medical exams, court proceedings and/or aftercare support. Child advocacy centers do not allow abusers or alleged abusers into the center. This protocol allows a child to not feel pressured or have anxiety about disclosing (Children's Bureau, 2017). Many times, CPS is involved to provide a safe plan or protective plan which temporarily removes the child from their alleged maltreater. This procedure protects the child from imminent strain of returning to an unsafe environment (USHHS, 2003).

Within the courtroom, court officials have accommodated child victims during hearings and/or trials. An example would be an advocate giving a tour of the courtroom to show a child the layout of the room. Modifications can be made to the witness chair during the court proceedings. The witness chair may be repositioned, if a child needs to testify. This allows for the child to testify without facing their abuser (Miller-Perrin & Perrin, 2013). "The stress associated with involvement in the legal system is also believed to increase child victims'

distractibility, reduce their motivation, and possibly interfere with memory recall (Miller-Perrin & Perrin, 2013, p. 274). Also, an advocate can sit with a child and/or their family to provide emotional support and knowledge about legal proceedings (Karmen, 2016).

Another theory that correlates with child maltreatment is the social bonding theory. This theory was developed in 1969 by Travis Hirschi and addresses the socialization and involvement between a child and their maltreater. Hirschi's social bonding is composed of four components: attachment, commitment, involvement and moral belief (Tibbetts & Hemmens, 2015). The relevance of this theory to child abuse is the connections and stain placed between a child and the ability to tell and disclose their maltreatment.

Myers (2011) researched the reluctancy of child disclosures in sexual assault victims. A significant factor found was based on the relationship or "bond" between the child and their maltreater. The closer the relationship was, the longer the delay and/or lack of disclosure ratings (Myers, 2011). Other factors that can contribute to Hirschi's social bond theory refers to how child maltreatment can weaken future social bonds with others. Watts (2017) addressed the linkage between child abuse and neglect and the mediating role of social bonds. Findings found that females were more likely to have a lack of bonds among maternal relationships and school attachment. Males were more likely to have significant issues in "controlling" social bonds with others (Watts, 2017).

The empirical research findings related to trauma in child maltreatment brings forth the need to address how strain can impact a child's future. Watts & McNulty (2013) researched childhood abuse and found that physical and sexual abuse are predictors for delinquency in adolescents. Traumatic events (such as child abuse) can be linked to low self-control and peer pressure for delinquent acts, which can often lead to criminal tendencies. Child maltreatment is

also linked to higher aggression and violent acts, along with higher levels of depression, aggression, PTSD, and drug and alcohol usage (Watts & McNulty, 2013).

A consequence of an abused child maturing in society, is that their strain can manifest into delinquent acts, which could lead them to become maltreaters of the next generation (Newberger, Newberger & Hampton, 1983). The National Association of Adult Survivors of Child Abuse found that 30 percent of abused or neglected children will later abuse their own children (NAASCA, 2011). This cycle of violence will only continue without intervention.

The adaptation to the CAC/MDT model and a community outreach approach, has changed the way intervention is seen within the criminal justice system. The advantages of child advocacy centers have expanded from the assistance within an investigation to prolonged support in aftercare. Many child advocacy centers provide counseling or therapy-based sessions for children to further address their trauma and strain of abuse as they age. This has been implemented based on the significance abuse and trauma have on a child's development (Hahn, Oransky, Epstein, Stover & Marans, 2015).

Several types of therapy conducted include: Trauma-Focused Cognitive Behavioral Therapy (TFCB), Parent-Child Interaction Therapy (PCIT), and group therapy (NCAC, 2018). A well-used treatment method among therapist is the family-strengthening intervention technique. This method has been found to be an effective model in adolescents who disclosed sexual abuse (Hahn, Oransky, Epstein, Stover & Marans, 2015).

The U.S. Children's Bureau funds programs like the Community-Based Child Abuse Prevention (CBCAP) which was created to, "... develop, operate, expand, enhance and coordinate initiatives to prevent child abuse and neglect on a local level across the nation" (ACF,

2018, p.1). Community awareness, intervention, support, and prevention has been a key factor in addressing current child welfare but also to depict future maltreatment tendencies.

Limitations & Recommendations

Child maltreatment is a social problem that has been researched and examined by scholars, to address the long-term consequences. The usage of child advocacy centers has been implemented to assist in decreasing additional trauma endured by children exposed to abuse and maltreatment (Miller-Perrin & Perrin, 2013). Unfortunately, there are some limitations to child advocacy centers. First, the referral to a child advocacy center can only be made by an agency, who has concerns about a child's welfare. Children can go days, months, or years without intervention. This lack in intervention can be detrimental to a child's welfare and can be linked to untrained CPS workers, physicians and law enforcement (Olson & Stroud, 2012). The Office for Victims of Crime believe that, "Failing to identify and respond to child mistreatment can have serious consequences on the health and well-being of the child" (Office for Victims of Crime, 2000, p.1).

Currie & Tekin (2011) discussed how data from the National Longitudinal Study of Adolescent Health and the National Survey on Child and Adolescent Well-being have addressed the impact on maltreated children. Both of these studies have been influential in obtaining and determining developmental and behavioral needs of abused adolescents. Coohy, Dirks-Bihun, Renner & Baller (2014) have also researched the impact that abuse has on children and found that, "adolescent victims of child maltreatment appear to be a substantially higher risk of suicidal thoughts than adolescents in the general population" (Coohy, Dirks-Bihun, Renner & Baller, 2014, p.1171).

These findings focus on intervention needs for children, however, not every CAC has capabilities to address mental health. The National Child Traumatic Stress Network (2017) researched in-house mental health services versus outside providers. At times, a CAC/MDT model may not be equipped to staff on-site mental health professionals. This does not mean that referrals for mental health assistance does not occur but can cause delays in receiving treatment or obtaining progress reports. This issue can limit what a child advocacy center is able to document and monitor during an investigation and aftercare of a child's allegation. Also, a parent/guardian may choose to use a private provider verse an on-site or recommended provider, due to a personal preference or insurance coverage.

A third limitation to address among child advocacy centers are that not every center uses the same protocol or has the same resources. As just discussed, there are various ways that mental health resources are offered and used by families who have been seen at a child advocacy center. Other areas within a child advocacy center have similar issues, such as the type of forensic interviewing method. Whether a center uses the National Children's Advocacy Center or the National Institute of Child Health and Human Development model, the overall objective is to gain information about alleged abuse. Yet, because of the number of differences, national reporting and research can be difficult to measure between agencies (OJJDP, 2008).

Another issue associated with difficult tracking is the use of forensic interviews and convictions of child abusers. Jordan Institute for Families (2002) addressed how there are no national or state statistics that could effectively track whether or not a maltreater is punished for their abuse. This problem exists due to a lack of shared information between child welfare and criminal justice agencies (JFI, 2002).

Lastly, the overall stress levels of a child cannot be focused only on the resources of a child advocacy center. Reverting back to the objectives of a CAC/MDT model, two goals exist: the successful prosecution of an offender and the minimized trauma to a child throughout the process (OJJDP, 2000). Many factors can be attributed to the strain a child endures after maltreatment occurs. Barnes (2012) discussed how advocacy among children exists, based on the interrelationships with their social workers. These findings discovered that children who were “in the system” cared strongly about the relationship formed with their social worker, not child advocacy staff. The CAC/MDT model only addresses the investigation and prosecution portion within a child’s life.

Social workers are a main component of the MDT model and contribute to the child’s overall welfare during and after a child advocacy resource is used (U.S. Department of Health and Human Services, 2003). A disadvantage is that, social workers have been found to have high turnover rates in this field (Dwyer, 2011). This fact draws attention to how maltreated children may be supported by overworked or undertrained personnel. While a child advocacy center can assist in the legal aspect of trauma, the connection and assistance with a social worker can have more impact in the overall scheme for a child.

Recommendations for future advances in child advocacy centers would consist of centers working towards a formal accreditation (OJJDP, 2008). When agencies become accredited to the National Children’s Alliance, they are evaluated to ensure their department meets the highest standard of care by providing evidence-based healing interventions (NCA, 2014). This recognition throughout the United States can aid a center in receiving additional grants and funding opportunities. Also, the accreditation provided by the National Children’s Alliance

allowed for child advocacy centers to become unified, while still remaining individualized in their protocols.

Another recommendation for future child advocacy centers is to work towards on-site staffing of all aspects of the CAC/MDT model. This theory is substantially expensive to develop but would offer immediate interventions of all areas in need. Members of the MDT model, if on-site, would be able to communicate with their fellow partners to determine the best approach to address the needs of the child victim and/or their family. An alternative way to work around an official on-site team, is having a vacant office available for different agency members to use. This would allow MDT members the ability to work privately at a CAC, if their schedules allow.

Other features to advance child advocacy centers is through peer case review sessions. The OJJDP (2015) discussed how peer review (or sometimes referred to as case reviews) provide feedback to assist in training and improvements in this field. These reviews should entail, "... a formalized process in a neutral environment with established group norms and a shared understanding of goals, processes, and purpose" (OJJDP, 2015, p.11). Participants are able to gain insight and perspectives that may have gone unseen by the staff member. The benefits of peer reviews will not only provide feedback but can also account for the number of cases handled by an agency over time. This would assist centers in receiving their accreditation.

Finally, the development and implementation of preventative care within child advocacy centers will assist future children around the United States. The discussion of good touches and bad touches promotes self-awareness and the ability to understand situations where someone is hurting someone else. Schools and organizations across the country are using some type of abuse prevention program to address personal safety skills in adolescents (Morris, Kouros, Janecek, Freeman, Mielock & Graber, 2017).

Letourneau, Schaeffer, Bradshaw & Feder (2017) researched the effectiveness in preventing child sexual abuse using a universal prevention programming. This study found that the use of school-based universal prevention programs has assisted in the intervention of child sexual abuse among the schools reviewed. Research in ambiguous messaging, skill practice and parental involvement are suggestions for new criteria and program design for future intervention needs (Letourneau, Schaeffer, Bradshaw & Feder, 2017). Through these recommendations, child advocacy centers have the potential to become even more beneficial than before.

Conclusion

The impact that child maltreatment has on children is something that can never fully be understood. As the eras in child advocacy evolved, the outlook and services offered adapted to the needs of those involved. It wasn't until Robert E. Bud Cramer devised the connection between child advocacy centers and multidisciplinary teams, that strengthened social services in a new way (NCAC, 2018). The CAC/MDT model created an atmosphere which allowed different agencies to address and support children victimized by any type of endangerment.

Each agency of the CAC/MDT model focuses on a different need to guide a child and their family through the investigation, criminal prosecution and recovery/treatment phases. The referral by social workers and law enforcement, begins the advocacy process for a child in need. As concerns of maltreatment are being investigated, forensic interviews are arranged and advocates are assigned to offer initial support.

The details used to construct a child advocacy center demonstrates the amount of research and time to learn that past practices did not benefit a child or an investigation. While interviewing a child at a police station does not seem wrong, it also does not put a child's welfare

into consideration. The improvements in creating a welcoming and nonthreatening environment allows for children to feel safe and willing to tell others of their abuse (Miller-Perrin & Perrin, 2015).

Accusations of maltreatment is something that cannot be taken lightly but does come with some precautions. As discussed, influences by parents/guardians or false disclosures can greatly affect the life of the suspected maltreater. Efforts are made to ensure that forensic interviews are conducted through the guidance of protocols and techniques that have been researched and accredited (Olafson, 2012). Whether the interviewer has been trained in National Children's Advocacy Center model or the National Institute of Child Health and Human Development model, the objective remains the same.

The examination and comparison of Nevada, New York and Wisconsin demonstrate that this country is expanding in the advocacy and prosecution of maltreated children. While every state may not have a large number of centers, factors in population sizes account for the variations (NCA, 2014). What can be noted is that state legislation has accepted forensic interviewing as a basis for retrieving information, in the concerns surrounding child abuse. The Office of Juvenile Justice and Delinquency Prevention (2015) reported that 90 percent of CACs nationally, used forensic interviews within their legal proceedings. This statistic validates the effectiveness of forensic interviewing and its recognition throughout the country.

The prevalence of child abuse within the United States has become stronger through public awareness and mandatory reporting (Karmen, 2016). Social media has changed the way that people perceive child maltreatment. Celebrities have recently voiced their secrets about sexual misconduct in Hollywood. This empowering movement can be correlated with child

victims as they can relate to these men and women. Child abuse is not something that can be predicted but can be something that is prevented.

The CAC/MDT model has included prevention into the framework to infiltrate schools and organizations to openly discuss what child abuse is. These programs have the ability to educate children and adults in a community approach to learn what could be maltreatment and by who. Strategies for discussing this topic are modified for age groups and can include role-playing, safe choices and appropriate responses (Morris, Kouros, Janecek, Freeman, Mielock & Graber, 2017). The objective to prevention programming can be divided into two goals. First, to teach children and adults about child maltreatment before it happens and second, to intervene with the children who are being maltreated.

The development of child advocacy centers has proven to be beneficial to child victims in their reduction of trauma during an investigation and prosecution of child abuse. Empirical literature has revealed that advocacy is needed throughout all stages of intervention (Miller-Perrin & Perrin, 2015). The emotional experience a child victim endures, both before and after their maltreatment, is something that may never be fully known. However, through this centralized practice, the experience of a child can be uplifting, instead of shameful. Future generations of this country depend on community responses to this issue and the CAC/MDT model can facilitate positive outcomes and the successful rehabilitation of children.

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