

Child Abuse Investigations: Reasons for using Child Advocacy Centers and Suggestions for Improvement

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ABSTRACT: Child protective service (CPS) and child abuse law enforcement (LE) investigators have been required by the majority of states to work together when investigating criminal cases of child abuse. Child Advocacy Centers (CACs) and other multidisciplinary models of collaboration have developed across the United States to meet these requirements. This study surveyed 290 CPS and LE investigators who use a CAC in their investigations of criminal cases of child abuse. Reasons given for using, centers, include legal or administrative mandate and protocol, child appropriate environment, support, referrals, capacity for medical exams, expertise of center interviewers and access to video and audio technology. Respondents also identified ways that centers could be more helpful.

KEY WORDS: Child abuse investigations; Collaboration; Child sexual abuse.

Introduction

Child Advocacy Centers (CACs) were established after the model was first used in Huntsville, Alabama in 1985. CACs have since developed to facilitate collaboration among agencies involved in the investigation of criminal cases of sexual and physical abuse in 280 communities. The purpose of these centers is to provide a “comprehensive, culturally competent, multidisciplinary team response to

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allegations of child abuse in a dedicated, child-friendly setting” (National Children’s Alliance, 2003, p. xx). Necessary program components include: a multidisciplinary team for response to child abuse allegations; a designated legal entity responsible for program and fiscal operations; capacity for forensic interviews specialized medical evaluation; and specialized therapeutic services, such as victim support, advocacy, case review and monitoring.

CACs were one of three primary program models for collaboration reported in Sheppard and Zangrillo’s (1996) survey of 239 child welfare agencies. They reported at that time nine of the 33 States they studied had CACs as their model for collaboration. Multidisciplinary interview centers and agency-based joint investigations were the other two approaches used to facilitate collaboration. Sites with either type of center were found to have advantages over agency-based joint investigations. Advantages included more resources, a visible identity, facilities and equipment for conducting child-friendly interviews, more accessible investigative team members and greater expertise among trained child interview specialists. Communities with centers tended to have written protocols and formalization of joint investigation procedures more frequently than sites without centers.

Multidisciplinary team (MDT) approaches are recognized as beneficial in the investigation of child abuse and neglect (Faller & Henry, 2000; Kolbo & Strong, 1997; U.S. Department of Justice, 2000). In an exploratory study, Faller and Henry (2000) described the process and outcomes of one Midwestern community’s approach to case management of child sexual abuse. Using data from 323 criminal record files for sex crimes against children, Faller and Henry (2000) identified certain benefits of the MDT approach to child sexual abuse. There was evidence that the county was successful in facilitation of collaboration between CPS and LE. This was demonstrated by the finding that in cases involving both organizations, they typically opened the case on the same day. The investigators found that almost 75% of the interviews with children were videotaped, and a slight majority of the children involved in these cases were able to disclose pertinent information related to their abuse. They concluded that multidisciplinary collaboration could assist investigators’ ability to substantiate children’s reports of sexual abuse.

Although this is encouraging, rigorous controlled studies of the effectiveness of multidisciplinary approaches have not been conducted. One pre-experimental design conducted by Hochstadt and

Harwicike in 1985 found a higher percent of cases, which received services in the states using multidisciplinary teams in child abuse and neglect, compared to a state where there was no formal collaboration. A pre-test post-test one group only design was used to evaluate three CACs in Utah (Jenson, Jacobson, Unrau, & Robinson, 1996). This study focused on 87 child victims' behavior immediately before and 3 months after receiving services from three CRCs. Parents reported improvements in child behavior and emotions between pre-test and 3-month follow-up test. Parents reported that their child experienced lower levels of child problem behaviors and placed fewer demands on parents at the follow-up interview compared to the initial interview before receiving services. They also reported that their child was having less trouble getting along with friends and less trouble falling asleep at the 3-month follow-up. Arrests of alleged perpetrators were made in only 2% or six cases although 42% of cases had some evidence that abuse had occurred. Not surprisingly, prosecution rates remained low despite the presence of the CACs. Although we can build on benefits of collaboration for children and their families, the model has limitations in increasing arrest and prosecution rates. There is a need for more outcome data on effectiveness of multidisciplinary centers for children and families and their impact on prosecution rates.

Nonetheless, team approaches to the investigation of child sexual abuse and criminal cases of physical abuse are practiced widely. Kolbo and Strong (1997) found that 33 of the 50 states had an MDT approach to child abuse, and 30 of these 33 statewide approaches had a legislative mandate to incorporate the multidisciplinary teams to investigate child abuse and neglect. Although there were 17 states that did not require statewide participation at the time of this survey, 11 of these states had implemented procedures for sharing information under certain circumstances. Research literature on collaborative models of child abuse investigation tends to be anecdotal, descriptive and qualitative, relying most often on survey studies.

Perceptions of professionals working in a collaborative model have been surveyed. Kolbo and Strong (1997) concluded, based on a national survey of state and organizational level administrators, that more decisions were made jointly than before the MDT approach was implemented with a greater range of viewpoints considered in the decision-making process. Respondents from this survey said that there was more accuracy in assessments, more suitable treatment

plans, and more cases reaching successful resolution following implementation of a multidisciplinary team approach. Administrative and front-line MDT members surveyed in England, Wales and Scotland rated CACs as helpful to the investigation process. (Moran-Ellis & Fielding, 1996). The present study describes reasons front-line LE and CPS investigators use CACs in 20 states of the U.S.A. Our study data include examples of CAC coordination and LE and CPS workers' reports of how CACs could be more helpful. It is the purpose of the study to identify practices and policies that are seen as useful and those that could be improved according to front line investigators using the CAC model.

Methods

Population and Sample

A list of member centers of the National Children's Alliance alphabetized by state was used to recruit the sample. A letter was written to the director of each of 210 CACs inviting them to participate in the study and offering an individualized report of findings concerning their center. Two recruitment packets came back as undeliverable. Eighty-six center directors expressed interest in the study and received additional information. Twenty-eight CACs participated throughout entire study. This non-probability sample of 28 CAC directors agreed to provide sampling frames of LE and CPS investigators in their community. These 28 centers comprise 10% of the 280 CACs currently registered as full members of the National Children's Alliance.

Procedure

Each participating agency's executive director completed a written questionnaire asking for location and structure of their center, numbers of LE and CPS units, number of cases investigated in the last year and perceived degree of collaboration. Directors were also asked to prepare a list of all LE and CPS workers who use or are eligible to use the center. The authors and five student workers contacted respondents whose names were provided by center directors. These lists formed the sampling frame from which the data were collected.

The individual telephone interviews were conducted by the researcher and trained student workers. Interviewers read a para-

graph providing information necessary for informed consent and then asked respondents if they were willing to participate in the study. Each worker was called up to six times. If respondents left messages for the interviewers, they were called until they were reached and the interview completed. Seven respondents refused to participate and 57 respondents were not reached for the interview. Individual response rates were 82% (354 names provided; 290 interviews completed). Data were collected through telephone interviews with 133 CPS workers and 157 LE officers from 28 CACs across 20 states. Each participating CAC had from 3 to 29 investigators complete the telephone interview. Thirty-six percent ($n = 10$) of the 28 centers were in a county that covered a combination of urban, rural, suburban or small town regions. Twenty-five percent ($n = 7$) reported an urban location; 18% ($n = 5$) reported a rural location and 14.3% ($n = 4$) reported that their CAC was located in a small town. Seven percent ($n = 27$) were located in a suburban area. The number of cases that the agencies handled ranged from 20 to 1,228 cases in the last year. The average annual number of cases was 360 ($SD = 288$). Number of cases was not significantly correlated with rate of collaboration in this sample.

A total of 11 questions made up the telephone survey. Eight open-ended questions asked respondents to discuss the purpose of the CACs in their community, the reasons that they use the center and examples of coordination facilitated by the center. Respondents were also asked to identify barriers and facilitators to collaboration as well as ways the centers could be more helpful to them as investigators, the extent collaboration improves the investigations and what they saw as necessary for increased effectiveness in child abuse investigations. One question asked LE respondents to rate on a Likert-type scale of 1–10 the importance of collaboration with CPS workers. CPS respondents were asked to rate LE workers.

The data analyzed for this article are based on LE and CPS investigators' responses to three of the open-ended questions, asking for: (1) reasons for using the CAC; (2) examples of coordination facilitated by the center; and (3) ways the centers could be more helpful to them as investigators. The qualitative data collected in response to each question were summarized through content codes to identify recurrent topics and themes that emerged throughout the aggregate responses. The three authors categorized responses to each question into one of up to 15 themes. The three to five themes, which had the most responses, are presented.

Results

Reasons for using CACs

LE officers and CPS investigators identified five major reasons for using the CAC when investigating cases of child abuse. They were: (1) child-friendly environment; (2) referrals, support, assistance with counseling, medical exam; (3) expertise of interviewers at the CAC; (4) formal protocol when a sexual abuse case is investigated; and (5) access to video and audio equipment and two-way mirror.

Child-friendly Environment. Respondents pointed out that the CAC facility, which is by definition child-friendly, provides an essential alternative to conducting the interview at the police station or hospital which has an institutional and intimidating atmosphere or in the child's own home where the perpetrator often lives. When giving the reason they use the CAC, both police and protective service workers described the facility as nurturing, comfortable, homey, warm, and safe. A number of respondents believe that the nurturing and safe child-friendly environment not only reduces the potential for secondary traumatization, but also promotes self-disclosure and more accurate interview results.

Support, Referrals, Counseling and Medical Exam Assistance. Respondents identified the support that the CACs provide as a critical element. They identified two areas that were particularly helpful to child victims and non-offending family members. The provision and referral for counseling services following disclosure and forensic interview was considered important and the ability to provide medical exams on site was seen as advantageous. The respondents found that providing direct counseling services and offering court school to victims addressed the needs of the child and permitted prosecution to occur. CACs either provided counseling on site or made immediate referrals to counselors who could provide the specialized services. These services, along with the medical services offered, provided what many respondents refer to as "one-stop shopping." Both the workers and the victims and their families avoided traveling to multiple places when the forensic interview and any necessary medical exam was offered in the same center. The child-friendly nature of the center may also decrease the trauma of a medical procedure, which can be intrusive.

Expertise of Interviewers at the CAC. Many respondents stated that the CAC workers were expert interviewers because of their experience and training. They were seen as being able to conduct forensic interviews, knowing specific techniques for helping younger children to disclose difficult information. Many respondents believed that CAC staff knew the right questions to ask and were able to get the relevant facts. CAC staff were seen as experts at interviewing sexually abused children. Although there were some investigators who conducted the interviews themselves at the centers, many relied on the CAC specialized staff.

Formal Protocol. Respondents stated in some cases that they use the center because it is the mandated procedure or protocol. Formalized protocols took the form of either legislative or administrative mandate. Some cases involved the use of the CAC facility because of the priority of the case or the nature of the disclosure. Others were required to provide taped interviews and the CACs were able to accommodate this need. Whenever LE and child protection were co-housed, joint investigations became standard practice or protocol.

Access to Video and Audio Equipment. The respondents found that the space and equipment offered for video and audio recording was of great value to them. This helped them to reduce secondary traumatization for the victim by having video recordings that could in some cases be used in court rather than having the child testify in person. One of the respondents commented that having a videotape of a child's interview could at times eliminate court proceedings entirely by enabling the prosecutors to plea bargain with the perpetrators. In addition to the space and equipment, respondents also found one-way mirrors to be helpful in interviewing and assessment because they could unobtrusively observe and give input without overwhelming the child by their presence.

Ways in Which CACs Facilitate Collaboration

When asked to give one example of how a center facilitates collaboration, the examples given were categorized as: (1) coordination and communication; (2) multidisciplinary team (MDT) meetings; (3) trainings; and (4) staff support. Coordination and communication was the most frequently mentioned example, while MDT meetings was a close second in terms of its frequency of response.

Coordination and Communication. Many respondents said that the centers facilitated “quick turn around” in their cases. Other workers highlighted their impression that CACs incorporated a “team approach” which helped establish “good working relationships” between various agencies of different disciplines. Respondents also commonly reported that information was shared among multiple disciplines within the centers.

The following is a specific example of effective coordination within the CAC model. One respondent recounted the story of a 39-day-old baby who had been punched and had a skull fracture as a result. The hospital contacted the CAC who coordinated a meeting of police and CPS with the medical staff at the hospital. The result was that the perpetrator was arrested that day. This example reflects all the components of coordination: direct communication; quick turn around time; a team approach and sharing of information. These components of the model don’t always work together, as in an ideal world.

For example, joint interviews for child victims are seen as the preferred interviewing method when using this model. However, this is not always possible. One respondent reported, “When child protection gets a referral, they notify police and they make arrangements for interview together; CPS and LE come up with a plan; interview is done once. Sometimes it doesn’t work that smoothly and the interview is repeated more than once”. Another response questioned whether the center was helpful. “They basically are setting up appointments, but in a way that adds another wrinkle of bureaucracy; makes my job a little more difficult. Their advocacy, in my opinion, does not add that much. We get scheduled. This process was supposed to make things easier but it holds up the investigation.”

Multidisciplinary Team Meetings. These types-of meetings at the CACs typically included representation from the following: LE, CPS, prosecution, mental health, medical, and/or victim advocacy. Many CACs perceived these team meetings—usually held on a weekly, bi-weekly, or monthly basis—as a crucial component of the MDT approach. One respondent indicated that “the team meetings are extremely important to have as a resource for all of us.”

The primary function of MDT meetings seemed to be case review. One individual reported “that CACs set up meetings to get everybody together to talk about the case.” Another said that “they have

monthly team meetings in which we go over problems, do case reviews, and have open discussions." Not only do representatives from several fields meet to discuss the issues involved with the most prominent cases, but they also spend time reviewing their own methods to continually improve the entire investigation process. One respondent reported that peer review was incorporated into weekly MDT meetings. LE and CPS workers were able to critique their work by watching taped interviews. Weekly disciplinary reviews would also take place. "When we have this meeting, we will find out valuable information about the progression of the case." Multidisciplinary meetings and case reviews can improve decision-making and contribute to coordinated services. This peer model emphasizes education and skill development and encourages review of cases for consistency and quality assurance.

Trainings. Trainings offered by centers played an important part in facilitating collaboration between agencies. One individual reported that "trainings are there to provide us with opportunities to be debriefed with problems that have occurred in actual cases and among agency personnel." Others made reference to the improvement in investigation skills that result from trainings. "By providing trainings, the CAC gives us specific guidelines for performing standardized interviews."

The trainings have also been perceived as beneficial because of their general promotion of morale among workers. Trainings were perceived by some to be both business and social functions. These two functions are linked because the social aspect increases team cohesion, identity, and common purpose while the training provides the skills and knowledge base to increase the effectiveness of the investigations.

Staff Support. The category of staff support can be described by being broken down into two subcategories: (1) a "sense of belonging" perceived by staff using the CAC; and (2) CAC staff providing assistance for LE and CPS in support of the investigation. A number of responses indicated that CAC staff made them feel that they belong at the center by providing a comfortable and welcoming environment, assisting with use of technology, and providing a neutral physical space in which investigators from two different disciplines could collaborate as equal partners. This supplied them with the

necessary tools and resources to effectively accomplish their part in the investigation.

Another type of support assisted the child and family, having a direct effect on the investigation and the treatment of the victim. "The CAC gathers information and can testify in court with information submitted by the CPS workers as well as officers. You call the CAC when you get a referral—make an appointment and there is a lot more attention to following up on getting them to counseling. This attention to details and the needs of the child increases the coordinated effort at reducing fragmentation, inconsistency and service gaps. This responsiveness demonstrates a well-coordinated effort and can reduce unnecessary frustration on the part of clients and investigators.

How Centers Can Be More Helpful

When asked how the centers could be more helpful, the responses given could be categorized as: (1) staff availability; (2) equipment and resources; and, (3) collaboration and communication.

Staff Availability. Requests for more staff availability included the following: increased center operating hours; additional staff to conduct forensic interviews; staff that would supervise children during interviews; and on-site investigation teams. There were many requests for the centers to have more hours available. "The CAC closes at 5 P.M. If it was open to 10 P.M. or 11 P.M. that would help. If we have to go to the emergency room, it always means a long wait for the children. The CAC sees us right away and puts the child at ease." Another said that the centers are "very good already, but I wish that they were open 24 hours per day or had longer hours, because sometimes after 5 P.M. I may need an interview, and since the CAC is closed, we have to do it at the station."

Additional staff was needed, according to many. This depended on the specific center. Some required more forensic interviewers at the center to conduct the interview instead of LE or CPS. One center had just hired an on-site therapist and was enthusiastic about that. One respondent suggested that transcription of interviews would be helpful and two others expressed the need for Spanish speaking staff at the center. Some communities needed additional LE personnel in general. One respondent suggested that the need for LE and CPS investigators was due to the high turnover and this contributed to the need for constant retraining.

Some respondents indicated a desire for child-care support during the interview. Such was the case with this individual's response. "My dream wish would be to have someone who could supervise children while I interview the mom and get the psychosocial done. Usually it is just me and the detective there, and although the secretary helps with the child, there is no formal child care or supervision."

Equipment and Resources. Need was expressed for more and bigger facilities along with more locations, more center office space and computers for investigators. Responses also included closer locations and more common ground to be, established between CPS workers and LE officers. Regarding the need for bigger facilities, many respondents reported a need for "more than one interview room." "For unexpected interviews, confidentiality can be a problem."

CACs' geographical placement had consequences for investigators. One respondent said, "The location of the center can be an obstacle. The CAC should be located in a densely populated area, instead of just rural areas. Investigators and victims often have to travel 25 miles to get to the center. Most cases are generated from populous areas." Some were in favor of LE and CPS workers being located on site at the center so they could be more accessible to each other at the time of investigations. "Would be great if all can be housed under one roof. The police department is on the other side of town which slows down the process." One potential solution to this would be co-housing.

Concerning the need for more resources, there were many comments made about the need for updating of computers and purchasing of better video and audio equipment along with other miscellaneous resources needed for investigative purposes. The following responses were among some of these requests. "We need access to the CAC's therapeutic records through a computer system that stays abreast of whatever is going on in any particular case." "The CACs need better video cameras to capture the expressions of the child."

"I would love an office in their facility with a computer for word processing and a video-cassette monitor so that we could put in the videotape right after the interview and write out the report right there. This would improve my efficiency I believe."

"We need equipment and the ability to go undercover to catch potential perpetrators before they have a chance to abuse the child."

Collaboration and Communication. Respondents from some communities felt that what centers could do to be more helpful was to build on their efforts to improve communication. Specific ways that this needed to be done in different communities was more phone or face-to-face communication, more consistent advisement when an interview is taking place, and improved coordination specifically with the District Attorney's office. More targeted staffing of cases with closer attention to which cases get presented and whose presence is necessary to move the case forward was another way that communication and coordination could be improved in the existing multidisciplinary case review meetings.

Respondents had several suggestions for services that could be added. Some focused on the need for centers to be preventive such as community involvement, development of task forces that could be proactive. One mentioned a rural task force and another a task force to prevent sexual abuse through the Internet. Others focused on the need for more follow-up in a continuum of services. They recognized the need for after care services that could benefit the child victim and her family.

Another way that CACs could be more helpful was reflected in comments about delays in scheduling interviews and medical exams and in receiving reports. These delays were often seen as adding bureaucratic layers rather than streamlining the interaction between the two existing bureaucracies of LE and CPS. There needs to be as much focus on quick turnaround time as there is on detail and thoroughness of reports. The immediate scheduling of interviews and medical exam was seen as critical and needing improvement.

Most respondents appreciate trainings that taught them new skills. Some saw the need for foundational trainings in areas such as interview techniques, while others found a need for greater depth and increased knowledge and skills. Some who had already acquired the basics of child abuse investigations requested more information and more advanced trainings, suggesting that the basics were repeated in additional training rather than offering advanced skills.

Summary and Discussion

This study describes reasons LE and CPS investigators use CACs. Investigators also relate specific experiences of ways that CACs advance collaboration and identify what they believe multidisciplinary

centers could do to develop existing levels of collaboration. This highlights the perceptions of how front-line workers who have day-to-day experiences with child abuse investigations in the context of the CAC model of a multidisciplinary center find CACs to be useful as well as what CACs can do to improve.

Research limitations of this study include limited external validity of the findings to CACs and not other types of multidisciplinary approaches. A low non-random response rate of CACs places limits on the generalizability of our findings to the population of centers using this approach. The 28 CACs that agreed to participate are in communities predominantly from the South, West and Midwest states. Only one Northeastern state was represented and no CACs from large cities agreed to be in the study. Although the individual response rate for each participating center was high (82%), CAC directors had identified the sample of investigators for their center that may over-represent LE and CPS workers who most often use the center. In addition, the data reported in this article highlight the benefits of CACs and ask respondents to identify reasons for using the center, examples of how CACs facilitate collaboration and ways CACs can improve. Two of these three questions focus on benefits of CACs, while only one is designed to obtain information on what could be done better. These specific questions may have elicited exclusively positive comments and downplayed problems.

One area where there was such broad consensus that our confidence level in our data is increased was the advantages of a center that provides a non-intimidating and child appropriate environment. The deceptively simple idea of a child friendly environment as a prerequisite for a CAC turns out to be critically important. Respondents reported that this environment was not only beneficial in increasing the child victim's comfort and reducing trauma, but also in promoting self-disclosure and improving the accuracy of the information provided. This may strengthen the ability of criminal justice professionals to pursue prosecution and, in some cases, help LE arrange for plea-bargaining. This is, one of the reasons why a child friendly multidisciplinary center has distinct advantages over traditional settings such as police departments or emergency rooms.

Important client services offered at the center include forensic interviews, medical exams, information and referrals, counseling and support. The ability to achieve delivery of multiple services at one site and especially the capacity to complete the forensic

interview and the medical evaluation motivated many investigators to use centers on a regular basis. Centers which offer additional services such as therapy, counseling, support and on-site medical exams may be offering the comprehensive "one stop shop" that respondents believe will benefit families and improve the quality of investigations. An effective multidisciplinary team with access to a comprehensive CAC can avoid the linkage problems that exist when referrals are made. One research study showed that only about 50% of clients follow through on referrals (Weissman, 1976 as cited in Royse, Dhooper & Rompf, 2003). Centers that can provide these services on site may increase the likelihood that the child and family get the services they need.

Expertise of interviewers provided by the CAC was seen by many respondents as an advantage. However, there were also many centers in which the police and child protective worker conducted the interview. When there is a joint interview with multiple investigators, the protocol for who should take the lead in conducting the interview and the role and location of other investigators during the interview has been identified as a barrier in other studies (Beatrice, 1990; Moran-Ellis & Fielding, 1996). Concerns over the usefulness of forensic data collected by interviewers who are not LE officers does not seem to be a concern of those who relied on the expertise of CAC staff. Respondents often described these workers as specialists in child abuse interviewing who could effectively interview a child abuse victim. There was a high level of confidence in the ability of the CAC interviewers to engage the child victim in ways that were neither leading nor intimidating.

The importance of a mandate or protocol to a multidisciplinary approach should not be underestimated. This was given as one of the primary reasons for why investigators used the centers. Whether this was an administrative or legislative mandate seemed unimportant. We can speculate from this information that some workers would not have used the CAC in the absence of a mandate.

The presence of technology and equipment in a child-friendly environment was seen as helpful to the investigation process without threatening the victim. For example, a one-way mirror allows LE and CPS to be present at the interview without overwhelming the child. However, these investigators can still ensure that information they need for the interview will be collected because they can prompt the interviewer at any time during the formal interview.

They also identified many benefits to videotaping of the interview, such as the ability to view the videotape for specifics they may have missed during the live interview; obtaining the videotape when unable to be physically present during the actual interview and having a permanent record of the interview on video. The presence of technology and equipment in a child-friendly environment can be used to promote the investigation process without intimidating the child.

Examples were provided by these front-line investigators of how the center improved the investigation by enhancing coordination and communication among investigators. Sharing of information quickly and efficiently was key to promoting a collaborative investigation. The center staff often communicated with police, child protective workers and the family to arrange a common time to interview the child and non-offending parent. Sharing results of that interview during and after the meeting appeared to create a team approach with quicker turn around time of cases and greater participation of LE and child protective service workers throughout the investigation.

Both LE and CPS investigators recognized the center's willingness and efforts to address training needs of investigators. Investigators also reported that during the interviews, CACs often provide a sense of affiliation as part of an effective dedicated team as well as concrete assistance.

Several recommendations based on the experiences of LE and CPS workers in our study were provided for ways that centers could be more helpful. The need for centers to be open for more than just business hours was paramount. Many situations were reported which required immediate response during evening or weekend hours. When this occurred in communities where centers were not open other than nine to five, these limited hours restrict the number of cases that can be investigated using this model. Many requests by respondents were for expanded hours, evening and weekend hours and centers that operate 24 hours, 7 days a week.

Some of the agencies report unique and creative ways to deal with child care issues. Others reported relatively makeshift arrangements to care for children during the forensic interview. There is a need for centers to provide more formal care-giving arrangements so that families and staff can focus on the investigation and quality of the interview.

As LE and CPS workers become more adept in their role, their training needs to go beyond the basics. Some respondents identified

the need for more attention to developing and offering training. A concern was expressed that multiple trainings that repeat the basics fail to provide more complex skills and knowledge that are needed. Basic training that is repeated is not as useful as a series of trainings that build on existing skills and knowledge and allow workers to enhance basic skills and acquire growing expertise in the investigation of criminal cases of child abuse.

Multiple locations of centers seem to be required in settings that cover a large geographical catchment area. Satellite offices, multiple centers, more central locations of centers and consideration of travel time of families and investigators were needed in several communities. Workers expressed frustration that the center services which were valued were not as useable when families and workers had to travel or the existing center was too small with too few interview rooms or workspace to accommodate requests for the timely beginning of all investigations.

The sample of LE and CPS investigators in this study identified positive characteristics of the CAC approach. At the same time, they made specific recommendations on how the centers could improve the process of child abuse investigations. Observations include concerns about limited availability of CAC facility and staff and the need for close access to a center for all LE and child protection workers. CACs provide one model that implements a multidisciplinary approach to the investigation of criminal cases of child abuse reducing trauma to the child victim, increasing services to non-offending family members and improving the quality of the child abuse investigation.

Acknowledgements

The authors thank Temple University for a research incentive grant that funded this study. We also acknowledge the contribution of the following students for their assistance: Anne Blair, Kristine Coehlo, Ashley McSwain, Cynthia Raton and Eucharia Stacy.

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