Evaluation of the Children’s Advocacy Center Model: Efficiency, Legal and Revictimization Outcomes

Paula Wolfteich Ph.D, and Brittany Loggins M.S.

ABSTRACT: This study compares the Children’s Advocacy Center (CAC) model with more traditional child protection services on several important outcomes such as substantiation of abuse, arrest and prosecution of the perpetrator, the efficiency of the multidisciplinary process and child revictimization rates. One hundred and eighty-four child abuse and neglect cases from a large metropolitan area in Florida comprised the sample. Cases were selected over a five year-period from three different modes of child protection services including a CAC. Similar outcomes were found between the CAC model and the Child Protection Team (CPT), a multidisciplinary model, which was first developed in Florida in 1978. In comparison with traditional child protective investigation, these models were associated with improved substantiation rates and investigation efficiency. Results are discussed in terms of the utility of CACs above and beyond the aspect of multidisciplinary coordination and whether the goals of the CAC model need to be redefined. Recommendations for further research in the areas of multidisciplinary team decision–making, the long-term impact of the CACs and the role of supportive professionals on the multidisciplinary team were made.

KEY WORDS: CAC; Sexual abuse; Investigation; Intervention.
Introduction

In the last decade, a plethora of Children’s Advocacy Centers (CACs) has been implemented across the nation. The mission of CACs is to offer a seamless continuum of service to families entering the child protection team and by doing so, decrease trauma experienced by child victims of abuse and improve the efficiency of the investigative process. Typically, these specialized investigative centers involve a multidisciplinary, child-focused approach to child abuse investigation and the co-location of child protection service agencies in a comfortable, private and child-friendly setting. Professionals from agencies such as law enforcement, social services, mental health providers, child protection teams and state attorneys’ offices are often co-located, or in some cases are housed separately but come to one facility to provide services. Purportedly, by providing service using a “one stop shopping” approach, child victims and their families are less traumatized by the system through multiple, repetitive interviews, assignment to various caseworkers, and by having to travel from one agency to the next for services.

As mentioned previously, the intent of CACs is to reduce the duplication and fragmentation of services for and by doing so, lessen the trauma associated with the investigative process. Through multi-agency sharing of information, CACs are designed to prevent families from lingering in the CPS and judicial systems and quickly get them into treatment to provide supportive services and prevent re-victimization. Despite the insurgence of these specialized centers, very little empirical research exists supporting the effectiveness of CACs in terms of these variables. At this point, there exist no standard outcomes or core objectives common to all CACs and outcomes are much defined by the community in which the CAC operates and the agencies involved (Jackson, 2004). In a national survey of CACs, Jackson (2004) outlined nine core components of CACs including a child-friendly facility, a multidisciplinary team, an investigative child interview, a medical examination of the child, provision of mental health services, victim advocacy, case review, case tracking and organizational structure. In one survey of professionals working in various different types of CACs, outcomes such as more effective and thorough investigations, increased child safety, decreased child stress, more accurate decision making and increasing community resources for victims were commonly rated as being important for CACs (Walsh, Jones, & Cross, 2003).
Effectiveness of CACs

The research to date on CACs has been largely descriptive in nature, focusing on such issues as demographic characteristics of the clients, non-offending caregivers and perpetrators and CAC client and staff satisfaction with CAC or multidisciplinary processes and services [e.g., Jenson, Jacobson, Unrau, & Robinson, 1996; Kolbo & Strong, 1997]. Overall, most CACs primarily serve child sexual abuse victims and their non-offending caregivers. For this reasons, most studies chosen for this review of the research involved primarily sexually abused children from CACs serving clients in the birth to 12 year-old range. Services include multidisciplinary team investigation, specialized forensic interviews, medical exams, case management and mental health counseling for victims and family members. In general, child victims and their non-offending caregivers endorse satisfactory ratings of CAC services and CAC staff report increased coordination and collaboration between agencies, more joint decision-making, a broader range of viewpoints examined, more comprehensive assessments and better access to treatment.

Efficiency

The evidence is clear that abused and neglected children often linger in the child protection system well beyond what is necessary. This sometimes leads to victim recantation and revictimization as the non-offending caregiver succumbs to financial and family pressures to allow the perpetrator back into the home. In one study, the mean length of time from the filing of the first abuse report to the child's final placement was 6.25 years (Jellinek, Little, Benedict, Murphy, & Pagano, 1995). A related study found an average length of time from report filing to final placement of 4.9 years (Bishop, Murphy, Jellinek, & Quinn, 1992).

CACs were originally designed to address the finding that families often linger in the child protection system and do not get referred for services in a timely manner. Despite this intention, few studies have examined whether the CAC approach actually improves system efficiency in comparison with traditional child protection services. If efficiency involves the time period from the initial abuse referral to the determination of substantiation status by the child protection system, CACs may actually show longer time periods due to the comprehensive nature of the investigative process. More specifically,
Kenty and Meyers (1991, unpublished) demonstrated that CAC cases were investigated more thoroughly than cases assigned to the Department of Children and Families (DCF) in Alabama. In this study, although CAC and DCF cases were similar in terms of types of abuse, CAC cases were kept open longer in the initial intake phase (average of 42.5 days) compared to DCF cases (average of 13 days). This study also showed that from initial report to commencement of services, cases in the CAC were kept open for an average of 309 days in comparison to an average of 240 days in DCF agencies. In the current study, it is hypothesized that CAC cases will remain open longer in the system than cases which are evaluated using the traditional child protection approach.

**Abuse Substantiation**

Another question, which needs to be addressed, is whether abuse substantiation differs among CAC and DCF agencies given differences in the level of multidisciplinary collaboration and investigation. In a 2003 survey of child maltreatment cases, it was found that nationally, approximately 56% of maltreatment reports are closed as unsubstantiated (National Clearinghouse on Child Abuse and Neglect, 2004). This means that a qualified professional found these reports to be lacking in sufficient evidence to proceed or that no risk factors for abuse or neglect were found (Thompson et al., 2001). Substantiation is an important issue as some studies have found that unsubstantiated cases of abuse may be similar to substantiated cases in terms of risk for revictimization (e.g., Drake, Jonson-Reid, Way, & Chung, 2003) and that children with substantiated maltreatment are more likely to commit juvenile offenses as adolescents. Accurate determination of substantiation is also critical for cases to move forward for prosecution and for families to receive services. In addition, rates of substantiation often help guide policy making in the areas of mandated reporting, investigative procedures and the effectiveness of screening procedures such as abuse hotlines (Drake et al., 2003).

Substantiation rates in child abuse cases investigated by traditional child protective services have been shown to range from 15% to 40% (Kenty & Meyers, 1991 (unpublished); Way, Chung, Jonson-Reid, & Drake, 2001). Few studies have examined substantiation rates of child abuse cases examined by other agencies besides traditional child protective services. Jenson et al. (1996) found that of
cases that were referred to the CACs, 84% were investigated, 42% substantiated, and 29% were unfounded, but no comparison was made to other child protection agencies. In the Kenty and Meyers (1991, unpublished) study, CACs had a 73% substantiation rate, whereas other agencies estimated their substantiation rate at 40%. Because of improvements in information seeking and multidisciplinary decision making that is inherent in CACs, it is hypothesized that for this study, substantiation rates for CAC cases will be higher than those for cases processed through traditional child protective services.

Legal Outcomes

Arrest Rates. Even though the existence of CACs is thought to result in increased arrest rates of perpetrators, little research has been conducted to verify this assumption. One study involving CAC cases found that 27% were unfounded, 12% were dismissed because of lack of evidence, and only 12% ended in an arrest (Jenson et al., 1996). Kenty and Meyers (1991, unpublished) found that during the first year of CAC implementation, CACs had an arrest rate of 19%, whereas cases handled more traditionally through the local Department of Children and Families (DCF) had an arrest rate of 32%. This difference, although not significant, was attributed to limited involvement of police and prosecutorial functions in the CAC team model under study. The authors stressed that given the volume of criminal cases for which police officers are responsible, it may not be feasible for them to participate in multidisciplinary reviews involving non-criminally related CAC cases.

Prosecution Rates. Similar to arrest rates, research on the prosecution of perpetrators has been mixed. In one meta-analysis of 21 studies of child abuse prosecution, Cross, Walsh, Simone and Jones (2003) found that referral rates to the State Attorney’s Office for prosecution ranged anywhere from 40% to 85% of child abuse cases. Other studies of sexual abuse cases have found that referral rates ranging from 55% to 60% of cases (Stroud, Martens, & Barker, 2000; Martone, Jaudes, & Cavins, 1996; Cross, Whitcomb, & DeVos, 1995). Once the decision has been made to prosecute, research has shown that in most cases the defendant plea bargains with only 1–9% of cases resulting in an actual trial (Cross et al., 1995; Martone et al.,
1996; Stroud et al., 2000). With the exception of child sexual abuse cases going to trial more often, Cross et al. (1995) reported that these figures are not much different from US felony prosecutions in general.

Again few studies have compared CACs with traditional child protective services in terms of prosecution. Joa and Edelson (2004) studied the outcomes of children who received services of child abuse assessment centers (CAACs), a multidisciplinary investigation model similar to CACs. In this study, 76% of CAAC cases had charges filed with the county District Attorney’s office compared with 39% of cases that were not seen at the CAAC. In addition, in this study, more criminal counts were charged against perpetrators, more perpetrators pled guilty and more cases were filed for younger children than in non-CAAC cases. Jenson et al. (1996) found that only 11% of cases were prosecuted in CAC child abuse cases. Similar to arrest rates, Kenty and Meyers (1991, unpublished) demonstrated that CAC prosecution rates (19%) were lower than DCF prosecution rates (38%). In a similar study, Martone et al. (1996) found that interagency coordination of services with one coordinated, in-depth child interview had no impact on prosecution rates when compared with traditional methods of investigation involving multiple interviews.

Research on convictions in child abuse cases for CACs has been largely descriptive or with varied results. Stroud et al. (2000) that 67% of child abuse cases that went to trial ended in a guilty verdict, whereas Cross et al. (1995) found that 51% of cases ended in a guilty verdict or plea. Joa and Edelson (2004) found that in cases that involved investigation by CAACs, 56% of perpetrators were found guilty compared to the 24% of those from cases not seen at the CAAC. Kenty and Meyers (1991, unpublished) found no significant differences in prosecution for CAC and DCF cases. Of the 16 cases prosecuted (6 CAC, 10 DCF), 83% of CAC cases and 100% of DCF cases resulted in a positive outcomes (either conviction or guilty plea).

Compared to other services, CACs and similar organizations have been found to increase the criminal penalty on child abuse. For example, in the Joa and Edelson (2004) study, more criminal counts were filed by cases evaluated by the CAAC (2.78 average criminal counts) in comparison with cases receiving traditional child protection services (1.62 average criminal counts). Stroud et al. (2000) found that although prison sentences were found to be on average
between 6 and 11 years, these sentences were often suspended. For this study, it is hypothesized that perpetrators of cases investigated by the CAC will more likely end in a guilty status with some type of disposition.

Revictimization

The revictimization of children following abuse has been well researched. Jellinek et al. (1995) showed that reabuse rates for primarily physical abuse cases in a northern child protection service were at 16% of cases regardless of whether the child has been placed in another environment or was returned to the offending caregiver. Similarly, Levy, Markovic, Chaudhry, Ahart, and Torres (1995) conducted a five year follow-up study of mostly physical abuse cases and found that 16% experienced reabuse, with the greatest percentage of reabuses occurring within two years of the index event and initial assessment. Neglect was found to be the most frequent type of reabuse. In this study, reabuse was defined as the occurrence of substantiated child maltreatment following the initial index event. Revictimization for primarily sexual abuse cases such as those commonly seen at CACs is not well researched. In addition, although CACs were designed to help prevent child victimization, to date, there have been no studies, which compared CACs with traditional child protection services on this variable.

In summary, few studies have examined the effectiveness of CACs in terms of efficiency, legal outcomes and child revictimization. Many of the studies that have looked at these factors have been descriptive and not comparative in nature. The purpose of this study is to examine how CACs fare when compared to traditional methods of child protection.

This study was conducted in Florida, a state which has had mandated child protection teams since the early 1980s. This multidisciplinary model of child abuse investigation closely resembles the CAC model in several ways. First, much like CACs, Child Protection teams (CPTs) are designed to provide a more in-depth, multidisciplinary approach to child abuse investigation in coordination with other child protection agencies such as Department of Children and Families, the local sheriff’s offices, community-based care providers and law enforcement. In addition, much like CACs, CPTs target the more complex and severe cases of abuse, particularly victims of physical abuse, sexual abuse and medical neglect. In both CACs and
CPTs, cases get referred by the local DCF, sheriff’s office or law enforcement agencies. Similar services such as medical examinations, child and family assessments, multidisciplinary staffings, forensic interviews and expert court testimony are provided and the emphasis is on providing most of these services for families in one facility. In comparison with cases handled by CACs, child victims may interviewed more than once in a CPT as the emphasis is not necessarily on one multidisciplinary interview but on trained individuals interviewing the victim to preserve the testimony. Other differences between the two models include that CPTs attempt to target primarily younger children (birth to 5) with equal emphasis on physical and sexual abuse whereas CACs target children through the age of 12 years and focus more on sexual abuse cases. CPTs also grew out of a more medical model of treatment and tend to focus on providing medical exams and expert testimony from medical personnel in court during the investigative process. CACs also provide medical expertise, however, there is an added emphasis on case management and wrap around services making sure families are connected with services post-investigation. The CAC in this study employs child advocates who are responsible for these supportive services and do extensive follow-up and home visiting for several months post-investigation to ensure child safety and prevent revictimization. For those cases that go to court, these advocates will provide emotional support to the victim and family, sometimes years after the abuse case is closed. Whereas CPTs hire case managers, called “case coordinators,” these individuals typically provide services during the investigative phase of a case by providing specialized forensic interviews, court testimony and family risk assessment early in the case.

Unlike CPTs, CACs often include on-site mental health therapists for families that can provide crisis intervention and specialized individual and group therapy services following the investigation phase. Although not always housed within the CAC, these therapists are often considered part of the multidisciplinary case reviews and joint decision making processes.

The CAC of interest for this study was developed in 1999 to improve system efficiency and arrest and prosecution rates for perpetrators of an increasing volume of child physical and sexual abuse cases in one county of central Florida. This CAC was designed to serve children between the ages of birth to 12 years who were victims of sexual abuse or severe physical abuse and neglect. It involved the co-location of DCF and CPT staff as well as the inclu-
sion of child advocates. Once the transition to the CAC model was made, the medical and forensically trained CPT staff became part of the CAC multidisciplinary teams. Services provided by this CAC included videotaped forensic interviews, medical exams, counseling on site or through community referrals, case management and multidisciplinary team staffings.

This study was designed to evaluate CAC services in comparison with traditional child protection models with regard to several important outcomes including efficiency, legal outcomes and child revictimization. It is hypothesized that in comparison with the CPT model and traditional investigative services provided by the local child protection agency (DCF), the CAC approach will lead to decreased case processing time, increased arrest and prosecution rates of perpetrators and fewer child victim cases being referred into the system for subsequent abuse following the initial referral.

Method

Participants

The original sample contained three-hundred randomly selected child abuse and neglect cases from a large metropolitan area in Florida during the time period of 1997–2002. One-hundred cases were selected prior to the implementation of the CAC model when the Child Protection Team served as the primary investigative agencies for cases of severe abuse and neglect (CPT group). The remaining 200 cases were investigated after the CAC implementation with 100 cases receiving CAC services (CAC group) and 100 cases receiving traditional child abuse investigation through the Department of Children and Families (DCF group). Sixty-four of these original cases did not have adequate data in the system for a variety of reasons including family moves, no identified perpetrator, and child deaths. In addition, for ease of comparison with other studies and to insure the independence of cases for statistical purposes, cases in which there was more than one victim and/or more than one perpetrator were eliminated. This brought the sample size down to 184 total cases; 59 in the CAC group, 72 in the CPT group and 53 in the DCF group. Ages of child victims ranged from birth to 18 years with a mean age of 8.12 years. See Table 1 for additional demographics on child victims.
# TABLE 1

Demographics by Group

<table>
<thead>
<tr>
<th>Average age</th>
<th>CPT (SD)</th>
<th>CAC(SD)</th>
<th>DCF(SD)</th>
<th>Significance level</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.45 (3.11)</td>
<td>7.67(4.92)</td>
<td>9.92 (5.40)</td>
<td>F (2,135) = 7.88, p &lt; .01</td>
<td></td>
</tr>
</tbody>
</table>

Age groups (%)
- 0–6.49: 73 46 32
- 6.5–12.48: 23 36 32
- 12.5–18: 4 19 36

Gender (%)
- Female: 52 67 55 n.s.
- Male: 48 33 45

Race (%)
- White: 56 56 54 \( \chi^2(4) = 18.37, p < .01 \)
- African American: 44 30 46
- Other: 0 14 0

Abuse type (%)
- Sexual: 28 34 17 \( \chi^2(10) = 47.81, p < .001 \)
- Physical: 14 22 23
- Neglect: 3 0 19
- Emotional: 1 0 4
- Mixed: 53 44 23
- Other: 1 0 15
**Design and Procedure**

Data were collected on the number of interviews in which child victims participated, the number of days the family remained in the investigation phase of the case, legal outcomes such as arrest and prosecution rates, the substantiation status of the allegations and subsequent abuse reports for victims. With the exception of the legal and substantiation outcomes, data were collected primarily by the case managers assigned to each case. Case managers completed an initial intake form documenting demographics, abuse related information, family information and mental health referral data. This form was updated periodically as follow-up data came in. Arrest, prosecution and abuse substantiation data were collected directly from related agencies by the project staff.

**Results**

**Demographics**

As depicted in Table 1, several demographic differences were found among the three groups. For example, children in the DCF group were significantly older ($M = 9.92$, $SD = 5.4$); $F (2, 135 = 7.88$, $p < .01$) than the other two groups with the largest percentage of child victims in the 12.5–18 year range ($\chi^2 (4, n = 138) = 15.95$, $p < .01$). The CPT group had the largest percentage of victims falling in the birth to 6.5 to 12 year range. Post-hoc pairwise analysis indicated that while the DCF group was significantly older than the other two groups, the difference between the CPT ($M = 5.45$, $SD = 3.11$) and the CAC groups ($M = 7.67$, $SD = 4.92$) with regard to age was not significant. There were fewer African Americans in the CAC group than in the CPT and DCF groups. Additionally, more CAC cases fell into the “other” range (included Asians, Haitians, Hispanics) than in the CPT and DCF groups. This was due to differences in the coding system across teams as the CPT and DCF groups did not use the “other” category in their respective databases.

Additionally, while the CPT and CAC groups had larger numbers of sexual abuse and mixed abuse victims, the types of abuse for the DCF group members were more diverse with roughly equal amounts of sexual abuse, physical abuse, neglect and mixed abuse. The types
of perpetrators within each group did not differ significantly with the largest percentage being a biological mother (29%) or biological father (24%). There were no significant differences between groups with regard to number of prior incidences of maltreatment. The number of priors ranged from 0 to 16 with the mean numbers of prior slightly higher for the CAC group (M = 1.32, SD = 2.66) than the DCF (M = 1.21, SD = 1.47) and CPT (M = .94, SD = 1.15).

Cases were categorized as severe primarily if they involved physical injury or threats of physical injury. These included cases that involved bruises, burns, fractures, vaginal/anal bleeding or tearing, sexual battery (oral, anal, vaginal penetration), the use of force, oral/genital contact, hazardous or life threatening home environment or failure to thrive. All other cases were coded as less severe. There was not enough detail in the data collected by the child protection system to further delineate severity levels. Group differences were found on severity level of abuse with both the CPT and CAC groups having a larger percentage of cases involving physical injury; 71% and 68%, respectively; in comparison with the DCF group in which 41% of the cases involved physical injury or threat of physical injury ($\chi^2(2, n = 184) = 8.49, p < .05$). This result makes sense given that both CPT and CAC only accept the most severe and complex maltreatment cases whereas more typical cases are processed by DCF. Because of these pre-existing group differences, when appropriate, abuse severity was used as a covariate in the following analyses.

**Main Outcomes**

**Substantiation.** Substantiation was defined as the percentage of cases in which a finding of “verified” or “some indicators” was documented with regard to the primary maltreatment allegation. By Florida law, a case is closed as “verified” if there is strong evidence that the injury, harm or threatened harm was the result of abuse or neglect. A case is closed as having some indicators when there is some but not a preponderance of credible evidence to support that the injury or harm was the result of abuse.

As presented in Table 2, significant group differences were found in the substantiation of abuse ($\chi^2(4) = 30.11, p < .001$). The DCF group had the lowest rate of substantiation among all groups with only 32% of the cases being closed as verified or with some indicators of abuse. In contrast, 76% and 68% of the cases in the CPT and
### TABLE 2

**Main Outcomes**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>CPT</th>
<th>CAC</th>
<th>DCF</th>
<th>Significance</th>
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<tbody>
<tr>
<td>Substantiation (%)</td>
<td>76 (55)</td>
<td>68 (40)</td>
<td>32 (17)</td>
<td>$\chi^2(4) = 30.11, p &lt; .001$</td>
</tr>
<tr>
<td>Efficiency (average days)</td>
<td>100.19 (72)</td>
<td>225.32 (57)</td>
<td>311.25 (52)</td>
<td>$F(2,177) = 15.01, p &lt; .001$</td>
</tr>
<tr>
<td>Arrest frequency (%)</td>
<td>30 (14)</td>
<td>34 (11)</td>
<td>n/a</td>
<td>n.s.</td>
</tr>
<tr>
<td>Charges filed (%)</td>
<td>36 (18)</td>
<td>29 (8)</td>
<td>n/a</td>
<td>n.s.</td>
</tr>
<tr>
<td>Re-victimization: Re-referrals</td>
<td>.65 (72)</td>
<td>.42 (59)</td>
<td>.36 (53)</td>
<td>n.s.</td>
</tr>
<tr>
<td>(average number)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-victimization: (average days)</td>
<td>320.44 (32)</td>
<td>270.85 (20)</td>
<td>206.17 (12)</td>
<td>n.s.</td>
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</table>
CAC groups respectively were closed as having been verified or with some indicators of abuse. To address the pre-existing group differences on severity of abuse and the likelihood that cases involving physical injury were classified as verified, chi-square analysis selecting only cases in which there was physical injury across all three groups was conducted. Similar results were achieved despite a reduction in the sample size (n = 106) with the CAC and CPT groups showing a higher percentage of substantiated cases (70% and 92% respectively) than the DCF group (37%).

Efficiency. For this study, efficiency was defined as the number of days from the initial abuse report until the formal substantiation status was determined by the Department of Children and Families. An additional time frame that was examined was the time from the initial abuse report until the closing date of court proceedings. There was a wide range of variability on how long it took agencies to close cases and end the investigation phase. Controlling for abuse severity, significant group differences were found on the number of days cases lingered in the child protection system until substantiation status was assigned (F (2,177) = 15.01, p < .001; \( \eta^2 = .14 \)). The CPT cases were closed most quickly (\( M = 100.19, SD = 83.83 \)), followed by the CAC cases (\( M = 225.32, SD = 190.03 \)) and the DCF cases (\( M = 311.25, SD = 365.61 \)). Post-hoc pairwise analysis indicated that all three groups were significantly different from one another on this variable. The data concerning the length of time it took to close cases that went to court were incomplete and therefore not subjected to analysis.

Legal Outcomes. There were no data available on arrest and prosecution rates for the DCF cases thus, analysis of legal outcomes was limited to the CPT and CAC cases. Although the data were complete on only 78 child victims, findings indicated no group differences in perpetrator arrest frequency. Thirty-four percent and 30% of the perpetrators in the CAC and CPT groups respectively were arrested. Similarly, there were no group differences in the frequency with which charges were filed with the State Attorney’s Office (SAO). It was found that 29% of the CAC cases had charges filed and 36% of the CPT cases had charges filed. Of the substantiated cases of abuse in the CAC and CPT groups, 31% of the perpetrators were arrested and 33% had charges filed against them with the State Attorney’s Office. Moreover, of those that were arrested, 83%
had charges filed against them with the SAO and of those with filed charges, 73% of the cases were closed with some form of disposition or punishment for the perpetrator.

Data on the types of charges filed were complete for only 20 cases and perpetrators often had more than one charge filed against them. Typical primary charges included lewd and lascivious behavior, aggravated or non-aggravated child abuse, child neglect and sexual battery. In 25% of the cases respectively, the perpetrator pled no contest, was found guilty or the SAO declined to prosecute in response to the primary charge. The remaining 25% percent of cases involved instances in which the prosecutor dropped the primary charge, the case was dismissed or closed by the state or the perpetrator pled guilty to the primary charge. Although data were only available on 9 cases, types of dispositions or punishments for perpetrators with regard to the primary charge included the adjudication of guilty status (67%), corrections 1–3 years (11%) or corrections 3 or more years (11%).

Re-Victimization. Re-victimization was defined as any substantiated abuse report within 24 months of the index allegation. A re-referral is defined as a case with subsequent allegations within the 24-month period regardless of substantiation status. Allegations, which were within 14 days of the index allegation were often related to the initial report and were eliminated from the data set. Controlling for abuse severity, there were no significant differences found among groups with regard to re-referrals or subsequent re-referrals that were substantiated (reabuse). The mean number of re-referrals was .49 with a range from 0 to 5. Seventy percent of the sample had no re-referrals. The mean number of re-abuse incidents was .25, with a range of 0–4. Eighty-three percent of the sample did not experience re-abuse. There were no group differences in the number of days from the index allegation to the first subsequent allegation. Mean number of days across groups was 283.51 with a range from 30 to 724 days.

Discussion

In summary, it appears that in this study, the CAC and CPT models, achieved similar outcomes. Both multidisciplinary models were associated with a higher frequency of substantiated abuse and
neglect than the traditional child protection model. This finding is not surprising given that these models involve more comprehensive, interdisciplinary investigations. Studies indicate that when professionals collaborate during child abuse investigations, there is a reported increase in the sharing of information and a broader range of examine viewpoints which ultimately leads to more joint decision making on cases regarding outcomes such as substantiation, child placement and treatment options (Kolbo & Strong, 1997). In addition, it should be recognized that only the most severe and complex cases are eligible for CACs and CPTs and these cases may be more easily substantiated due to the likelihood of physical findings and stronger evidence in general.

Both multidisciplinary models were investigated and closed more quickly than the traditional child protection model even when controlling for abuse severity. One could hypothesize that investigations proceed more quickly when the interview and data gathering process is streamlined with little duplication of services across agencies. Although reducing the amount of time children and families linger in the child protection system is important, this study did not address whether rapid case closure necessarily leads to more accurate decisions and improved outcomes for families. Further studies tracking outcomes such as child safety and offender recidivism several years post case closure are warranted.

Given the limits of the data in this study, a comparison of legal outcomes in cases with or without a multidisciplinary component was not possible. The CAC and CPT groups obtained similar outcomes with regard to arrest and prosecution of the perpetrator. It should be noted that, previous studies examining overall arrest rate and filing rate among child protection cases indicate that these variables are very difficult to impact. Compared with other felonies, child abuse cases have been to be less likely to lead to filing charges and incarceration (Cross et al., 2003). In thirty-two percent of the combined CPT and CAC samples the perpetrator was arrested. This rate is higher than those cited in other studies (e.g., Jensen et al., 1996; Kenty & Meyers, 1991 (unpublished)); however these studies examined sexual abuse cases only. The CPT and CAC programs in this study included cases of severe physical abuse and medical neglect many of which had documented medical findings, which might make probable cause to arrest more likely. The finding in this study that of those perpetrators that were arrested, 83% had charges filed against them with the SAO, highlights the need for comprehensive
assessments and adequate evidence early in the investigation process which will help lead to arrests and ultimately criminal charges with the State Attorney's Office at a later point.

Improvements in prosecution rates have been demonstrated when law enforcement takes an active role in the investigation process of sexual abuse cases from the beginning (e.g., Faller and Henry, 2000; Cross, De Vos, & Whitcomb, 1994). Yet, law enforcement agencies and the State Attorneys' Offices often lag behind their social service counterparts in integrating into the multidisciplinary model (Kenty & Meyers, 1991 (unpublished)). In the present study, law enforcement and SAO representatives were the only agencies not co-located with other CAC agencies and were least represented in the multidisciplinary staffings and this may have made legal outcomes difficult to impact.

The multidisciplinary model in this study had no impact on subsequent referrals into the child protection system or on the prevention of re-abuse. The overall re-victimization rate found in this study of 17% is similar to other studies examining child maltreatment in general without the CAC or CPT investigation models (Jellenik et al., 1995; Levy et al., 1995). Re-victimization has been found to be associated with certain family structures and financial resources (Levy et al., 1995) and may be another outcome, which is difficult to impact through interagency coordination alone. Examination of risk factors for re-abuse and intervention services to prevent re-abuse was beyond the scope of this study and warrants further evaluation.

The results of this study suggest that an evaluation model that de-emphasizes issues that are beyond the scope of a CAC to effect such as legal and revictimization outcomes may be necessary. Given the similarities between both multidisciplinary models in terms of outcomes, the results of this study highlight the importance of studying multidisciplinary team processes in general rather than the success of the CAC model per se.

**Limitations**

Small sample size and missing data were problems in this study, specifically regarding legal outcomes. The unavailability of legal data on the DCF group precluded an adequate assessment of whether the multidisciplinary approaches studies were associated with improved legal outcomes. The elimination of cases involving multiple victims and/or multiple perpetrators further served to decrease the generalizability of the study results to these types of child victims.
Pre-existing group differences also existed among cases processed by the various models most important of which were type and severity of abuse and this makes it difficult to interpret the results with any degree of certainty.

In addition to the problems of missing data and small sample size, a further limitation of this study was the lack of independence between the CAC and CPT groups with regard to team members. Many of the CAC team members were former CPT members and their experiences working in a CPT system may have fostered some resistance to full integration in the CAC model. This may have resulted in a less than optimal working environment for CAC development and supports the finding that these groups were more alike than different in functioning. This also limits the generalizability to other studies of CACs in states where there are no mandated CPTs. Clearer results may be achieved in studies comparing developing CACs with traditional, non-multidisciplinary child protection services alone.

Finally, although the CAC and DCF groups overlapped, the data collection periods for all three groups varied. This could have impacted results due to historical and systems variables in effect during different time periods. For example, changes in reporting legislation following a highly publicized child fatality in Florida led to a 30% statewide increase in reports to the Florida Abuse Hotline from 1999 to the year 2000. This resulted in an enormous backlog of cases awaiting investigation for the CAC and DCF groups. The CPT sample was largely unaffected by this event as most cases were opened and closed prior to 1999. Although this event did not appear to affect system efficiency it may have led to less than optimal conditions under which to evaluate the effectiveness of the CAC model.

It should also be noted that like other studies of CACs, this study included cases investigated within the first three years of operation for a newly developed CAC. It may be that, over time, with increased integration of agencies, especially law enforcement and the State Attorney’s Office, these results may change. Further comparative studies of the CAC model with other concurrent child protection systems beyond the initial development years appear warranted.

**Conclusions**

In summary, this study demonstrated that the effectiveness of the CAC model above and beyond its multidisciplinary nature is still
unknown. The finding that like other multidisciplinary teams, CACs were associated with increased substantiation of cases and a shorter investigative period than traditional child protection services is promising. The lack of difference between the CACs and CPTs in outcomes suggests that it is the interagency coordination, rather than anything unique to CACs that may lead to improved outcomes for children and families. This study highlights the need to re-evaluate the feasibility of CAC goals such as legal and abuse prevention outcomes and focus instead on the effectiveness of multidisciplinary teams in general. Victim intervention processes such as family advocacy and mental health counseling to reduce the psychosocial impact of child maltreatment may also be uniquely effective components of CACs, which warrant further investigation. Finally, the long-term effectiveness of CACs has yet to be determined and may change as interagency collaboration becomes more effective and teams become more integrated.

References


