

Nonoffending Caregiver and Youth Experiences With Child Sexual Abuse Investigations

Lisa M. Jones

Kathryn E. Atoro

Wendy A. Walsh

University of New Hampshire

Theodore P. Cross

University of Illinois at Urbana-Champaign

Amy L. Shadoin

Suzanne Magnuson

National Children's Advocacy Center

Qualitative responses by caregivers ($n = 203$) and youth (aged 8 and older; $n = 65$) about their experiences with sexual abuse investigations were analyzed in conjunction with quantitative ratings of satisfaction. Respondents described mostly high levels of satisfaction, although dissatisfaction was reported with some key aspects of investigations. The features cited as worse than expected by caregivers were the investigators' commitment to prosecuting the alleged offender and the absence of clear and regular communication about the status of the case. The features mentioned most often by caregivers as better than expected were the emotional support and interviewing skills of investigators. Youth focused both praise and criticism on investigators' interviewing skills. There were relatively few complaints by either caregivers or youth about the duration of the investigation, medical exams, lack of services, or failures of interagency communication, areas of considerable reform in the past several decades. Implications for investigator training and reform initiatives are discussed.

Keywords: *sexual abuse; criminal investigations; nonoffending caregiver; children's advocacy centers (CACs)*

Early concerns by critics about sexual abuse investigation procedures (see, e.g., Rivera, 1988; Weiss & Berg, 1982; Whitcomb, 1991) resulted in concerted efforts to reform the investigation process (Jones, Cross, Walsh, & Simone, 2005). A primary goal of these reforms has been to improve children's and families' experiences with sexual abuse investigation procedures.

Efforts to improve child abuse investigations should regularly incorporate data from children and caregivers about how they are experiencing these procedures, and updated information is needed about the aspects of investigations that are currently seen as satisfactory and that require further attention. The current article presents the results of a content analysis of open-ended responses by caregivers ($N = 203$) about what they found better and worse than expected about the sexual abuse investigation process. A smaller sample of youth ($N = 65$) were also asked to comment on what investigators did well and could have done better. The findings are discussed in light of quantitative ratings of satisfaction with the investigation process provided by caregivers and youth as part of the same study.

Children's and Caregivers' Experiences of Child Abuse Investigations

Research conducted over the past several decades looking at caregiver and youth experiences with sexual abuse investigations has found that many families describe their experiences with investigators and the investigation as positive (Berliner & Conte, 1995; Davies, Seymour, & Read, 2000; Sas, Hurley, Hatch, Malia, & Dick, 1993; Tedesco & Schnell, 1987) and most youth report feeling glad that they told about the abuse (Berliner & Conte, 1995; Henry, 1997). However, there have also been indications that not everyone feels fully satisfied and that aspects of investigations, at least in the past, have been a source of families' disappointment. One sample of mothers of alleged sexual abuse victims expressed frustration in how they were treated by investigators, experiencing them as critical and unresponsive (Plummer & Eastin, 2007). Caregivers have also reported dissatisfaction

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with the length of time investigations take to move through the criminal justice system and with delays in proceedings (Davies et al., 2000; Goodman et al., 1992; Sas et al., 1993) and describe wanting more frequent and better communication about what was happening with the case (Berliner & Conte, 1995; Davies et al., 2000; Henry, 1997; Sas et al., 1993; Steward, Schmitz, Steward, Joye, & Reinhart, 1995).

However, much of the research that has been conducted looking at youth and caregiver experiences with sexual abuse investigations was completed more than 10 years ago. Given the rapid changes in investigation procedures, the existing research does not fully reflect the reforms that have been implemented. Communities across the country have worked to establish a wide range of procedures designed to improve investigations and the experiences of children and families (Jones et al., 2005). Multidisciplinary teams (MDTs) and coordinated child forensic interviews have been set up to improve communication and evidence collection during investigations, and to decrease the number of times that children are required to respond to investigators' questions (Jones et al., 2005; Sheppard & Zangrillo, 1996). Specialized training programs, such as the CornerHouse Forensic Interview (www.cornerhousemn.org) and Forensic Interview Clinics of the American Professional Society on the Abuse of Children (www.apsac.org), have trained thousands of forensic interviewers to improve their interviewing skills and increase their sensitivity in working with children.

The Children's Advocacy Center (CAC) model incorporates multiple reforms: CAC staff organize and oversee a multidisciplinary investigation team, they provide space for team forensic interviews by specially trained child forensic interviewers, they develop and maintain a child-friendly environment for the interviews, and they establish community service linkages to increase families' access to medical and mental health services. CAC was first established in 1985 and have now increased to more than 600 agencies in all 50 states (Cross et al., 2008; National Children's Alliance, 2007; Simone, Cross, Jones, & Walsh, 2005). Given the expansion of CACs and other reforms in communities around the country, new research is needed to assess how well communities are currently meeting the needs and expectations of caregivers and youth for sensitive, competent, and responsive investigation procedures.

The Multisite Evaluation of CACs

Recently, a multisite, quasi-experimental evaluation of the CAC model was completed to help assess the impact of investigation reform on

communities (see Cross et al., 2008; Cross, Walsh, Jones, Simone, & Kolko, 2007; Jones, Cross, Walsh, & Simone, 2007; Walsh, Cross, Jones, & Simone, 2007 for more information). As part of this project, caregivers and youth in 10 communities responded to questions during in-person interviews about their satisfaction with sexual abuse investigations. Information on their experiences was also collected through quantitative satisfaction surveys created for the project.

In a recent publication, caregiver and youth quantitative satisfaction ratings were compared for cases investigated through a CAC and for cases investigated in a community without a CAC (Jones et al., 2007), and the results suggested that caregivers' overall satisfaction with the investigation was higher when their child's case involved the services of a CAC, even after controlling other group differences. This finding is encouraging and provides evidence that some of the reforms implemented in investigation procedures through CACs may increase parents' sense that their child's case is being handled in a sensitive manner by skilled professionals. However, given that the CAC model includes a number of different types of reforms, it is difficult to know exactly what aspect of the process is driving this increased satisfaction for parents. Item-level analyses of the 18-item caregiver satisfaction measure identified no particular aspect of the investigation that had specifically improved the process for CAC parents. In addition, there were no statistical differences in how CAC and non-CAC youth rated their experiences as measured through the quantitative rating scales.

To get a more comprehensive picture of caregiver and youth experiences, we wanted to examine the responses of the entire sample in more detail, including an analysis of responses to open-ended questions. A robust, long-term process of improving and maintaining the quality of child sexual abuse investigation procedures requires that communities regularly assess and respond to the issues most salient to the clients themselves (Baker, 2007). Even with the numerous investigation reforms that have been implemented over the past several decades, child abuse investigators and professionals may need to develop and target further reforms to address aspects of investigations that remain most frustrating and difficult for caregivers and children.

Method

Procedures

Data were collected as part of the multisite evaluation of CACs (see Cross et al., 2008 for more details). Four CACs participated in the research:

the Dallas Children's Advocacy Center (DCAC) in Dallas, Texas; the Dee Norton Lowcountry Children's Center, Inc. (LCC) in Charleston, South Carolina; the National Children's Advocacy Center (NCAC) in Huntsville, Alabama; and the Pittsburgh Child Advocacy Center (PCAC) in Pittsburgh, Pennsylvania. These four agencies were selected because they were well established and experienced organizations and had adequate resources for undertaking the evaluation project. At each site, information was collected on a sample of child abuse cases investigated at the four CACs and at one or two comparison communities in the same state per each CAC. Data were collected from a total of 10 communities.

Case file data were collected on a sample of 1,452 cases. These included every available sexual and serious physical abuse case initiated in the CAC and in the comparison community child protective service (CPS) agencies between December 2001 and December 2003. Police cases were included as well in the South Carolina and Dallas County comparison communities. When the number of CAC or comparison cases exceeded resources, a process simulating random selection was used (e.g., taking every third case).

This article analyzes data from a subset of cases in which in-person research interviews were conducted with nonoffending caregivers. Law enforcement and CPS investigators in CAC and comparison communities had been instructed to approach caregivers about participating in research interviews in every case meeting inclusion criteria (sexual abuse or serious physical abuse) during the enrollment period. However, some investigators cooperated in recruiting participants more than others, and this was more typically a CPS investigator than a police official. Approximately 825 caregivers across the sites were invited to participate. A total of 358 interviews were conducted, a 44% participation rate. Nonparticipation was due to a combination of direct refusals, disconnected telephone numbers, nonresponse, or difficulty scheduling the interviews. The interviewed sample did not differ from the larger sample of noninterviewed cases on most variables (child sex and race, abuse severity, relationship between child and alleged offender, and child protection or criminal justice outcomes). However, interview cases did involve slightly younger children (average age 8.6 years versus 10.1 years) and fewer adolescent offenders, and were more likely to include a medical exam and the involvement of a CPS agency. Ninety-two percent of the research interviews were conducted within 3-6 months of the first child forensic interview.

Analyses for this article were limited to 220 cases involving allegations of sexual abuse. We also excluded 17 cases in which the participating caregiver did not provide a response to either of two open-ended questions

asking about their experiences with the investigation process. This resulted in a final sample of 203 caregiver interviews. In 75 of these cases, interviews were also conducted with reported victims aged between 8 and 18 years at the time of the interview. Out of these, 65 youth responded to at least one of two open-ended questions asking them about their experiences with the investigation.

Families who participated in the interview were given US\$50 to compensate them for their time. The University of New Hampshire (UNH) Institutional Review Board (IRB) for the Protection of Human Subjects in Research approved the informed consent procedures and protocols for protecting participants' rights.

Participants

Most respondents were female (92%) and the biological parent of the child (88%). The reported victims in these cases were primarily female (79%) and 8.7 years old on average ($SD = 4.1$; ages ranged from less than 1 to 17). Sixty-two percent of reported victims were White, 26% were African American, and 6% were of Latino ethnicity. In 37% of cases, vaginal or anal penetration was reported to have occurred. Alleged offenders were almost all male (95%) and most typically an adult (73%) and a family member (61%). Joint CPS and law enforcement involvement in the cases were common (72% of cases). Eighty percent of the sample was investigated through a CAC. In 10% of cases, the child was placed outside the home as a result of the investigation, and in 35% of cases, charges were filed against the alleged offender.

The characteristics of the cases that included a child interview ($n = 65$) were similar to those of the caregiver sample. Only youth 8 years and older were interviewed; therefore, the mean child age for these cases was significantly greater than in cases with only a caregiver interview. Furthermore, charges were filed in a greater percentage of child interview cases, a variation likely related to the older age of the children.

Measures

Quantitative measures of investigation satisfaction. A 14-item Investigation Satisfaction Scale (ISS), developed for the study, was administered to nonoffending caregivers during research interviews (see Jones et al., 2007, for details on scale construction and psychometrics). The scale

has two subscales, a 9-item Investigator Response subscale and a 5-item Interview Experience subscale. Psychometric analyses demonstrated good reliability for both subscales (Cronbach's $\alpha = .89$ and $.81$, respectively). Subscale satisfaction scores were derived by calculating the mean score from the items in each subscale (ranged 1 to 4, with 4 indicating the *highest level of satisfaction*).

Six questions assessed youth satisfaction with the investigation (for questions and item response categories, see Table 1). Psychometric analyses indicated little shared variance between the items; therefore, each item was analyzed separately.

Qualitative measures of investigation experiences. During research interviews, caregivers were also asked two open-ended questions about their experiences with the investigation: (a) What aspect of the investigation was worse than you expected, and (b) What aspect of the investigation was better than you expected? Youth respondents were asked similar open-ended questions: (a) If you could tell investigators what they could do to make the investigation better for kids, what would you tell them? and (b) What do you think that your investigators did that was very good?

Questions were worded differently for caregivers and youth out of an interest in obtaining as detailed a response as possible. When answering satisfaction surveys, research has indicated that respondents typically compare the quality of services with what was expected (Abramowitz, Cote, & Berry, 1987; Ben-Sira, 1976; Carr-Hill, 1992; Sitzia & Wood, 1997; Spreng, MacKenzie, & Olshavsky, 1996). We wanted to make this comparison explicit. Most youth, on the other hand, were unlikely to have preconceived notions about what to expect from investigators, and we therefore worded the questions in a way that we hoped would maximize their responses.

To create a reliable set of categories from responses to the open-ended questions, content analysis procedures were followed as recommended by Neuendorf (2002) and Hruschka et al. (2004). Using one third of the sample of responses, two of the authors developed a codebook with categories designed to summarize the content of the responses. Although there could be multiple codes per response, only one code could apply to each coding unit, defined as a separate thought or point being made by the respondent. It was up to the coder to determine how many existed per response. Code categories were primarily developed through an inductive process, reading through the set of responses, and pulling out common themes. Some

Table 1
Caregiver and Youth Quantitative Investigation Satisfaction Ratings

Item	<i>M (SD) or %</i>
Caregiver responses (ISS); <i>N</i> = 203	
Satisfaction with investigator response	3.2 (.74)
Satisfaction with interview experience	3.4 (.72)
Youth responses (<i>N</i> = 65)	
How did you feel when investigators asked you questions?	
Very scared	20
A little scared	47
Not very scared	10
Not at all scared	23
Which is more like how you feel?	
You would like to tell the investigators more about what happened	8
You were able to tell investigators everything	51
You had to explain things too many times to investigators	41
How did you feel after talking with investigators?	
A lot worse	5
A little worse	17
The same	22
A little better	20
A lot better	36
How well did you like the places that investigators talked with you?	
Not at all	2
Not very much	9
A little	54
A lot	35
How well did investigators seem to understand kids?	
Not at all	7
Not very well	5
Pretty well	37
Very well	51
How well did investigators explain to you what was happening and what was going to happen next?	
Not at all	12
Not very well	12
Pretty well	26
Very well	50

Note: ISS = Investigation Satisfaction Scale; ranged 1 to 4, where 4 = *highest level of satisfaction*.

categories were also included because they represented areas of concern for professionals in the field about child abuse investigations (e.g., interview environment, cooperation between investigators).

Codebook development was completed through a process of coding additional sets of responses and reediting the response categories until interrater reliability rates were satisfactory (Cohen's $\kappa = .854$ for caregiver responses and $.760$ for child responses). Reliability of the codes and coding process was checked by having three additional authors, who did not take part in developing the categories, code a randomly selected one third of the responses. Cohen's kappa coefficients were calculated and ranged from $.836$ to $.890$ and $.724$ to $.822$ for the caregiver questions and child questions, respectively.

In creating code categories, based on existing literature, we had anticipated that there would be a case-outcomes category, that is, caregivers would refer to case outcomes (e.g., arrest, lack of punishment for the alleged offender), when describing what was better and worse than expected about the investigation. Outcomes were discussed by respondents, but we were unsuccessful in establishing a reliable case-outcomes category. This was likely because a majority of the research interviews occurred prior to case closure (60%) and comments about specific outcomes were hard to separate from comments about the direction of the investigation or investigators' commitment to and skill with the case (e.g., "they will not do anything because of [child's] age," "The detective . . . changed [my son's] story and made it worse than it was. I do not know if that is why they will not pursue it"). We therefore created an overarching category that could be reliably coded: investigators' commitment and skill with case.

In addition, we had anticipated creating separate code categories for caregiver and youth responses; however, the coding process identified very similar themes across their responses. Final coding categories for the caregiver and youth responses are presented in Table 2. Due to the different ages of the two groups and differences in the wording of the questions we asked them, the youth and caregiver responses are discussed and interpreted separately below.

Other variables. Information on the identity of the caregiver respondent (sex, relationship to child) was obtained during the research interview. Data on child demographics (sex, age, and race), characteristics of the reported abuse (penetration), alleged offender characteristics (relationship to victim, sex, and age), agency involvement in the investigation (CPS, law enforcement, and CAC involvement), and case outcomes (removal of child from the home and charges filed) were abstracted from case file records by researchers.

Table 2
Response Categories to Open-Ended Questions
About Investigation Experiences

Response Category	Category Description
Child interview skills	Investigators' skill interviewing the child
Communication about case	Investigator communication with respondent about the investigation process and case status
Emotional distress	Emotional distress experienced during the course of the investigation
Interview environment	Physical space and atmosphere in which interviews and investigation took place
Interdisciplinary cooperation	Degree to which agencies/investigators communicated or worked with each other
Investigator supportiveness	The presence or absence of emotional support provided by investigators
Investigators' commitment and skill with case	The presence or absence of investigators' dedication to pursuing justice, their professionalism, and ability to obtain a successful outcome
Medical exam	Skill or quality of medical exam or collection of medical evidence
Monetary issues	Financial costs associated with investigation
Support services	Counseling or other support services
Time frame for investigation	The length of time of the investigation process or speed of response

Results

Caregiver Experiences

Caregiver responses to the Investigation Satisfaction Scales suggested mostly high overall satisfaction with the investigation process. Satisfaction ratings averaged 3.2 out of 4 ($SD = .74$) for the Investigator Response subscale and 3.4 out of 4 ($SD = .72$) for the Interview Experience subscale (see Table 1; see also Jones et al., 2007). However, responses to open-ended questions identified a number of experiences that caregivers' consistently reported as disappointing. In fact, more caregivers responded to an open-ended question about how the investigation was worse than expected (81%) than responded to a question about how it was better than expected (70%; McNemar $\chi^2 = 1.62$, $n = 203$, $p < .05$; Table 3). Although most participants focused their response on one topic, 43% of the sample gave more than one coded response to the question of what was worse than expected, and 34% of the sample gave more than one response to what was better than they

Table 3
Caregiver Responses to Open-Ended Questions
About Investigation Experiences (N = 203)

Response	What Aspect of the Investigation Was Worse Than You Expected? (%)	What Aspect of the Investigation Was Better Than You Expected? (%)
No response or "nothing"	19	30
Valid responses	81	70
Valid response categories		
Investigators' commitment and skill with case	55	25
Communication about case	32	13
Timeframe for investigation	18	16
Investigator supportiveness	16	34
Emotional distress	16	—
Child interview skills	12	27
Support services	9	11
Medical exam	5	8
Interdisciplinary cooperation	3	6
Monetary issues	2	1
Interview environment	1	6
Number of codes per valid response		
1	58	67
2	24	23
3 or more	18	10

Note: Valid response category percentages total > 100% because each response could contain more than one coded unit.

expected. Table 3 lists the percentage of valid versus blank responses and the percentage of the valid responses that were in each of the 11 categories listed in Table 2.

Worse-than-expected experiences. The most common response by caregivers to the question "What was worse than expected about the investigation?" involved disappointment with the thoroughness of evidence collection, perceived failures by investigators to pursue justice fully, and bungled or problematic investigation procedures (investigators' commitment and skill with case; 55%). Responses from this category included the following examples:

They do not really investigate. I had suspicions about one particular thing, and they did not really look at that. I know he is little and does not talk really well, but I feel they should have done more.

Well, the person who hurt my children was a family member, so I know for a fact that he has never been questioned and nothing has been done to him about this. But my children still have to see him every day and hear comments from him stating that he is untouchable.

How it was dealt with afterwards. There was no follow-up . . . we felt ignored. It was frustrating that everything was not really checked into more. They let it go.

The second most common complaint by caregivers involved disappointment in the level of communication about case status (communication about case; 32%). Caregivers expressed dissatisfaction about not knowing what was going on with the case, not being able to reach investigators or get phone calls returned, and not being contacted for long periods of time. Typical comments included the following:

The overall process. It was confusing, I did not understand what was going to happen or what needed to happen. The police and CPS have not provided any information—They do not return phone calls.

I think the DA's office should contact you beforehand and let you know . . . prepare you for what will happen.

The caseworker never really explained to me what they actually found out during the investigation. I don't know what she actually did. I only got a letter saying it was indicated but it didn't explain what they found out he actually did to my child.

A smaller proportion of caregivers' complaints (12%-18%) involved disappointment with the length of the investigation process, rude or unresponsive investigators, and investigators' lack of skill in interviewing the reported victim. Sixteen percent reported that the emotional distress they experienced during the investigation was worse than expected.

Better-than-expected experiences. The most common responses by caregivers about what was better than expected about the investigation were in regard to the emotional support provided by investigators (investigator supportiveness; 34%). Typical responses about investigator supportiveness included the following:

The investigator from the sheriff's office was very kind and gentle.

The CPS part . . . the current worker has been wonderful. She shows my kids that she cares. She is willing to call or stop and see the kids when they need her to even if it is not her scheduled day.

Many respondents also reported that the investigators' skill interviewing their children was better than they had expected (Child Interview Skills; 27%). Comments in this category were similar to this response by a caregiver:

The way the police, the DA, and Children's Hospital treated my daughter. They explained everything to her and told her not to be afraid. The doctor who examined her told her every little detail of what they were doing which helped. She was still nervous, but it helped. The assistant DA asked me what would be easier for my daughter in terms of where to interview her.

In addition, although investigators' ability or effort to pursue criminal justice outcomes was the most common complaint among respondents, a substantial percentage (investigators' commitment and skill with case; 25%) praised this aspect of the investigation, compared to what they had expected. An example of praise for investigators' commitment to the case is represented by the following comment:

Everyone is doing their job. . . . I did not need to monitor everyone and call all the time. Detectives and CPS were great. [There was] no expectation other than justice for my daughter.

Caregivers less frequently (11%-16%) offered praise for the time frame of the investigation, investigators' communication with them about the case, and support services. An example of praise for communication included the following response by a caregiver:

Whenever we went to the preliminary hearing, the police officer told us all the possibilities that could happen there. And afterwards, he did not just let us walk out. He talked to us some more and told us what would happen next.

Some of the issues discussed by caregivers reflect concerns that have been the focus of investigation reforms, such as improvements in child forensic interviews and increasing sensitivity of investigators to children's needs. Other investigation reform foci were not highlighted by respondents.

For example, very few caregivers commented either positively or negatively on multidisciplinary collaboration and communication or on their children's experience of the physical environment during interviews.

We explored whether there were patterns of responses to the open-ended questions by demographic or case characteristics, such as age or racial and ethnic background of the child, and found no significant findings. Complaints about investigators' skill and commitment to the case were more frequently cited as worse than expected among cases with no law enforcement involvement compared to those investigated by law enforcement (73% vs. 42%; $\chi^2 = 8.60, p < .01$). Among law enforcement cases, there was a trend toward more complaints about investigators' commitment in cases where no charges were filed compared to those with charges filed (69% vs. 32%; $\chi^2 = 3.61, p = .057$). There were no differences in the nature of the responses coded for caregivers whose case involved a CAC and those whose case did not involve a CAC.

Youth Experiences

In questions asking youth to rate their satisfaction with different aspects of the investigation, most reported relatively high satisfaction (see Table 1; see also Jones et al., 2007). The majority of children reported that they felt a little scared when investigators asked them questions, and 41% reported that they had to explain things too many times to investigators. However, the majority reported feeling a little (22%) or a lot (20%) better after talking with investigators, and most reported liking the place where they were interviewed (a little, 54%; a lot, 35%), feeling that investigators seemed to understand kids (pretty well, 37%; very well, 51%) and explained what was happening and was going to happen next (pretty well, 26%; very well, 50%).

Responses to the open-ended questions about what investigators did well and could have done better reflected the satisfaction levels reported in the quantitative measure and provided more insight into what was most salient about the process for the youth. Eighty-six percent of youth responded to the open-ended question about what investigators did well and 70% to the question about what investigators could have done better, a nonsignificant difference (McNemar $\chi^2 = 4.32, n = 65, p = ns$; Table 4). Children typically responded to questions with only one codeable response. Table 4 presents the frequencies of seven categories coded across youth responses to the two questions.

Table 4
Youth Responses to Open-Ended Questions About
Investigation Experiences (N = 65)

Response	What Could Investigators Have Done Better? (%)	What Did Investigators Do Very Well? (%)
No response or "nothing"	30	14
Valid responses	70	86
Valid response categories		
Child interview skills	55	40
Investigators' commitment and skill with case	20	20
Investigator supportiveness	15	20
Interview environment	7	2
Communication about case	7	18
Support services	2	2
Monetary issues	2	—
Number of codes per valid response		
1	87	82
2 or more	13	18

Note: Valid response category percentages > 100% because each response could contain more than one coded unit.

What investigators could do better: The most common response by children to what investigators could do to make investigations better for kids involved recommendations to improve interviewing skills. Fifty-five percent of youth respondents described ways that investigators could improve their interview skills and procedures. Example comments by youth included the following:

They should all see you quicker. They shouldn't make you explain things so many times. Two times is okay but four times is too much. They need to believe the child.

Instead of starting with what happened, they could ask how I was and talk and ask about my life first.

I would tell the investigators to allow kids of any age to draw and color while answering their questions because it helps the kids to relax.

Suggestions to improve the handling of the case were also offered by a substantial portion of children (20% of responses). Examples include the following:

Something should have been done to [the alleged perpetrator].

Don't believe everything until you have the whole facts.

If we say if something happened to us, they could say we couldn't go back to the house where they were mean to us and it would be very nice for the kids.

Finally, 15% of youth also suggested that investigators could be more emotionally supportive. One youth responded as follows:

They should put themselves in the kid's position. [Then] they'd know what you feel like. Some people wouldn't agree—They wouldn't understand how it feels. It would be better if investigators understood how kids feel.

What investigators did well. In responding to the question about what investigators did well, youth again focused most of their responses on investigators' interviewing skills (40%). The following responses illustrate some of children's praise for interviewers' skills:

[They] talked to me and played feeling board games. They let me write it all down. I didn't have to answer if I didn't want to.

If I didn't understand their question, they would repeat it. A lot of people don't do that.

They put me and my mom in a room. We read stories and did magnet work. They understood. They took it well.

Twenty percent of youth offered praise for investigators' helpfulness with the case and the outcome (e.g., "They tried to help me" and "They took care of the problem"), and another 20% praised investigators' emotional supportiveness. One child reported the following:

They calmed me down. They told me I didn't do anything wrong. They also told me I could trust them with what I told them.

A substantial percentage of children offered praise for the investigators' skill in explaining the process to them and what was going to happen as the investigation progressed. Example responses included the following: "They explained things clearly what was going to happen next," "She went over things really well," and "Some of them explained what was happening good."

Few of the youth commented on the physical environment of the agencies or on services in response to either question. Some youth commented that they liked the toys provided at the interview sites and they liked the therapists they were seeing. No patterns or differences in youth responses were found across different demographic groups, case characteristics, or case outcomes.

Discussion

Overall, caregiver and youth appear to be mostly satisfied with the efforts of investigators during investigations of sexual abuse. Although there is no way to compare families' experiences across time, it is possible that many of the reforms implemented over the last several decades have improved how youth and caregivers experience these investigations and the response to reported victimization. In particular, caregivers focused positive comments on investigators' emotional supportiveness, kindness, and sensitivity and the skill of the interviewers. However, they also identified several notable areas of concern. Caregivers' complaints focused primarily on the feeling that compared to what they had expected, cases were not being pursued effectively or vigorously enough by investigators. They were also disappointed in the level of information they were able to get about what was happening with the investigation.

In general, youth also reported mostly positive experiences. In response to open-ended questions, youth focused both praise and criticism on the interviewers' skills in questioning them and on investigators' ability to help them out and feel safe. Despite high quantitative ratings of satisfaction, there was nonetheless a sizeable minority of youth who appeared to be disappointed and distressed by the investigation process. In questions that asked them to rate their experiences, approximately a quarter of the sample of youth reported feeling worse after talking with investigators, and more than a third felt that they had to explain what had happened to them too many times. In response to open-ended questions, more than half of the youth readily identify ways they thought that investigations could be improved.

There were no identified differences in caregiver or youth responses across subgroups (e.g., case type or racial background of the child), although there was some indication that law enforcement involvement and criminal justice outcomes increased respondents' sense that investigators were committed to their case. This is similar to previously published findings on the ISS (Jones et al., 2007). In the multivariate model, having

charges filed against the alleged offender and the involvement of a CAC uniquely predicted greater satisfaction with the investigation process for caregivers.

Implications for work with nonoffending caregivers. Despite caregivers' high ratings of satisfaction with forensic interviews and the investigation process as a whole, almost all could identify aspects of the investigation that were worse than expected and almost half of respondents answered the question with multiple concerns. Research has documented that quantitative satisfaction scales often result in high ratings by respondents (Elbeck & Fecteau, 1990; Powell, Holloway, Lee, & Sitzia, 2004; Stallard, 1996) and evaluations using open-ended questions are more likely to identify areas of dissatisfaction (Powell et al., 2004; Williams, Coyle, & Healey, 1998). It is recommended that those incorporating client satisfaction measures into evaluation procedures include open-ended questions along with quantitative satisfaction ratings for a full understanding of client satisfaction.

The comments by caregivers suggest a number of implications for investigators. It may be difficult to substantially reduce caregivers' disappointment in how successfully the criminal justice system pursues their child's case. Only about 66% of child abuse cases referred to prosecutors are charged, and only about 49% of charged cases result in a guilty plea or verdict (Cross, Walsh, Simone, & Jones, 2003). A substantial percentage of investigated cases are not referred to prosecutors at all. Sexual abuse cases rest heavily on victim testimony (Walsh, Jones, Cross, & Lippert, in press), and the disclosures of younger victims can be problematic or unusable (London, Bruck, Ceci, & Shuman, 2005). We recommend that researchers work to identify procedures that improve the likelihood that sexual abuse offenders will be identified and prosecuted, such as increased collection of corroborative evidence (for more information see Walsh et al., in press).

However, investigators or support staff, such as victim advocates, can also do a better job explaining to caregivers the limits that investigators face in prosecuting offenders. The caregivers' comments reflected confusion about the decision-making process: They were unclear why investigators dropped their case or why children could not have been interviewed more extensively. Investigator training programs could emphasize increased sensitivity to the potential confusion of children and distress by nonoffending caregivers when it is unclear whether abuse actually occurred or when the evidence needed to prosecute is lacking. Training programs for professionals working with sexual abuse victims increasingly emphasize the complexity of family dynamics and the emotional stress that the investiga-

tion process can have on nonoffending caregivers (Davies, 1995; Elliot & Carnes, 2001).

Better communication to families about what is happening or will happen with a case has not been identified as a critical focus for reform despite the importance caregivers' give to this issue. Although workload issues might make it difficult for investigators to spend large amounts of time updating caregivers, it is not difficult to imagine small changes that could improve communication. Regularly timed verbal or written updates by investigators could be instituted, or specially identified staff, such as victim advocates or trained volunteers, could be given the role of updating clients on a regular basis about the status of their case. Staff should try to give families early information about the typical steps involved in a criminal investigation, an idea of prosecution rates, the typical time frame for cases, and what supports are available if prosecution is not possible or successful. In addition, it should be made clear to families who they can contact for different types of questions—this may be particularly important when a diverse range of professionals become involved in a case.

Comments by caregivers suggested that they had few concerns about issues that have been the focus of much reform: problematic coordination between investigating agencies, multiple and repetitive forensic interviews, and unfriendly interview environments. This may not be because these issues are unimportant—we suspect that caregivers would have spoken up if professionals were working frequently at cross-purposes, children were repeatedly being asked the same questions, or interviews were being conducted in intimidating or unfriendly environments. Instead, changes made in the past 25 years may have successfully addressed past concerns, whereas others have moved to the forefront.

Implications for work with youth. The mostly positive ratings by the youth suggest that there is no widespread problem with highly insensitive and distressing investigation procedures. However, there was a sizeable minority of youth across the sample who reported that they were either feeling more distressed as a result of the investigation or were dissatisfied with some aspect of their interaction with investigators. This may identify youth who are at risk for negative reactions and adverse adjustment to the investigation. Future research should find effective ways to identify this group of youth so that special attention can be given to these cases and follow-up procedures can be put in place.

The content analyses of open-ended responses reflected the mostly positive experiences youth had with the investigations. It is heartening that

youth responded with substantial praise for investigators' friendliness. All of the specialized forensic interviewer training programs focus much of their curricula on increasing interviewers' sensitivity with children and families. The youth's responses also suggest that current efforts by leading professionals in the field to improve child forensic interviews can affect not only the quality of the testimony but also children's subjective experiences with the process. Interestingly, many of the standard components of child forensic training curricula (e.g., rapport building, rewording questions when it is clear that the child didn't understand, using toys or drawings to help the child feel more comfortable expressing themselves during the interview process) are features that the youth themselves either praised or recommended for improvement in their open-ended responses.

It is of note that there were differences in the focus of caregiver and youth responses to open-ended questions. Youth focused mainly on the interview process, likely because this is the component of the investigation that involves them most directly. Caregivers, however, focused their responses on the outcome of the investigation and the level of communication about what was happening with the case to a much greater degree than the youth. Past investigation reform has appropriately focused mostly on children's needs, and we should continue to make sure that we are protecting children from undue additional distress and following up on children who may be at risk for adverse outcomes. However, it may be time for child abuse professionals to also focus some key next-step reforms on the concerns of nonoffending caregivers. The emotional status of these caregivers and their reflection on the investigation process is likely one of the most influential factors in their children's subsequent well-being and emotional response to the investigation.

Conclusions

Some limitations to the results should be noted. As stated earlier, open-ended questions for caregivers asked them to evaluate the investigation process in light of their expectations. It would have been useful to know what kinds of preconceived expectations families had about law enforcement, CPSs, and the criminal justice system. If these were very low, say because of portrayals of these systems in the media or because of experiences of friends, then minimally positive interactions may have led to high satisfaction. Given the constraints of the research, we were not able to measure caregiver expectations going into the investigation, and there is

difficulty in measuring this construct post hoc. Responses should be interpreted keeping this in mind.

Although efforts to construct reliable codes were fairly rigorous, findings are affected by the interpretive nature of coding process; codes constructed by different researchers would likely have highlighted slightly different elements. Very dissatisfied parents and children may have refused to be interviewed, limiting generalizability somewhat and possibly adding to the skew in the satisfaction measures. Finally, it is possible, given that the majority of interviews were conducted with CAC cases, responses from the caregivers and youth are different than would be found in other communities. The included CACs were also particularly well-developed agencies with strong records of service. However, given the similarity in open-ended responses across CAC and non-CAC cases and the lack of differences in item-level analyses of quantitative ratings, we believe that the issues most salient to caregivers and youth in both groups were very similar.

The results have important implications for both current practice and future research. They support reforms that reflect the issues of most importance to children and their families: sensitive, caring professionals; frequent communication about what to expect and what is happening; and skilled, committed investigators. Results of this research may encourage CACs and other agencies to collect information on client experiences and satisfaction as part of needs-assessments and agency evaluations. Although professionals who have initiated reforms in child abuse investigations have critical perspectives on where reforms are needed, continued dialogue with the most important group of stakeholders—children and families—is essential to making sure that reforms have the optimum effect.

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Lisa M. Jones, PhD, is currently a research professor of psychology at the Crimes Against Children Research Center (CCRC), University of New Hampshire. She has been conducting services and evaluation research on community interventions in response to child abuse for 10 years. She served as assistant project director on the Multi-Site Evaluation of Children's Advocacy Centers (CACs) and is currently directing an evaluation of the New Hampshire Network of CACs (NHNCAC). Additional projects include the development of caregiver and child investigation satisfaction scales and collaborative research with the National Children's Alliance using the Web-based tracking system NCAttrak. She has numerous publications and presentations on topics such as trends in child abuse, child abuse investigations, multidisciplinary teamwork, and children's advocacy centers.

Kathryn E. Atoro, BA, is currently enrolled in the MBA program at the University of New Hampshire and is a program specialist with Fox Valley Technical College's Criminal Justice Division-Child Protection Training Center, Internet Crimes Against Children (ICAC) Task Force, Training and Technical Assistance Program. Prior to her services with ICAC Training

and Technical Assistance, she was employed as a research associate with the Family Research Lab, Crimes Against Children Research Center at the University of New Hampshire. In 2005, she graduated from the University of New Hampshire magna cum laude with a bachelor of arts in sociology and minor in justice studies.

Wendy A. Walsh, PhD, is a research assistant professor of sociology at the Crimes Against Children Research Center at the University of New Hampshire. Her research includes studies on enhancing community response systems of child abuse and the criminal justice response to child abuse. Current projects include the Multi-Site Evaluation of Children's Advocacy Centers (CAC), CAC research with the National Children's Alliance, and CAC research in New Hampshire to assess caregiver and child satisfaction after an investigation of child abuse. Other projects include a study on statutory victimization and a study on unwanted sexual experiences during college. She received funding from the Administration of Children and Families to direct a secondary data analysis of the National Survey of Child and Adolescent Well-Being (NSCAW) data, a longitudinal national probability study on outcomes for children involved in child protective investigations, to study resilience among maltreated children. She is also currently collaborating with the Carsey Institute on studies to enhance family support programs for families living in rural New Hampshire.

Theodore P. Cross, PhD, is a visiting research specialist at the Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign. His current research encompasses various studies designed to promote the well-being of children in foster care and adoptive homes. He was the project director for the Multi-Site Evaluation of Children's Advocacy Centers for the Crimes against Children Research Center at the University of New Hampshire and has been conducting research on the criminal justice response to child maltreatment for 19 years. He maintains a private practice in psychotherapy.

Amy L. Shadoin, PhD, was the research officer for the National Children's Advocacy Center (NCAC), Huntsville, AL. She received her PhD in cognitive psychology from the University of Alabama and her MS in experimental psychology from Northeast Louisiana University. She trained in individual differences research and is experienced in program evaluation. She has overseen research projects on forensic evaluation, forensically sensitive therapy, and the economic impact of child maltreatment. Before joining the NCAC, she taught at University of Alabama in Huntsville and served as a research associate for the Institute for Social Science Research at the University of Alabama and taught as a psychology instructor there.

Suzanne Magnuson, MS, served as research associate at the National Children's Advocacy Center (NCAC), Huntsville, AL. During her time with NCAC, she helped to direct the NCAC's participation in the Multi-Site Children's Advocacy Center Evaluation Project and collaborated on research on forensic evaluation procedures and the economic impact of child maltreatment.

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