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Program Evaluation of Child Advocacy Centers in West Virginia

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Abstract

In West Virginia, the law mandates a multidisciplinary team (MDIT) approach, (involving the collaboration of legal, social work, and other professionals), in dealing with child abuse. West Virginia code also mandates a periodical case review, requiring the MDIT members to review all open investigations of child abuse. In some counties, the MDIT includes a Child Advocacy Center (CAC). The CAC has three broad goals, which are (a) to make the process of reporting child abuse as easy and free of trauma as possible for the child, (b) to help coordinate the investigation, and (c) to be a strong support and resource center for the child and his family throughout and subsequent to the investigation. Professionals involved in child abuse cases in counties with a CAC find the CAC model beneficial and preferable compared to child abuse cases before there were CAC programs.

Program Evaluation of Child Advocacy Centers in West Virginia

The Child Advocacy Center (CAC) model, developed in response to growing dissatisfaction with how child abuse cases were being handled, was first developed in response to allegations that child abuse victims were being treated unsatisfactorily. For example, (1) victims were being required to travel to various agencies for interviews and examinations like police stations, departments of health and human resources, clinics and hospitals, and courtrooms; (2) because of a lack of coordinated investigative effort, evidence was sometimes less conclusive, requiring young victims to testify in court; also, (3) because of a lack of interagency communication, cases were less likely to be successfully prosecuted (Smith, Witte, & Fricker-Elhai, 2006). These incidences were seen as further means of traumatizing the victims; therefore, the CAC model was developed in 1985 in Huntsville, Alabama to address these issues (Jackson, 2004). One of the national organizations of CACs, the National Children's Advocacy Center (NCAC), is in Huntsville (Jackson, 2004; Newman, Dannenfelser, & Pendleton, 2005). There are now over six hundred CACs across the nation in various stages of development.

Three Major Goals of Child Advocacy Centers

Goal 1: Decrease Victim Trauma

The first of the three broad goals of CACs is to decrease the trauma the victim might experience (Newman et al., 2005). It is widely understood that child abuse is often damaging to the child in multiple ways; however, the criminal justice system and other investigative agencies are also capable of further traumatizing the child (Martin, 1992). Child Advocacy Centers decrease trauma in the four following ways.

Single recorded interview. Child Advocacy Centers conduct one thorough forensic interview of the child, because multiple interviews are seen as detrimental to the victim and the case (Newman et al., 2005). It may be mentally unhealthy for children to tell their stories repeatedly in multiple interviews, especially in seemingly unfriendly or hostile environments like police stations (Jackson, 2004; Smith et al., 2006). Interviewing the victim multiple times may lead to confusion in the child; this could further muddle the evidence, lead to false disclosures from the child, and thus prevent successful prosecution of the offender (Smith et al., 2006). One of the main reasons for cases not being accepted for prosecution is the child changing his story; limiting interviews to only one may reduce the likelihood of such an occurrence (Sedlak et al., 2005). To satisfy the needs of all organizations involved in the investigation, victim interviews are routinely watched by the professionals via closed circuit television or video recording. Interviews are always recorded to allow absent professionals the opportunity to view the interviews on their own time; these recordings are also routinely used in court as supplemental testimony.

Conducting a single, thorough, recorded interview may preclude the need for exhaustive child testimony in court (Tedesco & Schnell, 1987). This may be healthy for the child in multiple ways. It is mentally unhealthy for most children to testify in front of their abuser (Martin, 1992). Children that must testify in court may have trouble gaining emotional resolution to the entire abuse situation (Tedesco & Schnell, 1987). When children are cross-examined, they may be humiliated, shamed, and intimidated, which is particularly harmful to a child who is already dealing with the inherent negative effects of child abuse. Finkelhor and Browne developed a four factor model in 1985 that shows

what factors lead to the traumatization of children after abuse (as cited in Martin, 1992). Three of the four—betrayal, stigmatization, and powerlessness—may occur because of the criminal justice system. The child may feel betrayed because he is seemingly being punished for telling his story, stigmatized due to the attacks from defense attorneys, and powerless to do anything about his own circumstances (Martin, 1992).

Courts are not inclined to hurt the victim of child abuse; however, their primary goal is not preventing such secondary traumatization, but rather giving justice to the accused. The level of trauma children may experience can be decreased by preparing them for court participation (Bauer, 1983). This can be done by psychologists or anyone familiar with the criminal justice system, such as Family Advocates employed at Child Advocacy Centers.

There is no consensus on the appropriate balance of child protection and child participation in the litigation process. Israeli investigators sometimes take the place of children and testify on their behalf; however, in America this may violate what is commonly called the hearsay rule, a rule designed so that human verbal testimony is not taken as complete truth without scrutiny or analysis; furthermore, in America the accused is always given the right to face his accuser. Often, defense attorneys are unsatisfied with video-taped interviews of children as opposed to child testimony, because this would allow no chance for cross-examination or questioning of any sort. Prosecutors are particularly happy with video taped interviews when they catch convincing child stories and nuances that make the account more readily believable (Martin, 1992). One aspect researchers agree on is that more research is needed in this area.

Child-friendly facilities. The National Children's Alliance, which grants various levels of accreditation to Child Advocacy Centers based on their effectiveness, requires CACs to have child-friendly facilities (Newman et al., 2005). The safe and even fun nature of the facility itself is meant to lessen the chance of secondary traumatization of the victim as a result of the investigation process.

Forensic interviewer. Forensic interviewers are key CAC members, in that they help reduce secondary trauma to the child (Jackson, 2004). When counties do not have a CAC in place, child interviews are typically conducted by Child Protective Service (CPS) agents or law enforcement. Specially trained forensic interviewers are less likely to produce stressful reactions in victims than other interviewers outside of the CAC program, like CPS and law enforcement (Cronch, Viljoen, & Hansen, 2006).

There are widely accepted protocols for forensic interviews that maximize the potential for obtaining accurate and thorough information (Lamb et al., 2000). However, though widely accepted, these protocols are not necessarily widely used. Forensic interviewers working for CACs are trained in NCA training programs that utilize these researched principles, and CAC-employed forensic interviewers use these principles as a rule. Examples of effective interviewing tactics include telling the child to tell only "what really happened," telling the child to correct the interviewer if the interviewer states something incorrectly, and asking open-ended questions as much as possible (Monica Acord, personal communication).

Mental health referrals. Victims processed through the CAC program in one sample were more likely to be referred to mental health exams than victims processed by CPS, which is meant to decrease victim trauma. This is important due to the widespread

psychological implications of child sexual abuse. Some common outward signs of stress due to child abuse are distractedness, sleep problems, and various fears (Finkelhor, 1990). Longitudinal studies of men and women survivors of child abuse, in a clinical sample, show that victims display more anxiety, depression, anger, and dissociation than non-abused clinical patients (Briere & Runtz, 1987). Lastly, male victims of sexual abuse may be more susceptible to develop sexual fantasies involving children as opposed to non-sexually abused men in a clinical sample and sexually abused women, according to a study done by Urquiza and Crowley (as cited in Finkelhor, 1990). This is a major concern in the fields of criminal justice as well as psychology, since being victimized appears to occasionally lead to becoming an abuser.

Goal 2: Investigation Coordination

Multidisciplinary team meetings. Helping the investigation is the second main goal of CAC programs. Within the CAC program's second main goal of helping the investigation are two unique concepts to organize and carry out the investigation effectively. Child Advocacy Centers are a part of a multidisciplinary investigative team (MDIT) comprised of professionals involved in multiple aspects of the response to child abuse (Smith et al., 2006). Professionals of the MDIT include prosecutors, law enforcement, mental and medical health professionals, CPS agents, and various other representatives in social work. The use of MDITs has been shown to hasten investigations, help prosecutors substantiate the victims' reports of abuse, and help ensure prosecution of the offender (Newman et al., 2005). A vital function of MDIT meetings is the case review. In the case review professionals check the status of all open

criminal child abuse cases, provide professional feedback, and ensure that each case is being dealt with adequately and appropriately.

Forensic interviewers. Not only do the forensic interviewers lower the risk of secondary trauma in victims, their expertise also helps with investigations in a unique way, comprising the second vital aspect of CAC's involvement with investigations (Cronch et al., 2006). Forensic interviewers employed at CACs are specially trained in interviewing child abuse victims. This training includes teaching differences in interviewing children in different stages of development, and teaching issues that arise in interviewing mentally handicapped children. Forensic interviewers are also trained in what types of questions to ask to get the best results, with the goal of substantiating the case for prosecution. According to the study done by Smith et al. (2006), cases processed through the CAC were more likely to be referred for prosecution, for which the researchers gave some credit to the expertise of the forensic interviewers at the CAC.

Goal 3: Victim and Family Support and Resources

The third main goal of CACs is to provide resources and support for the victim and family during the stressful events of child abuse reporting (Smith et al., 2006). There are numerous ways they accomplish this. Children whose cases are prosecuted in counties with CACs are assigned a Family Advocate, who attend MDIT meetings and give advice and counsel on what could otherwise be very complex legal proceedings (Martin, 1992). Family Advocates also make mental and medical health referrals, and develop coordinated protection plans for the non-offending caregiver and child when needed (Smith et al., 2006).

Hypotheses

The CAC model was implemented in areas of West Virginia to accomplish its previously discussed main goals, which are the following: to reduce trauma the child might experience; to help coordinate the investigation; and, to be a source of resources and support for the family of the victim (Jackson, 2004; Newman et al., 2005; Smith et al., 2006). A primary obstacle in the way of these goals is inadequate funding; CAC programs are privately funded in West Virginia. The Child Advocacy Center in Greenbrier County, West Virginia, receives donations from organizations such as the United Way and lobbies for grants at the state level. There is also a Development Director at the Greenbrier County CAC whose job is to help fund operations, often by writing grants.

Since the annual funds available to Child Advocacy Centers differ from year to year, it is difficult for CACs to grow and accomplish their goals. As stated previously, they accomplish their three main goals the following ways: conducting a single, recorded interview of the child's testimony; designing and maintaining a child-friendly environment; employing a trained forensic interviewer; making mental health referrals for children; and participating in multidisciplinary team meetings. Despite listing many positive reasons for using CACs, Newman et al. (2005) listed suggestions for improvement for CAC programs which included the need for CACs to operate longer hours, have a dedicated staff watch children when they are not being interviewed, have larger facilities, implement better technology, and employ more than one forensic interviewer for those CACs with high case loads. The primary obstacle in the way of

meeting these needs, and thus fulfilling the three broad goals of CAC programs, is inadequate funding.

To achieve better funding it is necessary to measure the effect of CAC programs. Evidence of the program's success could help grant writing and other fund raising initiatives, and may lead to government funding. However, since the CAC model was developed a short twenty-three years ago, little research has been done to measure the efficacy of the CAC model in general, and no research has been done to measure the efficacy of the CAC model specifically in West Virginia. It is hypothesized that the CAC model is an effective and worthwhile system to use in dealing with child abuse; this will be measured in two ways. The program's efficacy will be measured by archival research looking at annual convictions of child abusers, and by a survey given to MDIT members in counties with CACs. It is hypothesized that (a) the multidisciplinary team members involved in child abuse cases believe the CAC model is better than traditional investigations and legal processes for child abuse, and (b) that conviction rates have been significantly higher since the inception of the CAC in Greenbrier County. If this is the case, then the Child Advocacy Centers may be seen as performing positively.

Method

Participants

Child abuse victims ranging in age from newborn to eighteen years old are the clients of CACs. In the archival data collection aspect of this study, child abuse cases in the last fourteen years that ended in a felony conviction of an offender were studied in one West Virginia county. The children themselves were not the object of the research, but the outcomes of their cases. The county studied was Greenbrier County, in

southeastern West Virginia. Cases qualifying as child abuse included cases of physical abuse, sexual abuse, and neglect. Legal terminology for specific crimes differs depending on location; Greenbrier County used the terms *sexual abuse*, *sexual assault*, and *child abuse resulting in injury* in describing the crimes pertinent to this study. Though there are many more counties in West Virginia that use the CAC model, Greenbrier County's CAC was chosen because of the highest level of accreditation granted the center by the National Children's Alliance, indicating that it is a high-functioning Child Advocacy Center. Greenbrier County was also chosen because of convenience—the researcher is well acquainted with Greenbrier County.

Professionals involved in the multidisciplinary team were studied in the survey aspect of this research. Surveys were given to MDITs in two counties in southeastern West Virginia—these counties were Greenbrier County, the same county in which conviction records were obtained, and Mercer County. Each county may have different professionals attend its MDIT; however, generally the MDIT professionals include prosecuting attorneys, law enforcement, CPS agents, members of CASA, mental and medical health representatives, and various CAC employees. Participants in the survey were not asked to provide demographic information in any way, other than the county in which they operate. The sole inclusion criteria for participating in the survey was being a member of a county's multidisciplinary team meeting.

Instruments

To obtain information of conviction rates, data were collected in the Circuit Clerk's office at the Greenbrier County courthouse; conviction information is available to the public. The CACs have tracking systems that follow the progress of cases as new

developments occur and catalog conviction rates of offenders. These systems were used to research conviction rates as a supplement to the data provided by the courthouses.

A sixteen-question survey (see appendix) was designed to measure the beliefs of MDIT members concerning Child Advocacy Centers. The survey was created based on the literature reporting the goals of CACs. The survey was administered to MDIT professionals in the multiple West Virginia counties with CACs. Included on this survey were quantifiable statements that professionals rated on a Likert scale from 1-10, with 1 meaning the statement is “completely untrue” and 10 meaning the statement is “completely true.” The survey also included areas for comments so the professionals could better and more thoroughly critique the CAC.

The sixteen statements were designed to measure the beliefs of MDIT members concerning the validity of statements referring to child abuse investigations before and after the implementation of the CAC model. Statements were particularly designed to measure the CAC’s accomplishment of its three main goals outlined in this study, and the multiple ways in which CACs achieve those goals. Statement 1, for example, was to be read the following way: “As opposed to child abuse investigations before using the Child Advocacy Center...” (this statement precedes every statement), “the Child Advocacy Center model has helped investigations be more coordinated overall.” This statement would then be rated from 1-10 on how true it is. If participants believed that the CAC model has helped investigations be more coordinated as opposed to investigations before the CAC, they should have answered somewhere between 6-10. If participants believed that the CAC model has not helped investigations be more coordinated as opposed to investigations before the CAC, they should have answered somewhere between 1-5. If

participants did not consistently rate the program as either helping or not helping, the average rating should have been 5.5, the midpoint of the 10 point scale.

Statements were divided into three groups during analysis, based mostly on face validity. The statements, however, were not grouped on the actual survey. Six statements were related to the CAC's history of lessening trauma the victim may experience. Seven statements were related to the CAC's history of helping the investigations of child abuse. Three statements were related to the CAC's function of building awareness of the problem of child abuse, particularly instigating awareness within the community and among professionals that work with child abuse investigations. Figures 3, 4, and 5 are differentiated by these groupings.

Participants were instructed only to name the county in which they worked, and the organization by which they were employed. Other demographics such as age, race, and socioeconomic status were considered less important in this study because they were unrelated to the independent variable. Participants were instructed to mark or sign their initials agreeing that their participation was voluntary. This made complete anonymity impossible due to the conceivability of discovering a person's full name based on their initials; regardless, the risk involved with this survey was quite small, so this format was used.

Procedures

The researcher asked the Greenbrier County courthouse to make a report of all the felony child abuse convictions in the last fourteen years—from 1994 through 2007. Cases included in this report were varying degrees of child sexual abuse, child sexual assault, and child abuse resulting in injury. Felony convictions included plea agreements and trial

cases, as long as the plea was still to a felonious charge. In fact, approximately 90% of these cases were plea agreements. Misdemeanor child abuse cases were excluded from this study. While misdemeanor cases are available to the public as well, Greenbrier County had just finished separating the misdemeanor records from the felony records. Because of this transition, a public computer for data access had not been implemented at the time of this research, disallowing the researcher from pulling these files. The researcher requested child abuse misdemeanor conviction records to be accessed from 1994-2007 and was denied, due to the time it would have taken the clerk to do so. Greenbrier County's Child Advocacy Center began in 2001; therefore, particular attention was given to conviction rate differences between the six years prior (1994-2001) and the six years after (2001-2007) the center was established. The researcher performed a chi-square goodness of fit test on the conviction rates of Greenbrier County before there was a CAC and after the CAC began, to see if there is a significant difference once the CAC model was implemented.

The researcher mailed the survey to Greenbrier County, and had the CAC Director distribute the survey to professionals at a February 2008 MDIT meeting. The researcher physically picked up the completed surveys in Greenbrier County. The researcher attached the survey in e-mails to Mercer County MDIT regular members. Responses were then e-mailed back to the researcher. The results of the survey were compiled to measure the responses of the professionals.

Results

Conviction Study

Conviction rates in Greenbrier County were studied to see if felony child abuse convictions rose after the year 2001; two seven year periods, one before and one after, were studied, allowing equal periods for both groups of conviction rates (pre-CAC and post-CAC). Figure 1 shows the results of the conviction study.

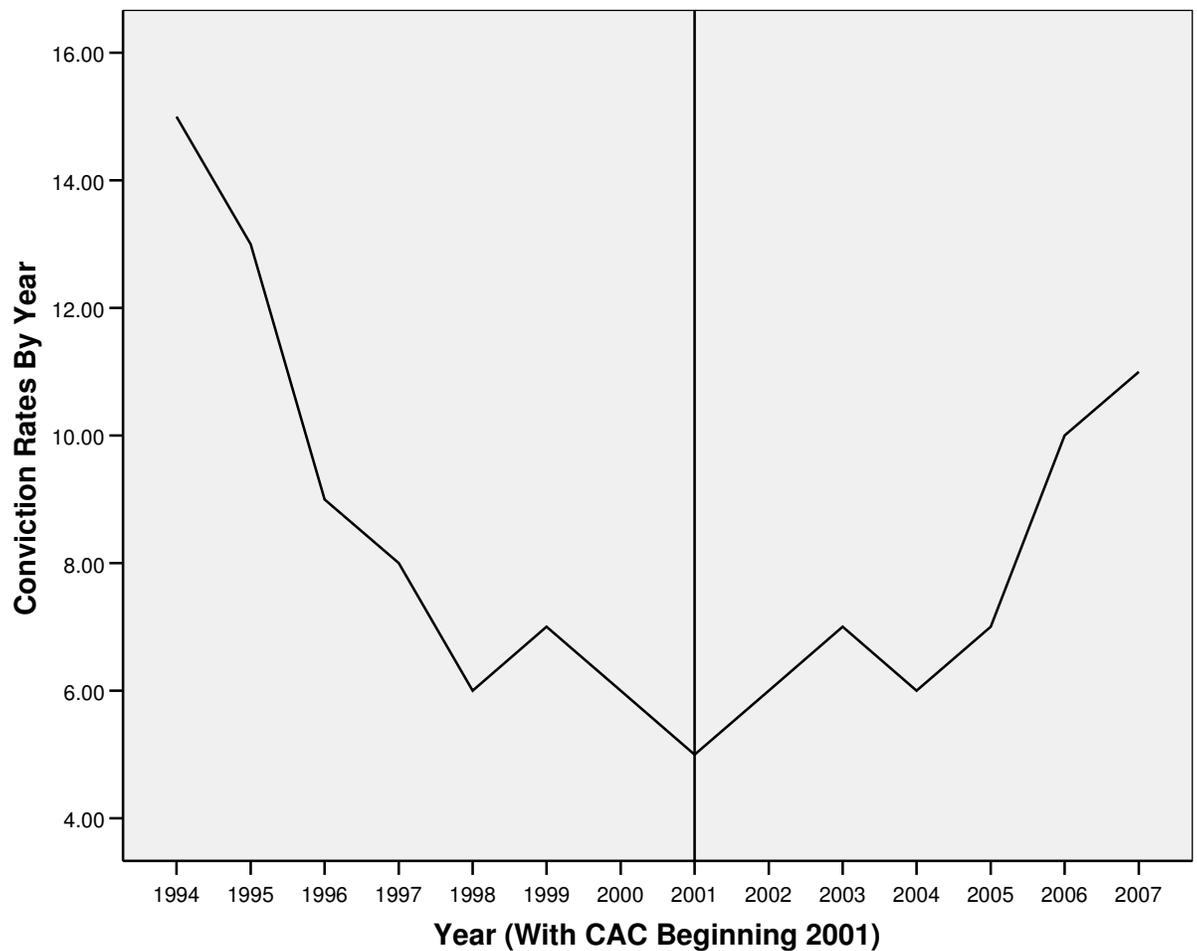


Figure 1. A line graph of annual felony child abuse convictions in Greenbrier County, West Virginia, from 1994-2007, with the Child Advocacy Center beginning use in 2001.

The total number of felony child abuse convictions in Greenbrier County for the first seven years was sixty-four, from 1994-2000. The total number of felony child abuse convictions in Greenbrier County for the second seven year period, during which the Child Advocacy Center was active, was fifty-two, from 2001-2007.

A Chi-Square Goodness of Fit test was done on the conviction data to find if a significant difference existed between the pre-CAC and post-CAC years. The Chi-Square value was $X^2(1,116) = 1.241$, $p = .265$, showing that there is no significant difference between the two periods of time.

Considering the interesting distribution shape of the conviction data, a curve estimation regression was done to see if the negative and positive changes in conviction numbers were significant, even though there was no significant difference found between the two periods. The following figure shows this quadratic curve.

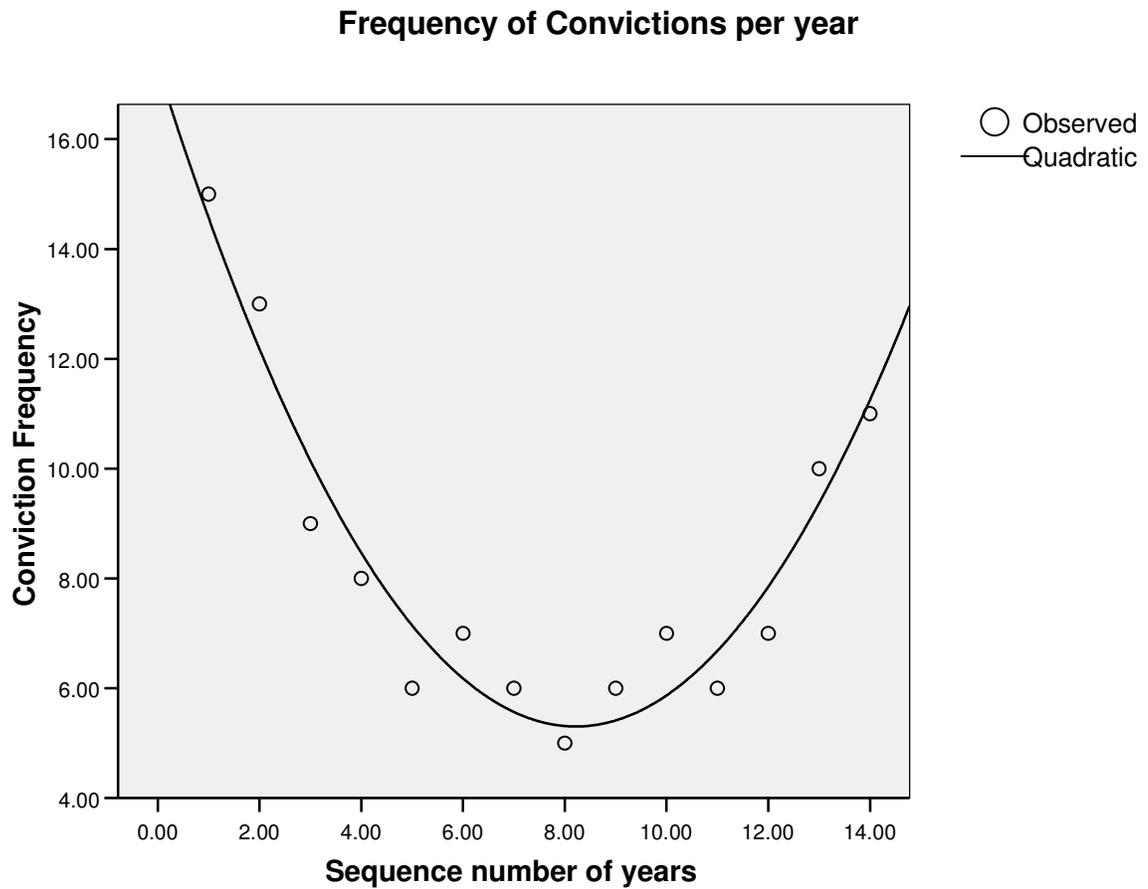


Figure 2. A curve estimation regression showing the quadratic curve shape of the conviction data distribution. The sequence of years is from 1994-2007.

The curve estimation regression showed a significant quadratic curve. The F value was $F(2, 11) = 74.201$, $p < .001$. A linear regression was also performed but was statistically insignificant. The quadratic curve is highly significant, showing a significant decrease followed by a significant increase in convictions; possible reasons for this are presented in the Discussion section.

Survey Study

The survey was distributed to MDIT meetings of two counties in the beginning of the year 2008. Due to the relative inclusivity of being an MDIT member, and since only two rural counties in West Virginia were studied, only sixteen MDIT members responded to the survey. The results, graphed by statement group (Investigation, Child Trauma, and Awareness), are displayed in Figures 3, 4, and 5.

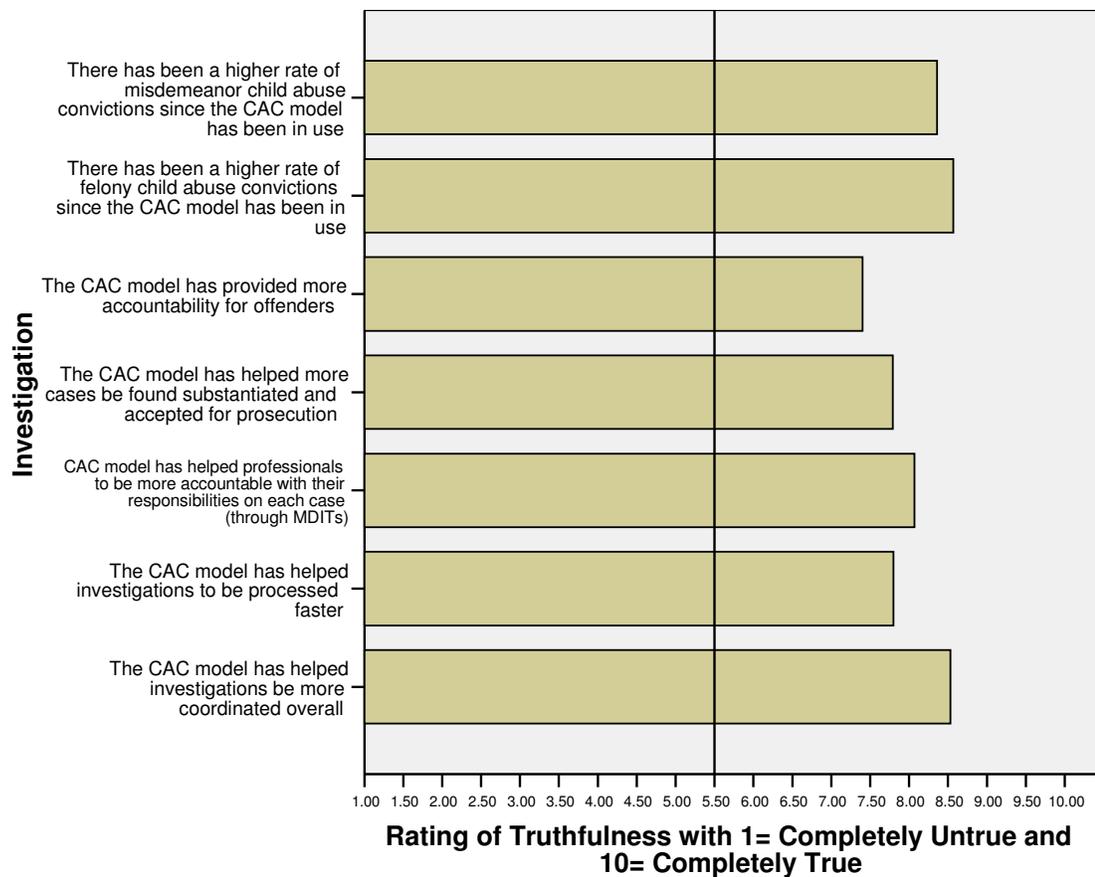


Figure 3. A bar graph showing how truthful the Investigation statements were, according to participants' mean average ratings. The line at 5.5 represents the null hypothesis (that the statement is neither true or false).

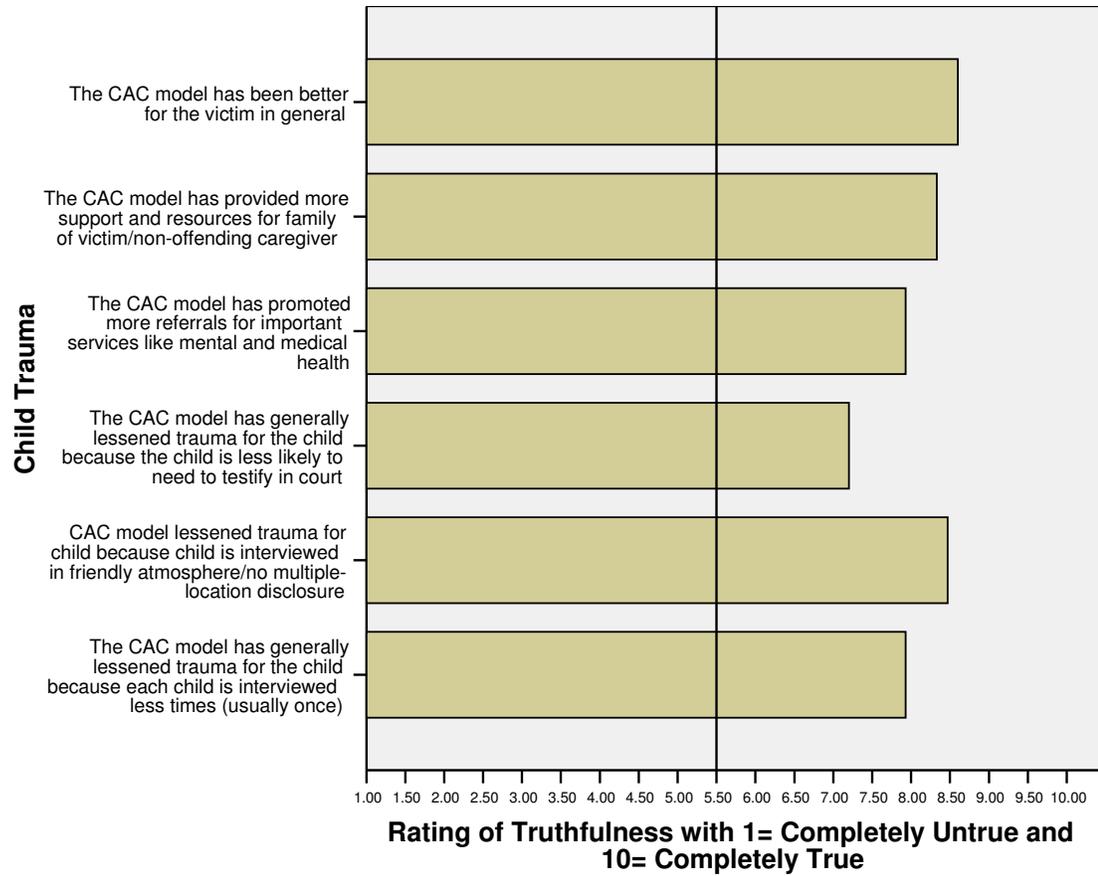


Figure 4. A bar graph showing how truthful the Child Trauma statements were, according to participants’ mean average ratings. The line at 5.5 represents the null hypothesis (that the statement is neither true or false).

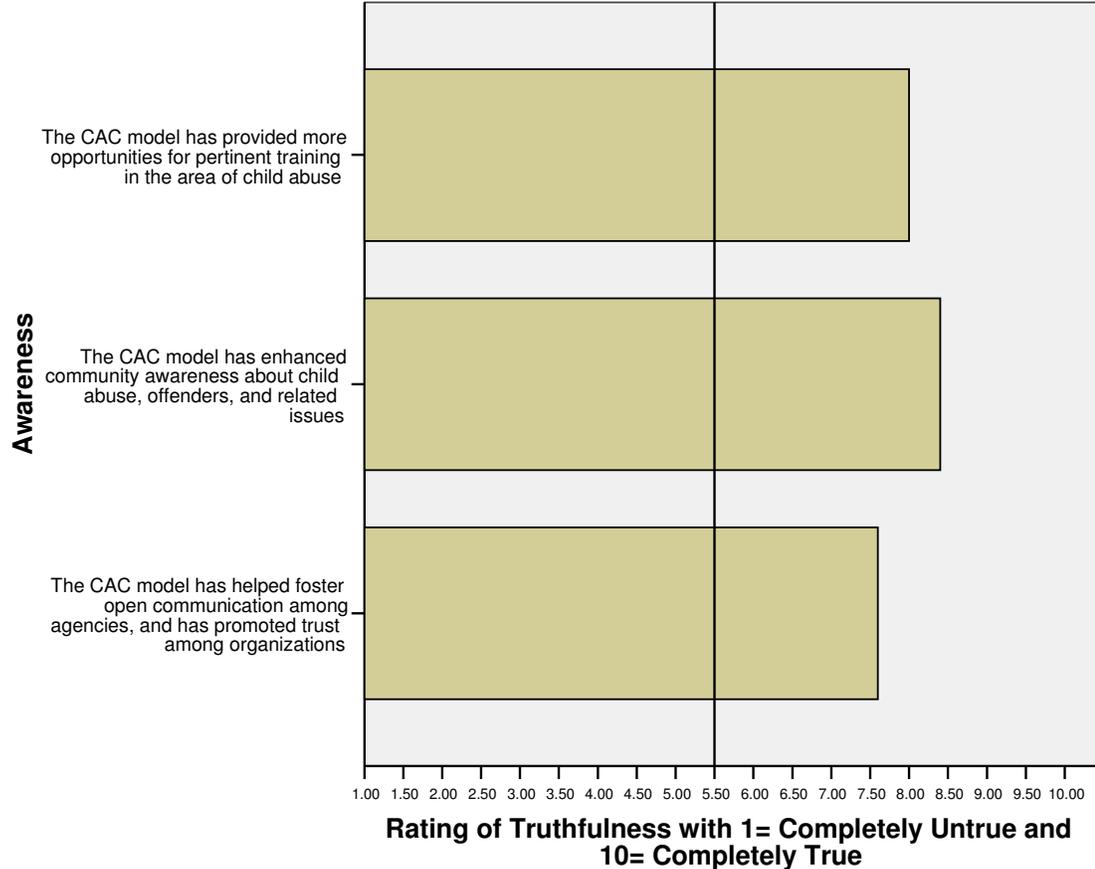


Figure 5. A bar graph showing how truthful the Awareness statements were, according to participants' mean average ratings. The line at 5.5 represents the null hypothesis (that the statement is neither true or false).

The mean rating of truthfulness for the Investigation statements was 8.07, barely lower than the mean rating for the Child Trauma statements, which was 8.08. The mean average rating of truthfulness for the Awareness statements was 8.00.

A series of One-Sample T-tests were done on the survey data to see if participants' answers differed significantly from the null hypothesis, set at 5.5. While

some individual statements were rated lower than 5.5 on some surveys, indicating the participant believed the statement to be at least somewhat false, the mean average answer for each statement was statistically significantly higher than 5.5. Table 1 shows the two statistical statements for the entire survey as well as each individual group. Cronbach's reliability and the results from One-Sample T-tests are shown.

Table 1. *Cronbach's Alpha reliability and One-Sample t-tests based on the mean scores from the 16 participants.*

Measure	Cronbach's Alpha Reliability	One-Sample T-test
Survey	$a = .951$	$T(15) = 23.781, p < .001$
Child Trauma Group	$a = .723$	$T(5) = 12.357, p < .001$
Investigation Group	$a = .958$	$T(6) = 15.585, p < .001$
Awareness Group	$a = .783$	$T(2) = 10.825, p = .008$

Discussion

Conviction Study

CAC expectations. Had the number of convictions significantly increased beginning in 2001, this would have been compatible with CAC goals and expectations—that there is more accountability for offenders, and that more cases are accepted for prosecution as opposed to investigations before the use of CACs. However, this was not found to be true. The total number of convictions in the seven year period before the CAC began in Greenbrier County (1994-2000) was actually higher than the total number of convictions after the CAC began (2001-2007).

The expectation that conviction rates should be higher if the CAC is functioning correctly comes from the CAC's own goals, not necessarily from completed studies that show the same results. Research cited in this study only show that CACs may help in ways that could affect convictions, not in ways that definitely affect convictions. For example, though forensic interviewers may help substantiate a case, and MDIT case reviews may remind professionals of their responsibilities to particular cases, these do not have a cause and affect relationship with conviction rates. Also, though taped interviews of child testimonies may make the victim accounts more believable, this does not ensure that there will be more convictions (Martin, 1992; Newman et al., 2005; Smith et al., 2006). In this body of literature only the Smith (2006) study researched conviction rates; the study found that while CACs produced more prosecutions referrals, they produced the same number of convictions as investigations processed through Child Protective Services.

As can be seen in examining Figure 1, convictions decreased annually from 1994-1998, declining from fifteen to six. From 1998-2004, there was no consistent change; convictions fluctuated in range from five to seven. After 2004, there was a consistent increase, from six convictions to eleven. The Child and Youth Advocacy Center in Greenbrier County predicts that the increase will most likely continue.

The downward trend of convictions from 1994-1998 in the pre-CAC period followed by the no change period from 1998-2004 and the increase in the post-CAC period from 2004-2007 allows for interesting discussion. Figure 2 shows the highly significant decrease followed by the highly significant increase. With convictions increasing since 2004, and with the CAC making the public more aware of these

convictions as well as child abuse issues in general, it is conceivable that the CAC was unaware that though convictions were growing in number, they were growing from the lowest conviction rate year since 1994. Indeed, the year with the lowest convictions was the year the CAC began in 2001. Without doing a purposeful study of conviction rates for previous years, the CAC may have underestimated how many convictions the previous years saw, especially in 1994 and 1995. Also, though the increase in felony child abuse convictions rose significantly after 2001, so far in the post-CAC period convictions have not matched the highest number found in the pre-CAC period in 1994—fifteen convictions. Therefore, though the increase in convictions was real and even matched the expectations of the MDIT members, the numbers are inconsequential from a perspective of the last fourteen years—the pre-CAC and post-CAC periods as a whole are no different concerning total number of convictions. However, if convictions do continue to climb in the significant manner found in the quadratic curve, then the CAC may be able to make stronger claims concerning its utility in this process.

Pre-CAC period conviction drop. A major question remains as to why the convictions were so comparatively high in 1994, and why they dropped so precipitously after that point. There is some anecdotal evidence that allows for discussion on this finding. The office of Prosecuting Attorney is an elected position with four year terms in Greenbrier County. The Prosecuting Attorney decides whether or not to accept a case for prosecution; therefore, quite obviously, the Prosecuting Attorney has much influence on conviction trends in a given area. The current prosecutor began his first term around the same time the CAC in Greenbrier County began. The previous prosecutor only served one term, from around 1996-2000. From personal communication with a CAC official in

Greenbrier County, the researcher found that the current prosecutor is well-liked in terms of his prosecutorial duties; the CAC appreciates his concern over the issue of child abuse. Therefore, though the CAC in Greenbrier County believes that its functioning is widely responsible for the increase in convictions (and the Survey Study found that MDIT members believe this as well), it may be that the prosecutor is also a highly important variable influencing conviction rates in Greenbrier County (Monica Acord, personal communication).

Limitations. There are many limitations involved in the conviction rate study. Even if there had been no convictions in the seven years prior to the inception of the CAC, there are too many confounding variables that could have caused or helped cause the increase in convictions. For example, the prosecutor, who holds an elected position, is an obvious major determining factor regarding prosecution and conviction. The current prosecutor in Greenbrier County has not been in office for fourteen years; thus, the fact that different prosecutors were in office during the fourteen year period of this study allows for differences in convictions. Similarly, the changes in city, county, and state police forces may contribute to fluxes in conviction rates. Overall, who is currently employed and part of the MDIT was a difficult variable to account for and was impossible to control in this study.

Another serious limitation to the conviction study was the time period studied. While the post-CAC period could not have been extended since convictions were studied for the entirety of the center's existence, the pre-CAC period could have extended into years prior to 1994. It is possible that the seven year period before 1994 could have seen a total of only three or four convictions, with 1994 having a sudden spike. Conversely,

convictions could have been significantly higher in the years before 1994, with the fifteen convictions that year being a comparatively low point. There are, therefore, numerous ways in which studying more years prior to 1994 could have changed the outcome of this aspect of the study. However, the courthouse in Greenbrier County did not have computerized files much before 1994; therefore, the researcher chose to use two equal periods of seven years.

While this study focused on counties with Child Advocacy Centers and their effectiveness, not convictions or child abuse issues in general, it would have been beneficial to have national or statewide statistics. If the national or state trend for the last fourteen years matched the parabola-shaped distribution in Greenbrier County, or if the County significantly differed from the state trend, then the CAC could be seen as possibly having a significant effect in one direction or another. The researcher did not find state and national data that matched the criteria specified in this study—tabulations of felony child abuse convictions (as defined in West Virginia code) via plea agreement or trial from 1994-2007.

Misdemeanor convictions were excluded from this study for the reasons mentioned in the Procedures section. Had misdemeanor convictions been included in both the pre-CAC and post-CAC periods, convictions could have been dramatically higher, lower, or similar to the results found concerning the felony convictions.

Finally, a limitation is that the Greenbrier County Circuit Clerk's office performed a manual study of the data. While the clerk's conviction numbers in the post-CAC period matched the Child Advocacy Center's own numbers in the same period, it is possible that the clerk missed some convictions, or interpreted "felony child abuse

conviction” in a way different than the researcher. That being said, it is unlikely that the clerk made a mistake significant enough to change the results of the study. There were twelve more convictions in the pre-CAC period than the post-CAC period; even if the clerk made a mistake at all, the mistake probably did not encompass the twelve conviction difference found between the two time periods.

Survey Study

Initial results. With each individual statement having a mean average (N=16) that was statistically higher than the null hypothesis of 5.5, and the mean average of each completed survey being statistically higher than 5.5, MDIT members in the two counties studied on the average believed the CAC model to be beneficial. Some individual members did rate individual statements as false, meaning they did not believe CACs were better than traditional investigations in some ways. The mean averages (N=16) of all the Investigation, Child Trauma, and Awareness questions were so close that there is no meaningful difference among the statement groups concerning how the MDIT members believed the CAC performs in those areas. Therefore, grouping the questions in the analysis did not accomplish anything substantial.

Similarities among participants in same profession. Two major patterns rose from the survey results. First, individuals answered similarly to others in their profession. For example, Child Protective Services workers (and other non-CAC social workers) rated the statements as consistently less true than other professionals; however, the number of participants was so small that statistical analysis on this aspect was seen as needless. There are at least two reasons that may explain how CPS answered the survey. The CAC performs jobs now that CPS previously performed; for example, prior to CACs, CPS

conducted many of the interviews with children and were more closely involved with helping the family through the legal process. Because of this shift or sharing of duties now that CACs have been implemented, CPS workers may somewhat resent the functioning of the CAC and thus rate them as less effective than other professionals rated. Conversely, CPS may rate the CAC as being less effective because they truly believe such to be the case. CPS were and are very involved in child abuse cases and investigations, and may understand the daily intimate knowledge involved in these cases (such as the overall welfare of the child) better than other MDIT members such as police officers who are usually only initially involved in these cases.

Child Advocacy Center workers also answered similarly to other CAC workers; their ratings were consistently higher than other professionals. This is unsurprising, but perhaps not very useful in determining the effectiveness of the program. While some CAC workers who participated in the survey were involved in child abuse investigations before and after the implementation of the CAC model, this was not controlled for in the study. This means that some participants may have had no knowledge on which to base a statement that the CAC works better in some fashion compared to traditional investigations.

No negative comments. The second major pattern that emerged in the survey was observed through the comments section. Many people praised the CAC for its effectiveness, and one person even claimed that the CAC is a necessity. However, while many participants chose to give negative comments on the CAC Model Questionnaire, they did not comment negatively about the CAC. For example, one participant wrote that there are not enough services for victims, a statement which may have been pointed at the

CAC. But that participant went on to say there are not enough resources or services for offenders either. Another participant praised a CAC director for her communication skills and interviewing techniques, and then spent most of the rest of his comment on criticizing the prosecution team and other MDIT members. Yet another participant commented mostly on the CAC county having communication problems between CPS and law enforcement, and the misguided efforts of prosecution to obtain more convictions instead of focusing on the children. The common denominator in all of these comments is though they were negative in intent, they were not negative toward the CAC specifically. Of course, many of these same participants rated the CAC negatively in the survey, which was specific. It is interesting to note that when given a way to rate the CAC on a predetermined set of statements, these individuals rated the program negatively; however, when given the chance to really voice their opinions about the effectiveness of the CAC they only commented on broader entities such as the MDIT. It may be that their numerical ratings do not portray their true beliefs, or that their comments do not adequately show their true feelings.

Limitations. As was already mentioned, two major limitations in the survey aspect of this study are that the CAC members themselves took the survey, allowing the introduction of their possibly particularly strong biases. Also, history of work in child abuse investigations was not controlled for, allowing some to take the survey who have no basis on which to rate new child abuse investigations versus old investigations.

The small number of participants (sixteen) is a serious limitation. However, it must be noted that the total population for this study would have also been relatively

small; there are perhaps forty MDIT members in the two counties studied. The sixteen members surveyed may not be a fair representation of the MDITs in the two counties.

Some organizations had many more participants than others. For example, multiple CPS and CAC workers took the survey, while only one law enforcement official did. It was noted earlier that CPS tended to rate the CAC more negatively than other professionals, and that the CAC members tended to rate the model more positively than others; therefore, with better representation from other professionals, other trends may have arisen, giving more insight into the effectiveness of the CAC according to MDIT members.

Finally, perhaps the most serious limitation in the survey study is the nature of the survey study itself. The survey only asks about the participants' beliefs and does not collect factual data. For example, the survey asks if the CAC has helped more cases be substantiated and accepted for prosecution. The participant can only guess at this number, as number of cases substantiated was never recorded before the CAC began, and has not been uniformly recorded since the CAC started. Similarly, the number of interviews children participated in is not a figure that was ever recorded prior to the CAC model, and is a number that may not be strictly recorded now in CAC investigations. Finally, some goals of CACs are by nature somewhat subjective, and would be difficult to measure objectively. For example, the survey asked if investigations have been more coordinated. This is a difficult phenomenon to objectively measure. Thus, the survey was needed to measure as best as possible those things that could not be objectively measured, whether because of the nature of the data itself or its state of existence (recorded or unrecorded).

Conclusions

The conviction study showed that in overall convictions the CAC model has not made a significant difference in Greenbrier County. However, according to the curve estimation, conviction rates significantly fell in the pre-CAC period and significantly rose in the post-CAC period. While confounding variables such as varying prosecutors may attribute to some of this difference, the CAC claims utility in this function and may be correct in this claim. If the significant increase continues, future studies should try to account for confounding variables such as a change in prosecutor and other MDIT members, as well as population size, to better measure the CAC's role in this process. If pertinent state-wide or national statistics can be found, future studies should include these comparisons to check for similarities in child abuse conviction trends.

Multidisciplinary team members as a whole believed the CAC to be functioning better than previous methods of legally dealing with child abuse. However, the survey did not measure objective data such as number of medical exam referrals or misdemeanor convictions, but rather the beliefs of MDIT members concerning those measures. Future studies should strive to obtain as much objective data as possible; however, this is difficult, as even the publicly available data used in this study was relatively difficult to obtain. Better technology should promote better record-keeping, allowing for future studies to be more objective and thorough.

Overall, the CAC seems to be as well, if not better than previous methods of dealing with child abuse. Felony child abuse convictions have not been significantly decreasing in the post-CAC period, and survey participants rated the CAC model positively on the average. Even when given the chance to openly comment on the CAC

model, no direct negative statements were made about the CAC, which seems significant.

Should the CAC continue to do well, it should be recognized as being more helpful to victims of child abuse, and thus a worthy and helpful organization.

References

- Bauer, H. (1983). Preparation of the sexually abused child for court testimony. *Bulletin of the American Academy of Psychiatry and Law, 11*(3), 287-289.
- Briere, J., & Runtz, M. (1987). Post sexual abuse trauma: Data and implications. *Journal of Interpersonal Violence, 2*(4), 367-379.
- Cronch, L. E., Viljoen, J. L., & Hansen, D. L. (2006). Forensic interviewing in child sexual abuse cases: Current techniques and future directions. *Aggression and Violent Behavior, 11*, 195-207.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional Psychology: Research and Practice, 21*(5), 325-330.
- Jackson, S. L. (2004). A USA national survey of services provided by child advocacy centers. *Child Abuse & Neglect, 28*, 411-421.
- Lamb, M. E., Sternberg, K. J., Orbach, Y., Hershkowitz, I., Horowitz, D., & Esplin, P. W. (2000). The effects of intensive training and ongoing supervision on the quality of investigative interviews with alleged sex abuse victims. *Applied Developmental Science, 6*(3), 114-125.
- Martin, M. J. (1992, July). Child sexual abuse: Preventing continued victimization by the criminal justice system and associated agencies. *Family Relations, 41*, 330-333.
- Newman, B. S., Dannenfelser, P. L., & Pendleton, D. (2005, April). Child abuse investigations: Reasons for using child advocacy centers and suggestions for improvement. *Child and Adolescent Social Work Journal, 22*(2), 165-181.

- Sedlak, A. J., Schultz, D., Wells, S. J., Lyons, P., Doueck, H. J., & Gragg, F. (2005, November). Child protection and justice systems processing of serious child abuse and neglect cases. *Child Abuse & Neglect, 30*, 657-677.
- Smith, D. W., Witte, T. H., & Fricker-Elhai, A. E. (2006, November). Service outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment, 11*(4), 354-360.
- Tedesco, J. F., & Schnell, S. V. (1987). Children's reactions to sex abuse investigation and litigation. *Child Abuse & Neglect, 11*, 267-272.

Appendix

CAC Model Questionnaire

Please Read the following directions before beginning: Please do not state your name on the questionnaire; however, please state what agency or organization you work for, and the county within which you are based. The Child Advocacy Center in your county has been in use for ____ years. Please rate the following statements on a scale of 1-10, with 1 being completely untrue and 10 being completely true. If you want to add a comment to further explain your answer to any item, please do. Participation in this survey is completely voluntary; please initial here to recognize and agree with this fact:

I understand that completing this survey is voluntary _____

OCCUPATION/ AGENCY/ ORGANIZATION: _____

COUNTY: _____

As opposed to child abuse investigations before using the Child Advocacy Center...

1. The Child Advocacy Center model has helped investigations be more coordinated overall:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

Completely Untrue 1 2 3 4 5 6 7 8 9 10 Completely true

2. The Child Advocacy Center model has helped investigations to be processed faster:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

3. The Child Advocacy Center model has helped foster open communication among agencies, and has promoted trust among organizations:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

4. The Child Advocacy Center model has helped professionals to be more accountable concerning their respective responsibilities on each case, particularly through the use of MDIT meetings:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

5. The Child Advocacy Center model has generally lessened trauma for the child because each child is interviewed less times, typically only once:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

6. The Child Advocacy Center model has generally lessened trauma for the child because the child is interviewed in a friendly atmosphere and is not required to travel to multiple locations for information disclosure:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

7. The Child Advocacy Center model has generally lessened trauma for the child because the child is less likely to need to testify in court:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

8. The Child Advocacy Center model has enhanced community awareness about child abuse, offenders, and related issues:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

9. The Child Advocacy Center model has provided more opportunities for pertinent training in the area of child abuse:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

10. The Child Advocacy Center model has helped more cases be found substantiated and accepted for prosecution:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

11. The Child Advocacy Center model has provided more accountability for offenders:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

12. The Child Advocacy Center model has promoted more referrals for important services like mental and medical health:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

13. The Child Advocacy Center model has provided more support and resources for family of victim/non-offending caregiver:

1 2 3 4 5 6 7 8 9 10

Completely Untrue

Completely True

14. The Child Advocacy Center model has been better for the victim in general:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

15. There has been a higher rate of felony child abuse convictions since the Child Advocacy Center model has been in use:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

16. There has been a higher rate of misdemeanor child abuse convictions since the Child Advocacy Center model has been in use:

1 2 3 4 5 6 7 8 9 10
Completely Untrue Completely True

COMMENTS

COMMENTS