A CLIENT ASSESSMENT AT THE NAMPA FAMILY JUSTICE CENTER'S CHILDREN'S ADVOCACY CENTER

by

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A thesis

submitted in partial fulfillment

of the requirements for the degree of

Master of Arts in Criminal Justice

Boise State University

May 2013

BOISE STATE UNIVERSITY GRADUATE COLLEGE

DEFENSE COMMITTEE AND FINAL READING APPROVALS

of the thesis submitted by

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Thesis Title: A Client Assessment at the Nampa Family Justice Center's Children's Advocacy Center

Date of Final Oral Examination: 12 March 2013

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DEDICATION

This thesis is dedicated to my parents for all of their support during my educational career.

ACKNOWLEDGEMENTS

I wish to thank, first and foremost, my advisor and thesis chair, Dr. Lisa Growette Bostaph. Her support and guidance helped me to build and accomplish writing this thesis. Without her, this paper would not have been possible. I would also like to thank my committee members, Dr. Andrew Giacomazzi and Dr. Laura King for their support and close examination of this thesis. Dr. Andrew Giacomazzi, as a committee member and research methods professor, helped provide me with knowledge of the proper format and foundations for a thesis. I would like to thank the staff at the Nampa Family Justice Center, specifically Rebecca Lovelace, for providing the data along with guidance and direction for this study. Finally, I would like to thank my friends and family for supporting me mentally and emotionally during this time.

AUTOBIOGRAPHICAL SKETCH OF AUTHOR

I received my Bachelor of Science in Criminal Justice from Southern Oregon University in Spring of 2011. It was there that I was first introduced to Children's Advocacy Centers through an internship at a local CAC.

While working towards my Master's of Arts in Criminal Justice at Boise State University, I worked as a Graduate Assistant for the Department of Criminal Justice. This position introduced me to the Nampa Family Justice Center. While deciding what to conduct research on for my thesis, my advisor, Dr. Lisa Growette Bostaph inspired me to conduct research at the Children's Advocacy Center at the Nampa Family Justice Center. I worked as an intern at the Nampa Family Justice Center and got to know the staff and procedures at the center before writing this thesis.

ABSTRACT

Children's Advocacy Centers were first introduced to increase collaboration when responding to victims of child abuse. Different agencies work together in a co-located center to provide services and resources to victims who have experienced abuse and neglect. The current research is a demographic evaluation of a Child Advocacy Center located at a family justice center in a northwestern state. Victim demographics, case characteristics, and services utilized were collected using both secondary data analysis. Multiple regression models were used to determine what variables might lead victims to utilize certain services at the center. Findings from this research will help provide the center with a better understanding of the clients they serve and why they utilize certain services.

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LIST OF ABBREVIATIONS

CAC	Children's Advocacy Center
NFJC	Nampa Family Justice Center
NIBRS	National Incident Based Reporting System
NCANDS	National Child Abuse and Neglect Data System
MDT	Multi-disciplinary Team
NCA	National Children's Alliance
CPS	Child Protection Services
ETOH	Ethanol (Alcohol)
CCS/VWC	Canyon County Sheriff's Office/Victim Witness Coordinator
NPD/VWC	Nampa Police Department/Victim Witness Coordinator
NPD	Nampa Police Department

INTRODUCTION

Children's advocacy centers (CACs) were first introduced in the United States in the 1980s as a way to increase collaboration as a response to child abuse, most specifically child sexual abuse. Previous to CACs, it was believed that the traditional model to responding to child abuse kept children in the system far too long and was very stressful for victims. Currently, there are over 700 CACs nationwide serving victims of child abuse, sexual assault, or neglect (National Children's Alliance, n.d.a.).

According to the National Incident Based Reporting System (NIBRS), child maltreatment is defined as "referring to offenses and threats to a child's well-being that are committed or caused by parents and other caretakers" (Finkelhor & Ormrod, 2001, p. 2). Child maltreatment, or child abuse, has many different forms. The most common form is neglect. Although common, child maltreatment is the hardest to measure using criminal justice data because it is often not reported to the police and is not always considered criminal (Finkelhor & Ormrod, 2001). In 2010, 78.3 percent of child maltreatment cases reported to the child protective system were neglect cases (U.S. Department of Health and Human Services, 2011). Child physical abuse is another form of child maltreatment. Physical abuse is coded as either simple assault or aggravated assault within NIBRS (Finkelhor & Ormrod, 2001). Simple assault is the most frequent form of criminal abuse against juvenile victims according to NIBRS (Finkelhor & Ormrod, 2000). The National Child Abuse and Neglect Data System (NCANDS), which is comprised of data retrieved

from child protective services, does not record specific types of physical abuse. In 2010, physical abuse was included in 17.6 percent of child maltreatment cases recorded in NCANDS (U.S. Department of Health and Human Services, 2011). The least common, but most often discussed form of child abuse, is child sexual abuse (Finkelhor & Ormrod, 2001). Sexual assaults were recorded in 9.2 percent of child maltreatment cases reported to the child protective system in 2010 (U.S. Department of Health and Human Services, 2011). NIBRS classifies many different forms of child sexual assault. These include forcible sexual assaults, which consist of the majority of sexual assaults against children, and non-forcible sexual assaults such as statutory rape and non-forcible incest (Finkelhor & Ormrod, 2001). While child sexual assaults may be infrequent among forms of maltreatment, children comprise 71 percent of all known sexual assault victims in the United States (Finkelhor & Ormrod, 2000).

The perpetrators of child abuse can be strangers, parents, caretakers, family friends, or acquaintances. Data from NIBRS and NCANDS are vastly different in regards to the victim-offender relationship. NIBRS data indicates that the majority of offenders are acquaintances, while NCANDS data shows that parents are the most frequent offenders. According to 1997 data from NIBRS, about one-fifth of violent offenses against children are committed by their parents or other caretakers (Finkelhor & Ormrod, 2001). Caretakers are generally defined as parents, stepparents, or other adult family members who are responsible for the child (Finkelhor & Ormrod, 2001). NCANDS data shows that 80 percent of perpetrators are parents of the victim (U.S. Department of Health and Human Services, 2011). All other caretakers, such as legal guardians or foster parents along with acquaintances, comprise only 13 percent of perpetrators according to

NCANDS 2010 data (U.S. Department of Health and Human Services, 2011). Non-caretaker acquaintances make up the majority of offenders against all juveniles in NIBRS (Finkelhor & Ormrod, 2001). The disparity between the offenders recorded in NIBRS and those recorded in NCANDS is due to the different aspects of the child protection system and the criminal justice system. The child protection system handles neglect cases, which are generally committed by parents or caretakers, along with physical and sexual abuse (Finkelhor, Cross & Cantor, 2005). Many cases reported to the child protection system are reported by professionals, such as school officials, while the victim or family members are more likely to report crimes to the police (Finkelhor et al., 2005). Approximately half of the offenders against child victims aged two years or younger reported to the police consist of parents or other caretakers (Finkelhor & Ormrod, 2001). Overall, research indicates that the majority of perpetrators are known to the victim (Paine & Hansen, 2002). The majority of offenders against children are males, especially in sexual assaults against children, where they make up over 90 percent of known offenders (Finkelhor & Ormrod, 2001).

Depending on the type of crime, males and females vary as victims. According to NCANDS in 2010, 51.2 percent of child maltreatment victims were female (U.S. Department of Health and Human Services, 2011). According to NIBRS data, eighty percent of victims in sexual assaults are females, but males are primarily the victims of all other types of victimizations in the United States (Finkelhor & Ormrod, 2000). In comparison to female victims, the proportion of male victims is higher for aggravated assaults and only slightly higher for simple assault. Approximately 90 percent of all male sexual assault victims are juveniles. Male and female teenagers between 12 and 17 years

of age are more likely to report their victimization for all types of assaults. Children 11 years old and younger show lower rates of sexual assaults, however, younger children may be less likely to report their victimization (Finkelhor & Ormrod, 2000). There are multiple reasons why younger children are less likely to report their victimization. First, younger children are more likely to have been victimized by their parents or other caretaker (Finkelhor & Ormrod, 2000). Second, younger children are less likely to know that what happened to them was a criminal offense (Finkelhor, 2007). If they have not matured enough developmentally or if a family member assaulted them, they may not know that what happened to them was wrong.

According to NCANDS data, 9.2 per 1,000 children in the U.S. were victims of child maltreatment in 2010 (U.S. Department of Health and Human Services, 2011). Overall, NCANDS data shows that the victimization rates decrease as age increases (U.S. Department of Health and Human Services, 2011). The rate of child victimization has been decreasing since the 1990s (Finkelhor & Jones, 2006). From 2006 to 2010, the rate of first-time unique victimizations has declined from 7.3 to 6.9 per 1,000 children in the U.S. (U.S. Department of Health and Human Services, 2011). Finkelhor and Jones (2006) reviewed many different explanations for the decrease in victimization rates. Based on their review, three explanations seemed to have advantage over others. First, the decrease in victimization rates may be due to the economic prosperity that increased throughout the 1990s (Finkelhor & Jones, 2006). Fewer children lived in poverty and more parents were employed during this time than previous times. Another explanation was the shift in policing strategies in the 1990s, which led to increases in prevention and intervention that may have led to the decreases in victimization rates. Finally, the authors suggest that the

increase in the use of pharmacological drugs may have decreased victimization by controlling psychological issues in both adults and children placing them at lower risk (Finkelhor & Jones, 2006)

Child victimization rates, as described above, only include victimizations that are either reported to child protection agencies or cases that are substantiated after they are reported. This means that many cases in which children do not disclose their abuse are unreported. Research indicates that a large number of victims never disclose their sexual victimization (Paine & Hansen, 2002). Also, most victims do not disclose their abuse immediately. Less than one in four victims of child sexual assault disclose their victimization right away (Paine & Hansen, 2002). Many factors play a role in a child's decision to disclose abuse. Boys are less likely than girls to disclose that they have been sexually abused. More specifically, older boys are less likely than younger boys to admit to the abuse. Another factor is the severity of the sexual abuse. Paine and Hansen (2002) indicated that victims are less likely to disclose abuse if the level of severity was either extremely high, such as intercourse, or extremely low such as noncontact or attempted sexual activity. Victims are more likely to disclose if the severity falls in the middle of those two extremes (Paine & Hansen, 2002). Children were also less likely to disclose if a close family member sexually assaulted them. Threats made by the perpetrator to the victim also decreased the likelihood that a child would report. These can include threats to harm or forecasting negative or dire outcomes for the victim, loved one, or even the perpetrator (Paine & Hansen, 2002).

Child sexual abuse can lead to many different short- and long-term impacts on the victim. Short-term effects on adolescents include increased promiscuity, risk of re-

victimization, suicidal thoughts, and depression compared to children who have not been victimized (Beitchman, Zucker, Hood, DeCosta, & Akman, 1991). Other initial impacts that may occur include anxiety, fear, aggression, and sexually inappropriate behavior among victims (Browne & Finkelhor, 1986).

Long-term effects of child sexual abuse often result in mental health illnesses such as depression or anxiety disorders (Browne & Finkelhor, 1986). Other negative impacts can include feelings of isolation, self-destructive behavior, feelings of stigmatization, poor self-esteem, substance abuse, and a tendency toward re-victimization (Browne & Finkelhor, 1986). Research has indicated that severe sexual abuse as a child can lead to mental health illnesses as an adult (O'Leary, Coohey, & Easton, 2010). Severity can include the type of offense, injury, number of abusers, the relationship to the offender, or the frequency/duration of victimizations (O'Leary et al., 2010). One study found that victims had more mental illnesses as an adult when their victimizations led to an injury, they were abused by multiple offenders, or the offender was a biological relative (O'Leary et al., 2010).

Research Purpose

The purpose of this research is to investigate demographic information along with characteristics of cases at a children's advocacy center in Canyon County, Idaho. This research is a secondary data analysis. Data were collected in 2012 on demographic information and case characteristics of all children at the Nampa Family Justice Center (NFJC) from 2008 to 2012. Staff from the NFJC then collected services utilized by the clients and matched this information to the clients in the data collected previously. Using this information, comparisons were made to the demographics of children served in all

six CACs within Idaho (National Childrens Alliance, n.d.c.). This study will contribute to the growing amount of research conducted on CACs nationwide to provide a better understanding of the victims served at these centers.

LITERATURE REVIEW

Responses to Child Abuse

Before the nineteenth century, child abuse was not considered an illegal matter (Zigler & Hall, 1989). Recordings of child physical abuse by parents have been noted since ancient history (Wallace, 2007). In ancient Rome and Greece, parents were allowed to sell or kill their children at their own will. What happened within the confines of the home was not considered a police matter (Doerner & Lab, 2002). The first government committee to start examining the problem of child abuse was in the House of Commons in England in 1890 (Zigler & Hall, 1989). Child abuse and maltreatment cases were not brought to the attention of the American public until the case of Mary Ellen Wilson in 1874 in New York City. A social worker found Mary Ellen Wilson extremely abuse and neglected by her adopted parents (Wallace, 2007). The New York Police Department refused to take action against the parents since there were no laws in the U.S. that addressed child abuse (Wallace, 2007). The city filed charges against the parents using a statute against cruelty to animals (Wallace, 2007; Zigler & Hall, 1989). The mother was incarcerated for one year. The widespread publicity of this case led to the formation of the Society for the Prevention of Cruelty to Children in 1875 (Wallace, 2007; Zigler & Hall, 1989).

Children whose parents were deemed not fit to maintain custody were subject to custody of the state under parens patriae (Platt, 2009). Parens patriae dates back much

earlier than the 1800s, but during the 1800s, there was a large increase in removing children from homes that were unsafe for children or did not prevent children from delinquent acts. During many reforms in the United States, most specifically Illinois in the mid to late 1800s, children were often placed in private organizations when they were no longer in the custody of their parents. In 1899, Cook County, Illinois established the Juvenile Court Act of 1899. This act changed the idea that children and adults should be treated similarly for antisocial behavior. Children were now viewed as dependent and not fully responsible for their actions.

It was not until the 1960s that people started considering parents responsible for child abuse (Doerner & Lab, 2002). Kempe, Silverman, Steele, Droegemuller, and Silver (1962 as cited by Doerner & Lab, 2002) were the first to introduce the term "battered-child syndrome," which was used for children who experienced physical abuse by a parent or foster parent (Doerner & Lab, 2002; Zigler & Hall, 1989). Radiologists were the discoverers of this syndrome as they were repeatedly examining X-rays of children who were brutally beaten (Doerner & Lab, 2002). This syndrome introduced child abuse to the medical field. This discovery of child abuse led to many legislative laws on child abuse and child maltreatment in the 1960s and 1970s, including mandatory reporting policies (Doerner & Lab, 2002).

Police agencies have become increasingly involved in child abuse cases as the shift from a family matter to a criminal matter occurred (Doerner & Lab, 2002; Finkelhor & Ormrod, 2001). Now, police agencies across the United States have changed their policies to become more integrated within child abuse investigations (Finkelhor &

Ormrod, 2001). Multidisciplinary teams emerged to bring together members of different agencies to respond to child abuse cases (Bonach, Mabry, & Potts-Henry, 2010).

Child abuse is now responded to through two different models. Children can either be referred to the child protection system or the criminal justice system (Finkelhor et al., 2005). Both of these systems are considered to be a part of what Finkelhor et al. (2005) call the juvenile victim justice system. The way the state responds to juvenile victims of abuse varies from state to state and community to community. The child protection system receives more referrals each year than the police due to the fact that neglect is the most common form of child maltreatment, which is often not referred to the police (Finkelhor et al., 2005; Finkelhor & Ormrod, 2001). Each system has different processes as to how they respond to cases involving child abuse or child maltreatment.

The child protective system screens each report of child maltreatment and decides whether or not there is enough evidence to have an investigation (Finkelhor et al., 2005). Approximately 67 percent of all reports are accepted for investigation. Once accepted for an investigation, the cases can be sent to the police, prosecution, and medical teams. Cases sent to the police are most commonly sexual and physical abuse cases. Medical exams are used to help substantiate cases and ensure that the injury matches the interviews provided by caretakers or people who reported the case. ‘Substantiation’ is the term used in these cases, which means that there is enough evidence to prove abuse. Another common term used in the child protection system is ‘indication,’ which means there are signs of abuse, but not enough evidence to substantiate. In 2010, 22 percent of all reports were substantiated and 1.3 percent were indicated for further investigation (U.S. Department of Health and Human Services, 2011). After cases are deemed

substantiated or indicated, the child protective system provides services such as counseling, parenting education, and family support (Finkelhor et al., 2005). Finally, if the case is serious enough, the child protective system either sends the case to court or removes the child from their home. The majority of children who receive out of home placement, such as foster care, are returned to their families after a period of time usually within a year. About eight percent of all substantiated cases result in parents losing their parental rights (Finkelhor et al., 2005).

The criminal justice system has its own process to respond to victims of child abuse. Once the police receive a report of child abuse, an investigation is made (Finkelhor et al., 2005). Police are required to report suspicions of child maltreatment to child protective services when they receive reports. If there is probable cause that an offender committed a crime against a juvenile victim, then an arrest is made, however, arrests are only made in about 28 percent of reported violent victimizations against juveniles (Finkelhor et al., 2005). Generally, sexual assault cases result in higher arrest rates than other, less serious crimes against juveniles. Compensation is provided to child victims in many states for costs associated with the crime, such as medical or counseling costs. Almost one quarter of all victims receiving compensation in the United States are child victims, resulting in about $37 million for these victims (Finkelhor et al., 2005). Police referrals generally prompt victims to apply for compensation, though they can receive it at any point in the criminal justice process. Cases that involve an arrest for child abuse are almost always referred to prosecutors; however, they have the discretion to decide whether or not to file charges against the offender. When cases involve parent perpetrators or children under the age of seven years old, prosecution of the offender is

less likely (Finkelhor et al., 2005). This is because there may be more negative effects on the children if their parents are prosecuted than positive effects. Also, children who are under the age of seven are less likely to have the capacity to testify in court. When there is a decision to prosecute, the likelihood that the perpetrator will plead guilty is high, since prosecutors generally have a strong case against the offender if they decide to prosecute. Less than 20 percent of prosecuted cases go to trial without a plea negotiation (Finkelhor et al., 2005). The number of convicted offenders who receive incarceration varies widely depending on the characteristics of the crime. Since adult offenders against adolescents are among the least likely to recidivate and more likely to know their victim, they generally have more lenient sentences (Finkelhor et al., 2005).

Child abuse rates are measured in two different ways. Measurements include NIBRS, which comes from police data, and the National Child Abuse and Neglect Data System, which comes from child protective service agencies (Finkelhor & Ormrod, 2001; U.S. Department of Health and Human Services, 2011). It was often assumed that the child welfare system and the police work with the same population of children, due to mandatory reporting laws. However, while analyzing the demographics of the child victims in both agencies, Finkelhor and Ormrod (2001) found that the agencies respond to two different groups of children, with a slight overlap. Children who are in the child protective system are younger on average than the children whose cases are reported to the police. These differences may be due to the fact that crimes against younger children are harder to prosecute or the police have less expertise than child welfare agencies and therefore are not reported to the police (Finkelhor & Ormrod, 2001; Finkelhor et al., 2005). There are also differences in who refers children to the separate systems. Children

who are referred to child protective services are most often directed there by professionals who are mandated to report suspicions of child maltreatment (Finkelhor et al., 2005). Children whose cases are reported to the police are more commonly referred by the parents or the children self-report the crime (Finkelhor et al., 2005). Also, the child welfare system only measures crimes committed by caretakers such as parents, foster parents, legal guardians, or other family members, while NIBRS measures crimes committed by all types of perpetrators (Finkelhor & Ormrod, 2001). Knowing that non-caretaker perpetrators commit the majority of offenses in NIBRS, it helps to understand why the children whose cases are reported to the police and the children reported to the child welfare system are somewhat different.

Child victims of abuse experience many different impacts while going through either the child protection or the criminal justice system. Prior to CACs, one of the most pressing issues was that victims commonly had to endure multiple interviews after a child abuse crime was reported (Finkelhor et al., 2005). Interviews were conducted by police officers, child protective services, and sometimes prosecutors, therefore, children had to retell their story multiple times, reliving the experience. Other stressors that victims experience are testifying in court and receiving a medical exam (Finkelhor et al., 2005). Finally, another significant effect on victims of abuse is family disruption (Finkelhor et al., 2005). A child may be removed from the home, a parent may be arrested, or a family member may be sentenced to prison, all causing significant consequences for the children. In response to some of these impacts on victims, Children's Advocacy Centers began to emerge.

Children's Advocacy Centers

Children's advocacy centers (CAC) were first established in the 1980s as a more effective response to child abuse than the traditional model (Cross et al., 2008). It was believed that the traditional model of child abuse investigations was very stressful for both the family and the victims (Cross et al., 2008). A primary goal of CACs is to reduce the number of investigative interviews of child victims and provide a multidisciplinary approach to response in the hopes of lessening the trauma experienced by children (Wolfteich & Loggins, 2007). Therefore, investigative interviews are conducted by a forensic interviewer and often recorded so that other members of the multidisciplinary team can view the interview. Another goal of CACs is to reduce the amount of time that children spend within the child protective system, as previous studies indicated that children were in the system an average of 4.9 to 6.25 years (Wolfteich & Loggins, 2007).

CACs consist of many different agencies that are co-located and working together to provide services for families of victims of abuse (Wolfteich & Loggins, 2007). These services are all provided in a child-friendly and comfortable setting for these children. The agencies within CACs generally consist of law enforcement, child advocacy, mental health providers, child protection teams, medical health, CAC staff, and state attorneys' offices (Wolfteich & Loggins, 2007; Cross, Fine, Jones, & Walsh, 2012). Other professional groups can be involved in a CAC but those core agencies must be included at minimum to be accredited (Cross et al., 2012). The National Children's Alliance (NCA) is the national accreditation agency for CACs across the United States. The NCA has four main standards of accreditation for CACs. These include a child-friendly setting, a multidisciplinary investigation team with forensic interviews, case reviews, and

services such as medical evaluations, therapeutic interventions, and victim advocacy services (Cross et al., 2008; Cross et al., 2012). The multidisciplinary team (MDT) consists of law enforcement officers, child protective services investigators, prosecutors, mental health professionals, and medical professionals (Cross et al., 2008). This team has access to the forensic interview and coordinates their efforts to respond to each child abuse case (Cross et al., 2008). Individual provider participation in the MDT is generally different for each case, especially in larger communities (Cross et al., 2012). The case reviews consist of further meetings with the MDT to review the current responses to the case and engage in further problem solving to determine what other services may or may not need to be provided to the victim or victim's family (Cross et al., 2008).

Effectiveness of CACs

Currently, few evaluation studies have been conducted nationwide on CACs to determine the overall effectiveness or efficacy of these centers. Cross et al. (2008) were the first to evaluate several CACs throughout the United States and compare them to communities without these centers. This study compared four CACs across the country: the Dallas Children's Advocacy Center in Dallas, TX; the Dee Norton Lowcountry Children's Center, Inc. in Charleston, SC; the National Children's Advocacy Center in Huntsville, AL; and the Pittsburgh Child Advocacy Center in Pittsburgh, PA. The Dallas CAC and the Dee Norton Lowcountry Children's Center both had two comparison communities in order to attain comparable sample sizes, while the two other centers both had one comparison community (Cross et al., 2008). These four CACs were selected because they are four of the longstanding CACs with the most experience (Cross et al., 2008). This study focused on three different types of data collection. These were case file

data, interview data, and descriptive, site-level data within the centers. The case file data consisted of characteristics of the victim, perpetrator, victim's family, and the abuse case (Cross et al., 2008). The interview data was based on interviews conducted by the researchers with the victims and their non-offending caregivers three to four months after the investigation to measure the caregivers' satisfaction and experiences with the services they received at the CAC (Cross et al., 2008). The descriptive, site-level data focused on the policies and protocols of each of the centers.

Key findings in this research indicated that communities with CACs had more law enforcement involvement, evidence of more coordinated investigations, better access to medical exams, more referrals to mental health services, and higher satisfaction rates with the investigation process than their comparison communities (Cross et al., 2008). However, some aspects of the study found no difference between CAC communities and comparison communities. One of the main goals of CACs is to reduce the number of investigative interviews a child victim receives, however in both CAC and comparison communities, the majority of children received no more than one or two investigative interviews (Cross et al., 2008). There was also no difference between CAC and comparison communities in the number of offenders who were prosecuted and convicted. Communities with CACs had higher referral rates of children and family members to mental health treatment services, however both CAC and comparison communities had the same rates of children who actually received these services (Cross et al., 2008). Finally, the CAC communities had higher rates of out of home placement of the children than the comparison communities, which may be due to more thorough investigations with higher police involvement (Cross et al., 2008). This study indicates that there are

many beneficial factors to having CACs in communities, but some important goals of these centers show no difference than comparison communities, such as number of investigative interviews. There are also limitations to this research since it was conducted in just four CAC sites which are a few of the most experienced CACs in the country (Cross et al., 2008). Less experienced CACs may have had less time to evaluate and adjust their center to the specific needs of their community.

Wolfteich and Loggins (2007) conducted an outcome evaluation in Florida comparing the CAC model to the traditional model of child abuse investigations with child protective services (DCF) and a child protective team (CPT) model similar to CACs. The CPT program was used prior to the CAC model as a multidisciplinary approach to child abuse investigations, however, this program dealt with younger children and focused equally on physical abuse and sexual abuse, unlike CACs, which focus more on sexual abuse victims (Wolfteich & Loggins, 2007). The study measured substantiation rates, the number of interviews the child participated in, the length of time the family remained in the investigation stage, arrest, prosecuting, and re-victimization rates within the three models of child abuse investigation. The traditional DCF model had the lowest substantiation rates. The CPT group closed their cases the quickest out of the groups measured, followed by the CAC group then the DCF group. Arrest rates and prosecution rates of the DCF group could not be measured, so the CPT and CAC groups were compared for these variables. The CPT group had higher arrest rates and charges filed with prosecution than the CAC group, however the findings were not statistically significant (Wolfteich & Loggins, 2007). The re-victimization rates among all groups were extremely low and there were differences, though they were not significant. The

results of this study indicate that the multidisciplinary approaches, such as the CPT model and the CAC model, both had similar positive outcomes over the DCF model, such as higher substantiation rates and less time spent in the investigation stages of the case (Wolfteich & Loggins, 2007). Although both of these studies indicate positive outcomes of the CAC model, neither of these studies are generalizable to all CACs. Both studies had very small sample sizes and only consisted of a few centers within the U.S.

Satisfaction

Reducing victim and family stress during the investigation of child abuse cases is an important goal within Children's Advocacy Centers. Therefore, non-offending caregiver satisfaction is an important variable to measure when evaluating CACs. In Cross et al.'s (2008) study, they found that caregivers in communities with CACs had higher satisfaction with the investigation process and interview procedures than the comparison communities. Results of a different study using the same four CAC sites indicated that caregivers were very satisfied with the emotional support and skills provided by the investigators at the centers (Jones et al., 2010). An evaluation conducted in one CAC showed that high satisfaction was due to the coordination, responsiveness, comfort of child and non-offending caregivers, and staff courteousness and helpfulness within the CAC (Bonach et al., 2010).

Certain aspects of the investigation have shown low levels of caregiver satisfaction in CACs. Some studies found that communication from the prosecutors had the lowest satisfaction rates (Jones et al., 2010; Bonach et al., 2010). Caregivers were not given timely status updates on their cases from the prosecutors after the forensic interview, leaving them unsatisfied (Jones et al., 2010; Bonach et al., 2010). Caregivers

suggested that they would rather receive an update that there is no status change in their case than not hear back from the prosecutors at all (Bonach et al., 2010). Another aspect that had low satisfaction rates was the police investigation (Jones et al., 2010). Many of the caregivers did not believe that the police were fully committed to achieving justice for the victim during their investigation (Jones et al., 2010).

Studies that measured children's satisfaction with CACs found few differences between different aspects of the investigation (Cross et al., 2008). Children indicated that some changes should be made during the interview process, however, most of the children's responses showed at least some level of satisfaction with the interview process (Jones et al., 2010).

Issues

One concern with CACs is the minimal amount of research on the effectiveness of other aspects to these centers, other than client and caregiver satisfaction. Hundreds of CACs have been built throughout the United States with little empirical research to support the effectiveness of how these centers affect both victims and the communities that the centers serve. Though the NCA recommends that CACs use empirically supported methods, there is no standard to the type of mental health treatment that children receive in these centers (Cross et al., 2008). A study of therapists at 15 different CACs in one state found that most therapists are supportive of evidence-based practices, and most use treatment manuals in their therapy sessions (Staudt & Williams-Hayes, 2011). The most common form of therapy used by these therapists was trauma-focused cognitive-behavioral therapy, an evidence-based therapy (Staudt & Williams-Hayes, 2011).

Another possible issue within CACs is role conflict within the centers. It has been argued that mental health professionals within CACs work multiple roles by providing treatment, conducting forensic interviews, and participating in collaboration with criminal justice and child protective service professionals in gathering court evidence (Melton & Kimborough-Melton, 2006 as cited by Cross et al., 2012). This role conflict interferes with the mental health professional's responsibility to provide proper treatment for the victim (Cross et al., 2012). Although this argument introduces important possible issues, CACs accredited by the NCA have standards that set distinct lines between roles. The NCA requires that forensic interviewers are specially trained for forensic interviews and do not work as a therapist (Cross et al., 2012). Also, mental health professionals generally only join MDTs as a consultant on child development, rather than sharing their information on a specific case. If a therapist wants to share information on a case, they need written consent from the legal guardian of the child (Cross et al., 2012). Most often, mental health professionals on an MDT are a separate person from the child's therapist. Therefore, based on NCA standards, role conflict should not be an issue within accredited CACs.

CAC Conclusion

Based on this review of research, CACs have increased collaboration among different agencies responding to child abuse cases. Although some research indicates that the number of interviews a victim experiences is no different than communities that do not have CACs, the number of investigative interviews is still no greater than one or two (Cross et al., 2008). Victim and caregiver satisfaction is fairly high with CACs, with the exception of the prosecutor's office in a few locations (Cross et al., 2008). Overall, there

has still been very little research on CACs across the U.S. The purpose of the current study is to explore demographic information and case characteristics of the victims at a CAC that has not yet been evaluated. With little research on CACs throughout the U.S., this study will help increase knowledge of the types of victims that have utilized this specific center since 2008.

METHODS

The purpose of this study was to collect demographic information along with case characteristics on the child sexual assault victims who are served at the Nampa Family Justice Center (NFJC). Since there is still a very limited amount of research on CACs nationwide, this information will provide the NFJC and CACs, in general, with a better understanding of the clients that they serve. Using the demographic information, comparisons were made between children at the NFJC with children at all Idaho CACs in 2011. Also, data were analyzed to determine which services were utilized more often and possible significant predictors of services used. This was a non-experimental study used to explore the demographics of cases of child sexual assault at the NFJC.

Setting

The Nampa Family Justice Center is located in Canyon County, Idaho. In Idaho, victimization rates fluctuated from 2006 to 2010. In 2006, the rate was 3.2 per 1,000 children and it increased to 3.6 in 2008 (U.S. Department of Health and Human Services, 2011). In 2010, the rate returned to just below the 2006 levels (U.S. Department of Health and Human Services, 2011). Although Idaho's victimization rate is significantly lower than the national rate, any child maltreatment is still a problem. There were 14,887 referrals to child protective services in the state of Idaho in 2010. This results in a rate of 35.5 per 1,000 children. Of those, 1,550 were substantiated investigation reports. The age

group with the highest victimization rate was children ages three and younger (36.1 percent of all ages).

Since 1986 when the first CAC was established, the National Children's Alliance (NCA) has accredited over 700 CACs nationwide (National Children's Alliance, n.d.a). In 2011, 279,157 children were served at NCA accredited Children's Advocacy Centers (National Children's Alliance, n.d.b). CACs most often served sexual abuse victims over any other type of child abuse or child maltreatment. In Idaho, 1,903 children were served at the six NCA accredited CACs in 2011 (National Children's Alliance, n.d.c). Approximately 1,375 of those cases were child sexual abuse cases (National Children's Alliance, n.d.c). Since the majority of victims who enter CACs are sexual abuse victims, the focus of this study was on sexual abuse victims at one NCA accredited CAC in the state of Idaho: the Nampa Family Justice Center's Children's Advocacy Center.

The Nampa Family Justice Center (NFJC) opened in November 2005 to serve as a one stop co-located foundation for victims of domestic violence (Giacomazzi, Hannah, & Growette Bostaph, 2008). In January of 2009, the NFJC became an accredited CAC by the NCA and started serving victims of child abuse and child sexual assault (Lovelace, 2012). Agencies within the NFJC include child protective services, counseling services, legal aid, law enforcement, health and welfare, infant, toddler and child find program, victim advocacy and shelter services, prosecuting attorneys, multiple non-profit social service agencies, a statewide domestic and sexual violence coalition, foster care and child placement services, victims compensation programs, city government, medical services, and the federal Air Force base located within the region (http://nampafamilyjusticecenter.org/partners.shtml).

Currently, a few studies have been conducted on the domestic violence portion of the NFJC (Growette Bostaph, Giacomazzi, & Sanders, 2011; Growette Bostaph, 2010; Giacomazzi et al., 2008), however there have been no studies on the Child Advocacy Center located at the NFJC.

Data Collection

Data were collected using secondary data analysis. Previous data has been collected on a census of all child sexual assault victims who entered the NFJC from 2008 to May 2012. These characteristics include demographic information, county and law enforcement agency associated, disclosure information, victim/offender relationship, number of offenders, time of forensic interview, and specific case characteristics, such as what type of sexual violence occurred (See Appendix A). This data had not been analyzed and was given to the NFJC for further research. Staff at the Nampa Family Justice Center then collected data on the services utilized by each of the clients and added that to the data file. This data was in an Excel data sheet then transferred and coded into SPSS.

Sample

The sample in the secondary data is a census of all children who utilized the NFJC between January 2008 and May 2012. Only victims of child sexual assault were used for this study. Therefore, any cases that did not list sexual assault, such as victims of other types of child maltreatment or victims who received a forensic interview yet there was no indication or disclosure of sexual assault, were excluded from the sample. This resulted in a sample size of 590 client cases.

The sample for the services utilized data consisted of victims who reside in Canyon County, where the NFJC is located. This sample is a census of all Canyon County child clients who had files in the NFJC online database called netvms. Staff from the NFJC used netvms to add services utilized data to the each case file in the secondary data. The NFJC started using this online database in 2010; therefore, any cases that occurred before the use of netvms in 2010 were not included in this specific sample.

Variables

Many demographic and case characteristic variables were measured in this study (see Appendix A). Services utilized by clients was also collected and coded into SPSS[1] (see Appendix A). Canyon County case files were the only cases used because members of other counties generally use the services provided for them in their county. Therefore, services utilized by victims outside of Canyon County were excluded from the study. Services utilized by caregivers are also important because they are generally in contact with the state attorney's office or other legal services and they also may use therapy services as well as the child victim. In the data collection, however, there was no distinction as to whether the parent or the child utilized the service.

In terms of predictive models for services utilized, the independent variables were all of the demographic variables and case characteristics. The services utilized or services referred were analyzed as both independent and dependent variables, if significantly correlated ($p>.05$) in the bivariate analysis.

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[1] Referrals outside of the NFJC were originally going to be collected, however, due to only three cases including other referrals outside of the NFJC, these were coded as other miscellaneous referrals or counseling referrals in the services utilized section.

Data Analysis

All data was entered into an SPSS database. Descriptive statistics were calculated for all demographic information and case characteristics. Using this information, comparisons were made to the demographics of children in Idaho served at all NCA accredited CACs using the 2011 NCA Idaho Statistics and nationally using the NCA National Statistics 2011. Also, demographics were compared to those of all children in Idaho. The results of this study can also be compared to research by Growette Bostaph et al. (2011) on the adult domestic violence portion of the NFJC.

Multivariate regression models, such as logistic regression, were run to determine if demographic or case variables predict services used. First a bivariate correlation matrix was created to determine which variables were significantly related to each other. Each service was used as a dependent variable, and each of the significant variables were included as independent variables in the logistic regression. Independent variables were checked for multicollinearity to see if they were related to each other at r=.50 or higher. If two variables were significant at r=.50 or higher, the independent variable that had a lower strength in significance was excluded from the logistic regression model.

RESULTS

Sample Demographics

The initial census consisted of 845 client cases. Clients were excluded if there were no signs of sexual abuse or if the case was a physical abuse, neglect, or drug and/or alcohol endangerment. Two hundred fifty-two clients were excluded from the study based on those requirements. Three clients were also excluded because they were not under the age of 18. This resulted in a final sample size of 590 client cases. Tables delineating the frequencies of these variables can be found in Appendix A. The majority of the victims were female (70.8%) and white (68.3%) (see Table B1). Hispanic was the next most common race/ethnicity at 11.9 percent, while 10.3 percent of the victims' race/ethnicity was unknown. This compares to the NCA Idaho Statistics in 2011 where 64 percent of the victims were female and 75.6 percent were white (National Children's Alliance, n.d.c.). Hispanic was also the next most common race/ethnicity in all of Idaho in 2011 at 12.9 percent of the victims (National Children's Alliance, n.d.c.) (see Table B1). Victims served at the NFJC ranged from two to 17 years of age. The mean and median age of these victims was nine years old, with a standard deviation of 3.6 years. The majority of victims were between the ages seven to 12 years at 47.3 percent. Nearly 30 percent of the victims were between two and six years and 23.4 percent were between 13 and 17 years of age. The NFJC experienced a larger proportion of victims aged seven to 12 than the NCA Idaho statistics in 2011, which was 41.3 percent (National Children's Alliance, n.d.c.) (see Table B1).

A large majority of the victims were from Canyon County (94.6%), followed by Owhyee County (2.4%) (see Table B2). Therefore, the majority of the responding agencies were Canyon County agencies such as the Nampa Police Department (72.9%), Caldwell Police Department (8.6%), and the Canyon County Sheriff's Office (9.2%). Child protective services consisted of 2.9 percent of the responding agencies. Overall, CPS was only involved in 10.3 percent of all client cases (see Table B3). The variable of whom the child lives with only had data for 55.4 percent of the cases. Within that, the majority of the children lived with their mother (51.7%) or both of their parents (22.6%). Only 9.2 percent of the victims lived with their father, followed by 4.6 percent who lived with both of their parents separately, and 4.3 percent lived with their grandparents. Four percent of the children were in foster care at the time of the offense (see Table B13). Siblings of the children were identified in the NFJC system in 25.9 percent of the cases (see Table B11). The children were removed from the perpetrator in 10.8 percent of the cases (Table B12).

There was an increased number of victims served at the Nampa Family Justice Center from 2008 to 2011. From 2009 to 2010 (when the center became an NCA accredited children's advocacy center), the number seen at the NFJC rose from 99 to 181 clients. In 2011, 186 clients were served at the NFJC. By May 2012, only 36 clients had been served (see Table B9).

Case Characteristics

Prior to the forensic interview, 75.8 percent of the victims disclosed their abuse (see Table B4). Almost half of those who did disclose, disclosed to a parent (39.7%) (see Table B5). Children disclosed during the forensic interview 83.6 percent of the time (see

Table B6). A witness or the offender disclosed the abuse in 7.3 percent of the cases (see Table B12). Almost half of the offenders were over 18 years of age (46.3%), followed by offenders 12 and younger (19.2%). Roughly 13 percent of the offenders were between the ages of 12 and 17, while 18.3 percent of the offenders' ages were unknown (see Table B7). In almost every case, the child knew the offender. Only 1.2 percent of the cases involved an act committed by a stranger. The majority of offenders were either a family member (45.1%) or a friend/acquaintance (35.2%). Family members consisted of a parent (13.1%), sibling (13.3%), or other relative (18.7%). Step parents consisted of 7.1 percent of the offenders. According to the NCA 2011 Idaho Statistics, 25.5 percent of the offenders were parents to the victim, ten percent lower than the NFJC statistics. A larger proportion (10.5%) of stepparents were the offenders in the State of Idaho in 2011 (see Table B8).

Along with sexual abuse, 10.2 percent of the victims experienced physical abuse, 8.5 percent of the victims witnessed abuse, and 7.8 percent experienced drug or ethanol (ETOH) endangerment. The most common sexual act was fondling genitals, which occurred in 50.3 percent of the cases. Other frequent sexual acts were erection of the offender (21.0%), fondling breasts (18.1%), oral-genital contact (18.1%), fondling anus (16.8%), and kissing (14.1%). Digital vaginal penetration occurred in 13.6 percent of the cases. The child witnessed a sexual act or genitals in 12.4 percent of the cases .Vaginal intercourse occurred in 10.8 percent of the cases. Simulated intercourse occurred in 10.5 percent of the cases. In 23.4 percent of the cases, the victims were told or threatened to not tell. In 7.1% of the cases, the child was brought to the NFJC for a forensic interview because they were acting out sexually (see Table B12).

Services Utilized

Since the secondary data was collected from the netvms program, which was established at the Nampa Family Justice Center in 2010, many clients were not in the database, therefore the services that they utilized could not be collected. This resulted in 238 cases having missing data. The services utilized sample size was 352 client cases or 59.7 percent of all client cases. The majority of these children received a forensic interview (94.0%) and most parents/caregivers received a psycho-social interview (81.5%). Other than initial interviews, the most common services utilized at the center were the Nampa Police Department (63.6%), counseling (18.4%), child protection services (16.2%), and wellness exams conducted by a nurse (16.2%). Specific counseling services are further specified in the appendix (see Table B14).

Logistic Regression Models

Logistic regression models were run for all services utilized that had at least 15 percent variation in the frequencies. As a result, the Caldwell Police Department, Canyon County Prosecuting Attorney's Office, Canyon County Sheriff's Office, children's group, civil protection order/modification, forensic interview, foster care wellness exam, Idaho Legal Aid Services, other counseling referrals, other/miscellaneous referrals, safety plan, teen group, trauma focus therapy, and the Wilder Police Department were excluded from the logistic regression models. See Appendix C for tables of each of the logistic regression models. P-values of .05 were used in each of the models to determine significance.

Child Protection Services

The first dependent variable measured in a logistic regression model was Child Protection Services. The correlation matrix indicated that 15 variables were significantly related to this service. These variables were foster care, whether CPS was involved, disclosed to whom, witness disclosed, multiple offenders, physical abuse, drug/ETOH endangerment, simulated intercourse, anal intercourse, witnessed a sexual act or genitals, drawings, sibling identified in the system, CCS/VWC, counseling, and the parents receiving a psychosocial interview. Whether CPS was involved was kept in this model because, although it seems to be tautological to the dependent variable, the two were not perfectly correlated to one another. Two of these variables, disclosed to whom and counseling, were recoded as nominal variables; therefore counseling was dichotomous (yes or no) and disclosed to whom included seven different categories. These categories were divided into a series of dummy variables such as disclosed to a parent versus all other options.[2] Two dummy variables were excluded, as they were both infrequent and not easily explained such as 'disclosed to other 'and' unknown disclosure. Thus, there were 21 independent variables in this model. The Nagelkerke R^2 test indicates that these 21 variables explained 43.9 percent proportionate reduction in error in utilizing the Child Protection Services at the NFJC. This model was significant ($p<.000$). Seven of these variables maintained significance while controlling for all other variables. The two strongest predictors were whether a sibling was identified in the system ($p<.005$) and

[2] The dummy variables were disclosed to parent versus all other options, disclosed to a sibling versus all other options, disclosed to caretaker versus all other options, disclosed to a professional versus all other options, disclosed to a friend versus all other options, disclosed to other family member versus all other options, and they did not disclose versus all other options.

whether CPS was involved in the case ($p<.005$). Having a sibling identified in the system increased the likelihood of using the Child Protection Services 3.3 times ($p<.005$, $Exp(\beta)=3.290$). Counseling was the next strongest significant predictor of the dependent variable ($p<.005$). Victims were less likely to utilize Child Protection Services if they received counseling at the center ($b=-2.762$, $Exp(\beta)=.063$). If a victim experienced physical abuse as well, the likelihood that Child Protection Services was utilized increased five times ($p=.005$, $Exp(\beta)=5.081$). Multiple offenders increased the likelihood a victim would use Child Protection Services by 3.1 times ($p<.01$, $Exp(\beta)=3.083$). Controlling for all other variables, anal intercourse increased the likelihood of using Child Protection Services by 4.8 times ($p<.05$, $Exp(\beta)=4.834$). Drug/ETOH endangerment was significant ($p<.05$) when controlling for all other variables. When a victim experienced drug/ETOH endangerment, the likelihood of using the Child Protection Services service decreased slightly ($b=-2.107$, $Exp(\beta)=.122$). When controlling for all other variables, simulated intercourse, psychosocial interview, foster care, disclosed to whom, witness disclosed, witnessed sexual act or genitals, drawings, and CCS/VWC did not maintain significance with the dependent variable (see Table C1).

Counseling Services

The next dependent variable used in a logistic regression was counseling services. Based on the significant relationships in the correlation matrix, the independent variables used in the logistic regression model were disclosed to whom, month, sexual abuse, Child Protection Services, children's group, intake interview, and safety plan. As stated previously, disclosed to whom was parsed into seven different dummy variables. Month was re-coded into one dichotomous variable, January to June and July to December.

Together, these independent variables accounted for 25.4 percent of the variance in receiving counseling at the center. Therefore, nearly 75 percent of the proportionate reduction in error in receiving counseling was explained by other variables not included in this model. This model was significant ($p<.000$). While controlling for all other variables, five independent variables remained as significant predictors: month of forensic interview ($p<.001$), Child Protection Services ($p<.01$), intake interview ($p<.05$), safety plan ($p<.05$), and disclosing to caretaker taker versus any other option ($p<.05$). Children were less likely to receive counseling between January and June than July and December ($Exp(\beta)=.349$). Child protection services was the next strongest variable when controlling for all other independent variables. Children were less likely to receive counseling if they utilized Child Protection Service at the NFJC ($b=-1.626$, $Exp(\beta)=.197$). Victims and victims' families who received a safety plan were 16 times more likely to receive counseling ($Exp(\beta)=16.322$). Victims who sat for an intake interview were 2.4 times more likely to receive counseling ($Exp(\beta)=2.442$). Disclosing to a caretaker increased the likelihood of receiving counseling ($Exp(\beta)=13.872$). Disclosing to anyone other than a caretaker, no disclosure, sexual abuse, and children's group did not maintain their significance while controlling for the other independent variables (see Table C2).

Psychosocial Interviews

The next logistic regression used psychosocial interviews as the dependent variable. Eight variables were significantly correlated to psychosocial interviews in the correlation matrix. These variables were foster care, witness disclosed, kissing, ejaculation of the offender, Child Protection Services, forensic interview, foster care wellness exam, and Nampa Police Department/Victim Witness Coordinator. These

independent variables in the logistic regression model accounted for 39.7 percent of the proportionate reduction in error in receiving a psychosocial interview according to the Nagelkerke R^2 test. This model was significant ($p<.000$). The most significant independent variable was forensic interview ($p<.000$). Victims receiving a forensic interview increased the likelihood that a parent/caretaker received a psychosocial interview by 79.7 times ($Exp(\beta)=79.672$). Child protection services ($p<.001$) decreased the likelihood that the caretaker received a psychosocial interview ($b=-1.320$, $Exp(\beta)=.267$). Kissing ($p<.005$, $b=-1.317$, $Exp(\beta)=.268$), foster care ($p<.05$, $b=-1.589$, $Exp(\beta)=.204$), and witness disclosed ($p<.05$, $b=-1.162$, $Exp(\beta)=.313$) all decreased the likelihood that parents received a psychosocial interview. Ejaculation of offender, foster care wellness exams, and the Nampa Police Department/Victim Witness Coordinator variables did not maintain their significant effect on the dependent variable within this model (see Table C3).

Intake Interviews

Intake interview was used as the next dependent variable. Based on the significance from the correlation matrix, independent variables used in the model were witness disclosed, month, year, witness to violence, drug/ETOH endangerment, child removed from perpetrator, counseling, and foster care wellness exams. This model was significant ($p<.000$). The Nagelkerke R^2 test used in the logistic regression model indicated that these eight variables accounted for 19.9 percent of the proportionate reduction in error in receiving an intake interview. The two strongest predictors were month ($p<.001$) and year ($p<.001$). Both had a negative relationship with the likelihood of receiving an intake interview. Therefore, victims were less likely to receive an intake

interview earlier in the year (b=-1.102, Exp(β)=.332) and more likely to receive intake interviews as the years progressed (b=-.754, Exp(β)=.470). Counseling was another significant predictor ($p<.05$). This indicates that victims who received counseling were 2.5 times more likely to receive an intake interview (Exp(β)=2.532). Witness disclosed was the next strongest predictor in the model ($p<.05$). Witness disclosure increased the likelihood of an intake interview by 3.9 times (Exp(β)=3.882). Witness to violence, child removed from the perpetrator, drug/ETOH endangerment, and foster care wellness exam did not maintain their significance in this model (see Table C4).

Wellness Exam

For the model predicting wellness exam, only two variables were significantly correlated to this variable: other counseling referrals and race. Race/ethnicity was recoded into two dummy variables: white versus other and Hispanic versus other, resulting in three independent variables for the model. After the logistic regression model was run, the Nagelkerke R^2 test indicated these two variables explained 7.2 percent of the proportionate reduction in error in receiving a wellness exam. Therefore, 92.8 percent of the variance was explained by other outside variables. Although this model was significant ($p<.005$), it was the weakest logistic regression model in this study. While controlling for other counseling referrals and Hispanic race, white race was the only significant variable in this model. White victims were less likely to receive a wellness exam versus other races ($p<.001$, b=-1.150, Exp(β)=.317) (see Table C5).

Nampa Police Department/Victim Witness Coordinator

The Nampa Police Department/Victim Witness Coordinator was used as the dependent variable for the last logistic regression model. Eleven variables were significantly correlated to the dependent variable at the bivariate level and used as the independent variables. These variables were foster care, responding agencies, county, whether CPS was involved, sexual abuse, attempted sexual assault, sibling identified in the system, Caldwell Police Department, Canyon County Sheriff/Victim Witness Coordinator (CCS/VWC), forensic interview, and psychosocial interview. When checking for multicollinearity, county and responding agencies were correlated at the r=.611 level. Since responding agencies was more strongly related to the dependent variable, county was excluded as an independent variable. The variable, responding agencies, was divided into four dummy variables: Nampa Police Department versus all others, Caldwell Police Department versus all others, Canyon County Sheriff's Office versus all others, and Child Protection Services versus all others.[3] According to the Nagelkerke R^2, these thirteen variables explained 64.9 percent of the proportionate reduction in error in using the Nampa Police Department/Victim Witness Coordinator service at the NFJC. Therefore, approximately 35 percent of the variance was explained by other variables. This model was significant ($p<.000$) and was the strongest logistic regression model in this study. The strongest predictor was receiving a forensic interview

[3] The following variables were excluded from the responding agency dummy variables due to their low frequencies: Department of Health and Welfare, Parma Police Department, Owyhee County Sheriff's Office, Homedale Police Department, Twin Falls Police Department, Chubbuck Police Department, Idaho State Police, Wilder Police Department, Out of State, Unknown, Lincoln County Police Department, Payette Court Ordered, and Washington County Sheriff's Office.

($p<.001$). Forensic interviews increased the likelihood of using the Nampa Police Department/Victim Witness Coordinator service 18 times ($Exp(\beta)=18.223$). The next strongest variable was if the Nampa Police Department was the responding agency in the case ($p<.005$). Victims were eight times more likely to utilize the Nampa Police Department/Victim Witness Coordinator at the NFJC if the Nampa Police Department was the responding agency ($Exp(\beta)=8.458$). Using the CCS/VWC service was negatively related to the use of the Nampa Police Department/Victim Witness Coordinator service ($p<.05$, $b=-2.890$, $Exp(\beta)=.056$). Sexual abuse also significantly predicted the dependent variable ($p<.05$). If sexual abuse was disclosed, victims were 4.5 times more likely to utilize the Nampa Police Department/Victim Witness Coordinator service at the NFJC ($Exp(\beta)=4.516$). Having a sibling identified in the system ($p<.05$, $b=-.834$, $Exp(\beta)=.434$) or if the child was in foster care ($p<.05$, $b=-1.738$, $Exp(\beta)=.176$) decreased the likelihood that they utilized the Nampa Police Department/Victim Witness Coordinator service at the NFJC. The responding agencies of Caldwell Police Department, Canyon County Sheriff's Office, and Child Protection Services, along with if CPS was involved in the case, attempted sexual assault, the Caldwell Police Department service, and psychosocial interviews did not maintain their significant value in this logistic regression model (see Table C6).

DISCUSSION

CACs were developed to improve responses to victims of child sexual assault by creating a multidisciplinary approach that seeks to decrease the number of interviews that children undergo when reporting their victimization. Many different agencies such as police departments, child protection services, child advocacy, mental health, medical staff, and prosecuting attorney's offices work in one building to provide services to victims of abuse. Although child sexual assault appears to occur less often than physical abuse and neglect, CACs serve sexual assault victims most frequently. While many studies have been published on child victims of sexual assault, comparatively few have been conducted on CACs. The evaluative research that does exist indicates that communities that have these centers have more police involvement, more access to medical exams, increased referrals to mental health services, and higher satisfaction rates with the response process.

Since the 1980s when the first Children's Advocacy Centers were established, the National Children's Alliance has now accredited over 700 centers nationwide. The Nampa Family Justice Center became an accredited CAC in January of 2009. The purpose of this study was to investigate demographic information and case characteristics of the population of child sexual assault victims who have been served at the center and to form a better understanding of the services that these victims and their families request

while at the center. Another goal of this study was to understand what factors might predict those services victims and their families request.

The current study measured client demographics, case characteristics, and services utilized by all child sexual assault victims who presented at the center from 2008 until May 2012 through a secondary data analysis. Frequencies were run on all variables of interest. A bivariate correlation model was created to determine which independent variables were used in the logistic regression models. Logistic regression models were used to understand which variables might predict which services victims and their families request from the center.

Findings from the frequencies indicate that, similar to prior research, the majority of sexual assault victims who were served at the NFJC's CAC were female. While NIBRS data shows lower rates of sexual abuse reports by children under 11 years of age, over 75 percent of the children served at the NFJC were under 12 years of age. Victims at the NFJC were mostly white or Hispanic. The numbers were slightly lower than the rates of all victims served at CACs in Idaho in 2011, however, the NFJC has higher rates of unknown or undisclosed races. The biggest difference between the NFJC and all Idaho CACs in 2011 was the relationship of the offender to the victim. Parents were slightly over a quarter of the offenders in the state of Idaho in 2011, while only 13 percent at the NFJC. Also, friends and acquaintances were almost half of the offenders at the NFJC but only about a quarter of the offenders in the state of Idaho (National Children's Alliance, n.d.c.).

Almost 95 percent of the victims served at the NFJC were from Canyon County, which is the county where the center is located. Therefore, the most common agencies

that responded to the case were Canyon County agencies such as the Nampa Police Department, Caldwell Police Department, and the Canyon County Sheriff's Office. An increasing number of children were served at the NFJC between 2008 and 2011. Based on the five years included in this study, August serves the highest number of child sexual assault victims while December serves the lowest. The majority of children lived with their mother or both of their parents and most victims were not listed as having a disability.

The most common characteristic of sexual abuse was fondling genitals, which occurred in half of the cases. The children were told or threatened to not tell in almost one quarter of the cases. Over one fifth of the cases involved multiple offenders. Also, the offender had an erection in more than 20 percent of the cases. Other common characteristics involved fondling breasts, oral-genital contact, and fondling of the anus, which occurred in over 15 percent of the cases.

The service most often utilized by victims at the center was the child forensic interview. The next most common service was psychosocial interviews with the parents or caretakers of the victims. A large number of victims and their families received an intake interview as well. The next most common service utilized was the Nampa Police Department/Victim Witness Coordinator. Almost twenty percent of the victims received counseling at the center. Most of those children received the counseling provided by Medicaid, which are PEAK and Integrity counseling. The other two most utilized services were Child Protection Services and the wellness exam conducted by nurses.

Based on the results of the bivariate correlations, six models were run for the dependent variables representing services utilized. The findings from the logistic

regression models help to understand which variables might lead a victim to utilize different services at the center. The strongest model was the Nampa Police Department/Victim Witness Coordinator (NPD/VWC). Victims were 18 times more likely to request this service if the child received a forensic interview and eight times more likely if the Nampa Police Department (NPD) was the responding agency. Children were four times more likely to utilize the Nampa Police Department/Victim Witness Coordinator when sexual abuse was disclosed. A possible explanation for the strong relationship between utilizing the NPD/VWC is that maybe the NPD is more likely to request that victims receive a forensic interview than other agencies. Children were less likely to request services from the Nampa Police Department if they were under foster care, their sibling was identified in the system, and if they utilized the Canyon County Sheriff's Office at the NFJC. The responding agency variables, including the Nampa Police Department and the Canyon County Sheriff's Office variables, are practical because the responding agency will have jurisdiction over the case. If a case occurs outside of Nampa, within the jurisdiction of the Canyon County Sheriff, victims would not request services from an agency outside of that jurisdiction.

The next strongest model was variables predicting the use of Child Protection Services. Children are more likely to utilize the Child Protection Services when there are multiple offenders, if the child has been physically abused, if they have a sibling identified in the system, if CPS was involved in the case, and if their case involved anal intercourse. Victims were less likely to utilize the Child Protection services when they experienced drug/ETOH endangerment, or received counseling. As stated previously, victims reported to the Child Protection System are often victimized by their parents or

caretakers. The findings from this model suggest that possibly children who are physically abused or experience anal intercourse might be more likely to be assaulted by their parents. This would also make sense why children who utilized child protection services were more likely to have a sibling identified in the system. Another possible explanation would be that the severity of abuse that these children and their siblings have experienced has led them to be removed from the home and in the custody of CPS because the children's guardians are not providing safe enough environments for the children. A parent may not have victimized children who experienced drug/ETOH endangerment along with sexual abuse. However, relationship of offender to victim was not a significant variable to be included in this model, which may be a limitation to these assumptions.

Parents or other caretakers who accompanied victims to the NFJC were 79 times more likely to receive a psychosocial interview if the child received a forensic interview. This relationship is logical as parents receive psychosocial interviews while the children are in the forensic interview. Parents or caretakers were less likely to receive a psychosocial interview if the child was in foster care, if a witness disclosed the abuse, if they utilized Child Protection Services at the center, or if the offense involved kissing. If the child was in foster care or if the victim utilized Child Protection Services, the child was most likely not in the custody of their parents. Also, if Child Protection Services is involved, the parent is likely the offender and a psychosocial interview may not have been provided to them for that purpose. Therefore, it would be less likely that the person acting as their caretaker during the child's interview would be able to answer questions

involving the social history of the victim, so psychosocial interviews may not be conducted in those situations.

Victims were over 13 times more likely to receive counseling when they disclosed their abuse to a caretaker as opposed to disclosing to someone else or not disclosing. This may be that a caretaker other than a parent may believe that the child needs more professional assistance, while a parent would believe that they have the ability to provide enough emotional support for the victim. Also, victims were more likely to receive counseling when they received an intake interview and if they requested the safety plan service. Victims were less likely to receive counseling if they utilized Child Protection Services. Counseling may be included as part of the safety plan, or vice versa, children who are in counseling may be provided with a safety plan. Also, a list of services are listed in the intake packet, so therefore parents may be more likely to know of counseling services at the center when they receive an intake interview than those who did not receive an intake interview.

Victims were more likely to receive an intake interview when a witness disclosed the abuse and if the child received counseling. Intake interview was also a predictor for receiving counseling, therefore causal order cannot be determined as to which service causes the use of the other, or if there are other variables that may predict both of these services. Victims were less likely to receive an intake interview earlier in the year and more likely to receive an interview as years progressed.

The weakest model was the wellness exam service provided at the Nampa Family Justice Center. Findings from this model suggest that white victims were less likely to receive wellness exams than victims of other races. White victims were the largest

proportion of child victims served at the NFJC as indicated by this study. Nurses are out at the center on Tuesdays and Thursdays each week. A possible explanation for this finding is that by chance more white victims have utilized the center on days other than Tuesdays and Thursdays. Another possible explanation is that the wellness exam is a free optional service provided on those days. Maybe white victims are more likely to have health insurance and have already received a free wellness exam at their primary physician's office prior to attending the NFJC.

Four independent variables were consistently used in many of these models. Two of which are tautological in a sense. Either utilizing the Child Protection Services at the center or if CPS was involved in the case were used as variables in four out of six of these models, each of which was a significant predictor. Utilizing Child Protection Services at the center was a negative predictor in both psychosocial interviews and counseling. If CPS was involved in the case, victims were more likely to utilize the Child Protection Services at the center and less likely to utilize the NPD/VWC. This might be explained by whether a criminal case is brought upon the offender. If there is a criminal charge, CPS may be less likely to be involved, while NPD/VWC would be more likely to be involved. NPD/VWC involvement would then increase the likelihood of a forensic interview and psychosocial interview, which may increase the likelihood that the victim would receive counseling. Foster care was another variable that was used in three of the six models. This variable was significantly and negatively related to the NPD/VWC and receiving counseling. This builds on the argument with CPS variables. Children who are in foster care cases are or were at one time CPS cases; therefore, this is a CPS matter rather than a criminal case. If no criminal charges were brought upon the offender, the

victim would be less likely to utilize NPD/VWC and less likely to receive counseling. The independent variable 'witness disclosed' was used in three of the models and was significant in two as well. Witness disclosure decreased the likelihood of psychosocial interviews but increased the likelihood of receiving an intake interview. This is an interesting finding because the adult who accompanies the victim to the NJFC generally completes the intake packet either before or after receiving the psychosocial interview. Therefore, an adult other than the parent or primary caretaker of the victim may be more likely to accompany the victim to the NFJC when there is witness disclosure.

Comparisons to Other Studies

The findings from this study can be compared to the findings from studies on the adult victims of the NFJC. Victims of child sexual abuse and victims of domestic violence are very different. However, the NFJC provides services to both sets of victims, so it may be beneficial to understand the similarities and differences between the two groups of victims that the center serves. In comparison to Growette Bostaph et al.'s (2011) adult evaluation at the NFJC, there was a lower proportion of female victims, but they still represented the majority of clients coming in to the NFJC. Females were victims in 70 percent of the cases in the current study and over 90 percent of the victims in the adult evaluation (Growette Bostaph et al., 2011). Comparisons could not be made on race and ethnicity between the two studies because race and ethnicity are not distinguished in the current study, rather Hispanic is coded as a race. The proportion of child victims in the current study identified with a disability is nearly double the proportion of adult victims who self-diagnosed a disability in the evaluation (15.1% compared to 9%) (Growette Bostaph et al., 2011). There were some similarities and many differences in

the services utilized by adults and child victims at the NFJC. According to Growette Bostaph et al. (2011), the most common services requested were the Nampa Prosecuting Attorney/Victim Witness Coordinator (34%), civil protection order/modification (26%), counseling (21%), and Idaho Legal Aid (21%). The findings of this study indicate that the most frequent services utilized for child victims are directed specifically for children such as forensic interviews (94%) and psychosocial interviews with the parents (81.5%). The proportion of children who received counseling (18.5%) in the current study is similar to the evaluation on adults (21%). However, only a very small proportion of child cases requested services with Idaho Legal Aid (2.3%) or civil protection orders/modification (6.0%). The findings from both of these studies indicate that the adult victims and child victims that the NFJC serves are fairly different. More adult victims at the center are female than victims of child sexual abuse, more child victims have a disability, and children use very different services than victims of domestic violence.

Some of the results can be compared to Cross et al.'s (2008) evaluation of four CACs in the United States. Both the NFJC and the CACs evaluated in Cross et al.'s (2008) study experienced high rates of disclosure during forensic interviews. That evaluation indicated that over 70 percent of children at CACs and comparison communities disclosed the abuse during the forensic interview (Cross et al., 2008). The current study found somewhat higher results indicating that over 80 percent of the children disclosed during the forensic interview. The CACs in the Cross et al. (2008) evaluation indicated higher rates of medical exams and mental health services than the NFJC. The NFJC provided wellness exams in 16.2 percent of the cases compared to 48 percent of the cases in the CAC evaluation (Cross et al., 2008). Also, the NFJC provided

counseling to 18.5 percent of the clients while 35 percent of the children received mental health services from the CACs in Cross et al.'s (2008) evaluation. Based on these results, the centers that have been opened longer, such as those included in Cross et al.'s (2008) evaluation, have more access to medical exams and mental health services. This may be due to more funding provided to the centers that have been opened longer.

Limitations

Although this study provides new information on the clients served at the NFJC's CAC, there are a few limitations. When determining which client cases were included or excluded from this study, initially, clients were excluded if sexual abuse was coded as "no" and there were no case characteristics listed. However, some cases included notes that stated why the child was at the center for a forensic interview. If the child acted out sexually, but they were too young to disclose sexual abuse, they were included in the study. Therefore, some sexual abuse cases could have been excluded from this study if there were no notes indicating why the child was at the NFJC and the child did not disclose abuse at any time.

Many factors may play a role into which services are utilized by victims and victims' family members. This study does not use an experimental design. Due to spuriousness and lack of time-order information, no causal conclusions can be formulated while comparing which characteristics may lead to certain services utilized. In addition, case studies, such as the one being currently discussed, are often susceptible to other numerous threats to internal validity such as inferring which characteristics cause certain services utilized at the NFJC. Logistic regression is used to infer which variables may lead to the services, however, there are a few limitations to the use of this model. The

Nagelkerke R Square model should be used with caution as it liberally explains the variance compared to the Cox and Snell R Square model. Also, the independent variables used in these models only explain a small proportion of the variance in utilizing most of the services, ranging from 7.2 percent to nearly 65 percent. Other intervening variables also play a part in requesting to use certain services at the center. Logistic regression models could only be run for a few of the services due to the low numbers of use among some services. Therefore, predicting variables could not be determined for over half of the services utilized by children and families at the center.

External validity is limited to the child sexual abuse victims who have been served at the NFJC between 2008 and early 2012. However, since this data was a census of all child sexual assault victims who were served at the NFJC, this can be helpful for future clients at the center. Also, other centers in Idaho, or elsewhere in the United States can use this information to make comparisons and help better understand what might lead victims to utilize certain services at other centers.

Another limitation to this study is the variable "Alleged Offender Age." The researchers who originally collected the data grouped the ages together, coding for 12 years of age into two different groups. Since this coding error occurred before the data was given to the center, it cannot be determined whether this is a typing or a coding error.

Future Research

This study could be expanded in many different ways. First, the regression models used in this study only measured which variables predict services utilized at the center. Future studies could compare which case characteristics predict other case characteristics. This can be compared to previous studies. Examples include what might cause a child to

be removed from the perpetrator, or age of victim and whether they disclosed the abuse. Household information should also be included in future studies such as number of members living in the victim's household and household income.

Future studies should expand this research by performing both an outcome and process evaluation of the Children's Advocacy Center. A process evaluation could help explain the results of many of the logistic regression models used in the current study by providing a more detailed explanation of how the multiple disciplines work toward the common goal of providing services to victims of child abuse. An outcome evaluation would benefit the center by determining if it is impacting the number of reported sexual abuse cases in Canyon County and the surrounding areas. Specific outcomes should be evaluated similar to Cross et al.'s (2008) evaluation such as the number of interviews victims undergo, prosecution and conviction rates, number of services received compared to cities that do not have CACs, law enforcement involvement, caregiver satisfaction, and whether the CAC follows NCA standards. Revictimization rates should also be included in a larger scale evaluation.

Based on the variables that were used and significant in multiple logistic regressions, research should expand on the connections between these variables to gain a better understanding as to why this has occurred. Crosstabs could be used comparing CPS involvement, utilizing Child Protection Services at the center, the Nampa Police Department/Victim Witness Coordinator, receiving counseling, whether the child was in foster care, and psychosocial interviews. The findings from the crosstabs may confirm the argument that criminal charges would lead to less CPS involvement and vice versa.

Another suggestion is to expand this research to victims of physical abuse and neglect. This study only focused on sexual abuse cases because sexual abuse is the most common type of victimization served at CACs in general. However, victims of other types of abuse should also be evaluated and compared to the sexual abuse victims. Victims of different types of abuse will experience different case characteristics and may utilize different services at the center.

Conclusion

Little research still remains on CACs overall. This study contributes to the limited amount of research on CACs by providing information on the victims served at the NFJC. The goal of this study was to increase knowledge about the child sexual abuse victims served at the Nampa Family Justice Center's Children's Advocacy Center. This study accomplished the goal by compiling basic demographic information and case characteristics by all of the child sexual abuse victims that the NFJC has served since it opened in 2008. Also, services utilized data was compiled for all Canyon County victims who were in the online database. The findings of this study now provide the NFJC with new knowledge of the clients it has served and can assist the center in future decision-making. Also, this information can help guide further studies to increase knowledge about the influence of CACs on the victims who are served and victimization rates in those areas.

The findings from this study build on the knowledge that females are most often the reported victims of sexual abuse. Also, as indicated in this study, the victim knew the offender in most of the cases, similar to statistics from both NIBRS and NCANDS. Since the forensic interview was the most common service utilized at the center, this

information supports the common goal of CACs: to decrease the number of interviews a victim receives by providing forensic interviews at the center conducted by a professional trained interviewer. The results of the case characteristic frequencies will not only benefit the NFJC, but other CACs by increasing the knowledge of what types of sexual abuse occur most often or are seen most often at CACs.

The findings of the logistic regression analyses can help the NFJC to better understand what may lead a victim to utilize different services at the center. Predictors of services utilized are not often studied at CACs in general. These results indicate that many different factors contribute to the decision to utilize each individual service at the center. Very few variables played a role in predicting multiple services utilized. However, those few variables should be subjected to further study to determine why they appear across multiple models.

This information is also important because prior to this study, no studies had been conducted on the CAC at the NFJC. The findings will also add to the findings of the evaluation on the domestic violence portion of the NFJC. Although this research was conducted at just one CAC in the nation, this study contributes to the growing amount of research conducted on CACs across the nation in hopes of providing safe environments for victims of child abuse.

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APPENDIX A

Variable Tables

Table A1. Demographic variables and case characteristics

Demographic Variables	Measure
Client Number	Number
Age	Number in years
Race	White/Caucasion, Black/African American, Hispanic, Asian/Pacific Islander, Native American/American Indian/Alaska Native, Multi-racial, Other, Unknown
Sex	Female, Male
Whom Child Lives With	Mother, Father, Both Parents, Stepparent, Grandparents, Foster Care, Other Guardian, Parents Separately, Unknown, Other-No Guardian
Disabilities	Yes/No
Disability Type	Open Text
Foster Care	Yes/No
County	Canyon, Owhyee, Payette, Ada, Twin Falls, Bannock, Lincoln, Washington, Out of State, Unknown
Case Characteristics	**Measure**
Responding Agencies	Nampa Police Department (NPD), Caldwell Police Department (CPD), Canyon County Sheriff's Office (CCSO), Child Protective Services, Health and Welfare, Parma Police Department (PPD), Owhyee County Sheriff Office, Homedale Police Department, Twin Falls Police Department, Chubbuck Police Department, Idaho State Police, Wilder Police Department, Dept. Health and Welfare, Out of State, Unknown, Lincoln County Police Department, Payette Court Ordered, Washington County Sheriff's Office
CPS Involved	Yes, No, Unknown
Disclosure prior to forensic interview	Yes, No, Unknown
Disclosed to whom?	Parent, Sibling, Caretaker, Professional, Friend, Other Family, Other, Unknown, They Did not Disclose
Disclosure during forensic interview?	Yes, no, Unknown
Alleged offender age	Number in Years
Relationship of offender to victim	Parent, Sibling, Caretaker, Friend/Acquaintance, Other Relative, Stranger, Stepparent, Step Sibling, Other, Unknown, Client is Offender
Multiple offenders	Yes/No

Table A1. Demographic variables and case characteristics (continued)

Case Characteristics	Measure
Physical Abuse	Yes/No
Witness to violence	Yes/No
Drug/ETOH endangerment	Yes/No
Kissing	Yes/No
Pictures taken	Yes/No
Fondling breasts	Yes/No
Oral breast contact	Yes/No
Fondling genitals	Yes/No
Fondling anus	Yes/No
Digital penetration – vagina	Yes/No
Digital penetration – anus	Yes/No
Oral-genital contact	Yes/No
Masturbation by offender	Yes/No
Erection of offender	Yes/No
Ejaculation of offender	Yes/No
Simulated intercourse	Yes/No
Vaginal intercourse	Yes/No
Anal intercourse	Yes/No
Fondling offender	Yes/No
Forced sex with others	Yes/No
Attempted Sexual Assault	Yes/No
Witness sexual act or genitals	Yes/No
Client Acting Out Sexually	Yes/No
Told/threatened not to tell	Yes/No
Were drawings used?	Yes/No
Were dolls used?	Yes/No
Sibling identified in system?	Yes/No
Child removed from perpetrator	Yes, No, Other, Unknown

Table A2. Variables for NFJC services utilized

Variable	Measure
Caldwell Police Department	Yes, No
Canyon County PA/VWC	Yes, No
Canyon County Sheriff/VWC	Yes, No
Wellness Exam	Yes, No
Child Protection Services	Yes, No
Children's Group	Yes, No
Civil Protection Order/Modification	Yes, No
Counseling	Integrity Counseling, Intern Counseling, PEAK Counseling, Tylene Counseling, Valley Crisis Center Counseling, Warm Springs Counseling, Other, Not listed/Unknown, No Counseling
Forensic Interview	Yes, No
Forensic Psycho-Social	Yes, No
Intake Interview	Yes, No
Foster Care Wellness Exam	Yes, No
Idaho Legal Aid Services	Yes, No
Nampa Police Department/VWC	Yes, No
Other Counseling Referrals	Yes, No
Other/Misc. Referrals	Yes, No
Safety Plan	Yes, No
Teen Group	Yes, No
Trauma Focus Therapy	Yes, No
Wilder Police Department/VWC	Yes No

APPENDIX B

Frequency Tables

Table B1. Gender, age, and race/ethnicity, frequencies of Nampa Family Justice Center versus 2011 statistics of all Idaho CACs.

	NFJC		Idaho CAC 2011 Statistics[4]	
Gender of Victim	**Frequency (n)**	**Percent (%)**	**Frequency (n)**	**Percent (%)**
Female	418	70.8	1235	64.9
Male	172	29.2	667	35.0
Age				
0-6 Years	173	29.3	746	39.2
7-12 Years	279	47.3	785	41.3
13-18[5]	138	23.4	372	19.5
Race/Ethnicity				
White/Caucasian	403	68.3	1439	75.6
Black/African American	4	.7	20	1.1
Hispanic	70	11.9	245	12.9
Asian/Pacific Islander	2	.3	11	.5
Native American/Alaska Native	5	.8	37	2.0
Multi-racial	11	1.9		
Other	33	5.6	149	7.83
Unknown/Undisclosed	62	10.5	2	.1
Victim-Offender Relationship[6]				
Parent	74	13.1	486	25.5
Step Parent	40	7.1	199	10.5
Other Relative[7]	180	32.0	282	14.8
Other Known Person[8]	243	43.1	322	24.1

[4] Data from National Children's Alliance n.d.c. Based on the 1,903 children served at Idaho CACs in 2011.
[5] Data for the NFJC only includes up to age 17, data on all Idaho NCA accredited CACs includes the age 18.
[6] The purpose of this section is to compare NFJC statistics with 2011 Idaho CAC statistics, therefore some variables are omitted, such as stranger, sibling, step sibling. For more description on Victim-Offender relationships at the NFJC, see Table B8.
[7] NFJC data combined sibling with other relative for this table.
[8] The data from the 2011 NCA Idaho statistics include other known person and parent's boyfriend/girlfriend separately. Since parent's boyfriend/girlfriend was not coded separately in the NFJC data, the two are combined in this table. NFJC data combined caretaker, friend/acquaintance, step sibling, and other.

Table B2. County

County	Frequency (n)	Percent (%)
Canyon	558	94.6
Owhyee	14	2.4
Payette	1	.2
Ada	2	.3
Twin Falls	2	.3
Bannock	2	.3
Lincoln	1	.2
Out of State	3	.5
Unknown	5	.8
Washington	2	.3
Total	590	100.0

Table B3. Responding agencies

Agency	Frequency (n)	Percent (%)
Nampa Police Department	430	72.9
Caldwell Police Department	51	8.6
Canyon County Sheriff's Office	54	9.2
Child Protective Services	17	2.9
Health and Welfare	1	.5
Parma Police Department	6	1.0
Owhyee County Sheriff's Office	9	1.5
Homedale Police Department	4	.7
Twin Falls Police Department	1	.2
Chubbuck Police Department	2	.3
Idaho State Police	1	.2
Wilder Police Department	2	.3
Out of State	4	.7
Unknown	2	.3
Lincoln County Police Department	1	.2
Payette Court Ordered	1	.2
Washington County Sheriff's Office	2	.3
Total	590	100.0

Table B4. Did the child disclose prior to the forensic interview?

	Frequency (n)	Percent (%)
Yes	447	75.8
No	121	20.5
Unknown	22	3.7
Total	590	100.0

Table B5. To whom did the child disclose?

	Frequency (n)	Percent (%)	Valid Percent
Parent	230	39.0	39.7
Sibling	21	3.6	3.6
Caretaker	10	1.7	1.7
Professional	43	7.3	7.4
Friend	16	2.7	2.8
Other Family	54	9.2	9.3
Other	16	2.7	2.8
Unknown	70	11.9	12.1
They Did Not Disclose	120	20.3	20.7
Adjusted Total	580	98.3	100.0
Missing	10	1.7	
Total	590	100.0	

Table B6. Disclosed during forensic interview

	Frequency (n)	Percent (%)
Yes	493	83.6
No	91	15.4
Unknown	6	1.0
Total	590	100.0

Table B7. Age of the alleged offender

Age	Frequency (n)	Percent (%)	Valid Percent
0-12 Years	113	19.2	19.3
12-17 Years	78	13.2	13.3
18+ Years	273	46.3	46.6
Unknown	107	18.1	18.3
17 or younger, but exact age unknown	15	2.5	2.6
Adjusted Total	586	99.3	100.0
Missing	4	.7	
Total	590	100.0	

Table B8. Relationship of the offender to the victim

Relationship	Frequency (n)	Percent (%)	Valid Percent
Parent	74	12.5	13.1
Sibling	75	12.7	13.3
Caretaker	5	.8	.9
Friend/Acquaintance	198	33.6	35.2
Other Relative	105	17.8	18.7
Stranger	7	1.2	1.2
Stepparent	40	6.8	7.1
Step Sibling	14	2.4	2.5
Other	26	4.4	4.6
Unknown	16	2.7	2.8
Client is Offender	3	.5	.5
Adjusted Total	563	95.4	100.0
Missing	27	4.6	
Total	590	100.0	

Table B9. Year

Year	Frequency (n)	Percent (%)
1994	1	.2
2008	87	14.7
2009	99	16.8
2010	181	30.7
2011	186	31.5
2012	36	6.1
Total	590	100.0

Table B10. Month of forensic interview

Month	Frequency (n)	Percent (%)
January	45	7.6
February	55	9.3
March	48	8.1
April	57	9.7
May	56	9.5
June	52	8.8
July	44	7.5
August	63	10.7
September	53	9.0
October	52	8.8
November	38	6.4
December	27	4.6
Total	590	100.0

Table B11. Other victim demographic information[9]

Variable	Frequency Yes (n)	Percent Yes (%)
Disabilities	89	15.1
Foster Care	27	4.6
CPS Involved	61	10.3
Sibling Identified in System	153	25.9

[9] This data is based on all 590 victims included in this study. These variables were dichotomous variables coded as yes or no.

Table B12. Case characteristics[10]

Case Characteristic	Frequency Yes (n)	Percent Yes (%)
Witness Disclosed	43	7.3
Multiple Offenders	132	22.4
Disclosed Sexual Abuse	555	94.1
Physical Abuse	60	10.2
Witness to Violence	50	8.5
Drug/ETOH Endangerment	46	7.8
Kissing	83	14.1
Pictures Taken	15	2.5
Fondling Breasts	107	18.1
Oral-Breast Contact	26	4.4
Fondling Genitals	296	50.3
Fondling Anus	99	16.8
Digital Penetration-Vagina	80	13.6
Digital Penetration-Anus	22	3.7
Oral-Genital Contact	107	18.1
Masturbation by Offender	35	5.9
Erection of Offender	124	21.0
Ejaculation of Offender	57	9.7
Simulated Intercourse	62	10.5
Vaginal Intercourse	64	10.8
Anal Intercourse	29	4.9
Fondling Offender	60	10.2
Forced Sex with Others	2	.3
Attempted Sexual Assault	26	4.4
Witnessed Sexual Act or Genitals	73	12.4
Client Acting Out Sexually	42	7.1
Told or Threatened Not to Tell	138	23.4
Drawings	408	69.2
Dolls	71	12.1
Child Removed from the Perpetrator	64	10.8

[10] This data is based on all 590 clients in the dataset. The variables were dichotomous coded as yes or no. If there was missing data, the valid percent was used for percent yes.

Table B13. With whom the child lives

Who Child Lives With	Frequency (n)	Percent (%)	Valid Percent
Mother	169	28.6	51.7
Father	30	5.1	9.2
Both Parents	74	12.5	22.6
Stepparent	2	.3	.6
Grandparents	14	2.4	4.3
Foster Care	13	2.2	4.0
Other Guardian	6	1.0	1.8
Both Parents Separately	15	2.5	4.6
Unknown	3	.5	.9
Other-No Guardian	1	.2	.3
Adjusted Total	327	55.4	100.0
Missing	263	44.6	
Total	590	100.0	

Table B14. Services utilized by Canyon County victims[11]

Service	Frequency Yes (n)	Percent Yes (%)
Caldwell Police Department	18	5.1
Canyon County PA/VWC	4	1.1
Canyon County Sheriff/VWC	33	9.4
Child Protection Services	58	16.5
Children's Group	2	.6
Civil Protection Order/Modification	21	6.0
Counseling	65	18.5
Forensic Interview	331	94.0
Psychosocial Interview	287	81.5
Intake	247	70.2
Foster Care Wellness Exam	2	.6
Wellness Exam	57	16.2
Idaho Legal Aid Services	8	2.3
Nampa Police Department/VWC	224	63.6
Other Counseling Referrals	1	.3
Other/Miscellaneous Referrals	9	2.6
Safety Plan	4	1.1
Teen Group	4	1.1
Trauma Focus Therapy	0	0
Wilder Police Department/VWC	1	.3

[11] Data based on the 352 Canyon County victims whose information was available on the NFJC database. Percent yes is based on the valid percent.

Table B15. Specific counseling services utilized by victims

	Frequency (n)	Percent (%)	Valid Percent
Integrity	17	2.9	4.8
Intern	9	1.5	2.6
PEAK	19	3.2	5.4
Tylene	1	.2	.3
Valley Crisis Center	5	.8	1.4
Warm Springs	5	.8	1.4
Other	1	.2	.3
Not Listed/Uknown	8	1.4	2.3
No Counseling	287	48.6	81.5
Total	352	59.7	100.0
Missing	238	40.3	
Total	590	100.0	

APPENDIX C

Logistic Regression Models

Table C1. Logistic regression model of the Child Protection Services agency at the NFJC

Model Summary			
Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	207.561[a]	.262	.439

a. Estimation terminated at iteration number 7 because parameter estimates changed by less than .001.

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	FosCare	1.173	.871	1.814	1	.178	3.232
	CPSInvolved	1.195	.387	9.517	1	.002	3.305
	WitDisc	.755	.645	1.370	1	.242	2.127
	MultOff	1.126	.415	7.370	1	.007	3.083
	PhysicalAbuse	1.626	.579	7.874	1	.005	5.081
	DrugEnd	-2.107	.956	4.852	1	.028	.122
	SimInt	.874	.524	2.778	1	.096	2.396
	AnInt	1.576	.631	6.240	1	.012	4.834
	WitSexAct	-1.156	.846	1.870	1	.171	.315
	Drawings	.629	.463	1.844	1	.175	1.876
	SibIdentSys	1.191	.384	9.594	1	.002	3.290
	CCSVWC	.645	.531	1.476	1	.224	1.905
	LogCoun	-2.762	.946	8.534	1	.003	.063
	PsychSoc	-.858	.442	3.769	1	.052	.424
	DiscWhomPvO	-.527	.552	.912	1	.340	.590
	DiscWhomSvO	-.489	1.203	.165	1	.685	.614
	DiscWhomCvO	-.640	1.768	.131	1	.717	.527
	DiscWhomPrfvO	-1.489	.975	2.335	1	.126	.226
	DiscWhomFvO	-1.371	1.707	.646	1	.422	.254
	DiscWhomOFvO	.103	.661	.024	1	.876	1.109
	DiscWhomNDvO	-.041	.589	.005	1	.945	.960
	Constant	3.366	8.880	.144	1	.705	28.950

Table C2. Logistic regression of the counseling service at the NFJC

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	274.523[a]	.157	.254

a. Estimation terminated at iteration number 20 because maximum iterations has been reached. Final solution cannot be found.

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	DiscWhomPvO	.417	.484	.742	1	.389	1.517
	DiscWhomSvO	-.733	.895	.670	1	.413	.481
	DiscWhomCvO	2.630	1.272	4.277	1	.039	13.872
	DiscWhomPrfvO	.105	.709	.022	1	.882	1.111
	DiscWhomFvO	-.492	1.185	.172	1	.678	.612
	DiscWhomOFvO	-.051	.643	.006	1	.937	.950
	DiscWhomNDvO	-.121	.585	.043	1	.836	.886
	Month2	-1.054	.330	10.195	1	.001	.349
	SexualAbuse	19.381	8253.588	.000	1	.998	2.614E8
	CPS	-1.626	.628	6.713	1	.010	.197
	ChildGrp	23.093	28057.585	.000	1	.999	1.070E10
	Intake	.893	.424	4.431	1	.035	2.442
	SafPlan	2.792	1.224	5.208	1	.022	16.322
	Constant	-69.461	56718.931	.000	1	.999	.000

a. Variable(s) entered on step 1: DiscWhomPvO, DiscWhomSvO, DiscWhomCvO, DiscWhomPrfvO, DiscWhomFvO, DiscWhomOFvO, DiscWhomNDvO, Month2, SexualAbuse, CPS, ChildGrp, Intake, SafPlan.

Table C3. Logistic regression model of the psychosocial interview service at the NFJC

Model Summary			
Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	238.223[a]	.244	.397

a. Estimation terminated at iteration number 20 because maximum iterations has been reached. Final solution cannot be found.

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	FosCare	-1.589	.652	5.936	1	.015	.204
	WitDisc	-1.162	.505	5.304	1	.021	.313
	Kissing	-1.317	.429	9.439	1	.002	.268
	EjacOff	-.422	.500	.713	1	.399	.655
	CPS	-1.320	.385	11.744	1	.001	.267
	FI	4.378	.815	28.841	1	.000	79.672
	FCWellEx	-21.276	23722.771	.000	1	.999	.000
	NPDVWC	.366	.357	1.054	1	.305	1.443
	Constant	46.573	47445.542	.000	1	.999	1.684E20

a. Variable(s) entered on step 1: FosCare, WitDisc, Kissing, EjacOff, CPS, FI, FCWellEx, NPDVWC.

Table C4. Logistic regression model of the intake interview service at the NFJC

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	369.403[a]	.156	.221

a. Estimation terminated at iteration number 20 because maximum iterations has been reached. Final solution cannot be found.

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	WitDisc	1.356	.642	4.457	1	.035	3.882
	Month2	-1.102	.276	15.916	1	.000	.332
	Year	-.754	.194	15.088	1	.000	.470
	WitViolence	.884	.547	2.611	1	.106	2.419
	DrugEnd	.751	.492	2.336	1	.126	2.120
	ChildRemPerp	.743	.443	2.820	1	.093	2.103
	LogCoun	.929	.398	5.459	1	.019	2.532
	FCWellEx	-20.820	28421.104	.000	1	.999	.000
	Constant	1550.079	56843.546	.001	1	.978	.

a. Variable(s) entered on step 1: WitDisc, Month2, Year, WitViolence, DrugEnd, ChildRemPerp, LogCoun, FCWellEx.

Table C5. Logistic regression model of the wellness exam service provided at the NFJC

Model Summary			
Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	296.464[a]	.043	.072

a. Estimation terminated at iteration number 20 because maximum iterations has been reached. Final solution cannot be found.

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	OthCounRef	23.218	40192.616	.000	1	1.000	1.212E10
	RaceWhitevO	-1.150	.356	10.445	1	.001	.317
	RaceHisp	-.298	.469	.404	1	.525	.742
	Constant	-42.674	80385.232	.000	1	1.000	.000

a. Variable(s) entered on step 1: OthCounRef, RaceWhitevO, RaceHisp.

Table C6. Logistic regression model of the Nampa Police Department/Victim Witness Coordinator agency at the NFJC

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	235.486[a]	.474	.649

a. Estimation terminated at iteration number 20 because maximum iterations has been reached. Final solution cannot be found.

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	FosCare	-1.738	.784	4.908	1	.027	.176
	RespAgenNPD	2.135	.728	8.590	1	.003	8.458
	RespAgenCPD	-1.048	1.088	.928	1	.335	.351
	RespAgenCCSO	-.598	.959	.389	1	.533	.550
	RespAgenCPS	-20.228	14062.854	.000	1	.999	.000
	CPSInvolved	-.490	.428	1.310	1	.252	.613
	SexualAbuse	1.508	.626	5.791	1	.016	4.516
	AttSexAssault	-.345	.824	.176	1	.675	.708
	SibIdentSys	-.834	.374	4.968	1	.026	.434
	CPD	-19.956	9225.590	.000	1	.998	.000
	CCSVWC	-2.890	1.150	6.310	1	.012	.056
	FI	2.903	.853	11.584	1	.001	18.223
	PsychSoc	.594	.465	1.629	1	.202	1.811
	Constant	86.683	33637.854	.000	1	.998	4.425E37

a. Variable(s) entered on step 1: FosCare, RespAgenNPD, RespAgenCPD, RespAgenCCSO, RespAgenCPS, CPSInvolved, SexualAbuse, AttSexAssault, SibIdentSys, CPD, CCSVWC, FI, PsychSoc.