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Identifying Successes and Barriers in a Child Advocacy Center: An Examination of Five Service Areas

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ABSTRACT

Despite widespread support for coordinated responses to child maltreatment, little research examines the successes and barriers faced by child advocacy centers (CACs). The current study examines perspectives on program operations within a large CAC in the Midwest across 14 focus groups, including both internal CAC staff (*N* ¼ 32) and external agency partners (*N* ¼ 37). Universal successes and barriers were identified across all service areas. Still, the findings indicate a need to also consider the unique factors affecting each service area. The importance of these findings is discussed for those work- ing in arenas that provide services to youth and families exposed to trauma.

KEYWORDS

Childhood maltreatment; evaluability assessment; external agency partners; focus group sessions; internal agency staff

Child advocacy centers (CACs) were established to provide a coordinated, multidisciplinary, and child-focused response to allegations of child mal- treatment (Chandler, 2000). The CAC model involves a combination of services uniting professionals from various fields, including law enforcement, the district attorney's office/prosecution, child welfare/child protection, victim advocacy, and medical and mental health (Chandler, 2000; Cross et al., 2008; Newman et al., 2005). In this way, CACs are able to pro- vide support through comprehensive and coordinated services for the child and family in one facility (Chandler, 2000; Cross et al., 2008; Newman et al., 2005). While studies have assessed various outcomes of CACs (e.g., child and family satisfaction with services, prosecution outcomes), few have examined program operations despite the importance of exploring the processes that lead to these outcomes. Beyond this, even fewer studies have identified strengths and barriers among service areas that could inform their ability to provide services to children and families in the community. As no two CACs are alike, examination of each agency's policies and procedures is essential. By first assessing the operations that are characteristic of each CAC, a more holistic understanding can be gained regarding how these procedures lead to service outcomes. Thus, the purpose of the current study is to examine perceptions of staff and key stakeholders on the strengths and weaknesses across and within five service areas of a large, Midwestern CAC. The following sections provide a summary of CACs and how they operate, as well as an overview of the extant literature examining the effectiveness of CACs.

An overview of child advocacy centers

Recognizing the significant issues among traditional law enforcement and child protection response to child sexual abuse allegations (e.g., revictimiza- tion of the child, low prosecution rates), CACs were created to improve system response to these cases (Cross et al., 2008; Jackson, 2004b). The first CAC was developed in 1985 in Huntsville, Alabama, with the aim of responding more effectively to cases of child sexual abuse and ensuring that the children involved in these cases would no longer be revictimized by existing systems and processes (Cross

et al., 2008). The National Children's Alliance (NCA) was later founded in 1988 as a membership organization for CACs, which promoted certain accreditation standards (Wolf, 2000). Following this development, there was a significant increase in CACs across the nation, with over 1,000 CACs having been established since 1985 (NCA, 2020). Ultimately, the objectives of CACs expanded to aid child victims who were exposed to physical assault, domestic violence, neglect, and other forms of abuse (Jackson, 2004b; Walsh et al., 2003).

Under the CAC model, 10 standards were designed to best meet the needs of clients and improve outcomes for children and families (Cross et al., 2007; NCA, 2017). Accreditation is provided by the NCA (Jackson, 2004b) based upon requirements for each of the 10 standards (Chandler, 2000; Herbert & Bromfield, 2016; NCA, 2017), including multidisciplinary teams (MDT), forensic interviewing, victim advocacy, child-focused setting, mental health services, medical examinations, case review, case tracking, cultural competency and diversity, and organizational capacity. Among the scant systematic examinations of standard adherence (e.g., Jackson, 2004a), it has been found that standards are widely implemented among NCA- member CACs. However, the ways in which the standards are implemented can vary greatly across locations.

Although there is variation in implementation, the NCA standard requirements exist across all CACs and guide the operations that take place within each service area. For example, services must be housed and offered in a child-friendly setting that is physically and psychologically safe (Cross et al., 2012). Furthermore, in addition to CAC staff members, various agencies are included in the CAC response, including law enforcement, child protection, prosecution, medical, mental health, and victim advocacy. Other professionals (e.g., health and social care professionals) may be and often are involved, as well (Cross et al., 2012; Tener et al., 2020). In fact, these agencies are often co-located within the CAC to facilitate coordination on cases (Cross et al., 2012). While these requirements are in place for all CACs, it is recognized that the CAC model can and should be adapted to different communities (Walsh et al., 2003). That is, although these criteria provide a basis for how CACs should function, they can also

be supplemented, depending on the resources and needs of each unique community (e.g., community-based programs; NCA, 2016). In this way, the NCA standards act as a minimum guideline for all accredited CAC operations.

Assessing child advocacy center operations

Given the goals of CACs to assist children and their families, researchers and practitioners have sought to assess the effectiveness of these initiatives. The majority of extant CAC research exclusively examines outcomes, such as services (e.g., medical exam) and referrals provided to children and families (e.g., Edinburgh et al., 2008; Jenson et al., 1996), prosecutions (e.g., Cross et al., 2008; Edinburgh et al., 2008; Wolfteich & Loggins, 2007), and disclosures during forensic interviews (e.g., Cross et al., 2007, 2008). Other studies have examined satisfaction in services among non-offending care- givers (e.g., Bonach et al., 2010; Cross et al., 2008; Jenson et al., 1996) and children (e.g., Cross et al., 2008; Jenson et al., 1996). Beyond these, some work has assessed CAC response in comparison to traditional child protective services response (e.g., Smith et al., 2006), as well as MDT processes (e.g., collaboration; e.g., Bonach et al., 2010; Brink et al., 2015; Jackson, 2012; Jenson et al., 1996). Other outcomes, such as CAC child friendliness (e.g., Jenson et al., 1996) and mental health screening tools (e.g., Conners- Burrow et al., 2012) have also been examined. Generally, these studies have demonstrated that CACs are successful at achieving these measured outcomes and providing services that children and/or caregivers perceive as satisfactory. In addition to outcome evaluations, studies have also examined existing CAC models and standards in practice, such as variations in CAC characteristics (e.g., Herbert et al., 2018) and variations across implementation of the CAC standards (e.g., Jackson, 2004a). These studies have demonstrated that, while core CAC components are widely implemented within centers (Herbert et al., 2018; Jackson, 2004a), variations do exist (e.g., non- NCA members having lower rates of adherence to the standards such as having a child investigative team). But again, even among NCA member centers, variations exist in whether the center provided case review, case tracking, and victim advocacy services because

the standards act as a minimum guideline (Jackson, 2004a).

A limited number of studies, however, have examined CAC model strengths and/or weaknesses (Herbert & Bromfield, 2017; Newman et al., 2005; Newman & Dannenfelser, 2005). Notably, Herbert and Bromfield (2017) examined the Multiagency Investigation and Support Team (MIST) model—not labeled as a "CAC" in Australia but which shares characteristics and goals with traditional CACs in the United States. Exploring components of CACs is vital because this facilitates the identification of how existing processes are contributing to or prohibiting program success (e.g., achieving outcomes, satisfaction among CAC staff, successful collaboration with partners). Overall, findings from these studies indicated that there can be issues with staff and resource availability (e.g., facility size, locations, office space), a nonsignificant effect on rates of arrests, differing mandates and protocols between agency partners, conflicts over case control, and time and scheduling inconsistencies (Herbert & Bromfield, 2017; Newman et al., 2005; Newman & Dannenfelser, 2005). Conversely, common strengths included providing children and families with more victim-centered services (e.g., advocates providing a therapeutic response, co-location of services), increased caregiver satisfaction, and successful collaboration through communication, joint interviews or meetings, trainings, and staff support (Herbert & Bromfield, 2017; Newman et al., 2005; Newman & Dannenfelser, 2005).

Although these studies are important, several limitations should be noted. Specifically, these works do not concentrate on the nuance of individual service areas of the CACs, but rather on the CAC as a whole (Herbert & Bromfield, 2017; Newman et al., 2005; Newman & Dannenfelser, 2005). Relatedly, certain service areas (e.g., mental health, advocacy) have received little to no empirical assessment within the CAC literature—areas that can and do operate in unique ways that are not being captured. Additionally, current studies primarily focus on the perspectives of external agency partners (e.g., law enforcement personnel, child protective services workers), without considering the experiences of internal CAC staff members (Newman et al., 2005; Newman & Dannenfelser, 2005). Given the multidisciplinary nature of CACs, it is vital then that the processes

and procedures implemented by CACs are examined to assess separate service areas and the unique challenges and strengths they may possess.

Research strategy

Although previous work has been informative for important aspects of CACs, the current study seeks to address existing gaps in research by assessing perceptions of service areas that have received little to no attention (e.g., mental health, advocacy; see Elmquist et al., 2015). Thus, the cur- rent study examines the perceptions of policies and procedures of five core CAC service areas within a large, Midwestern CAC by obtaining feedback from multiple sources who work with and within these areas. The purpose of these efforts is to examine the successes and barriers across and within the five service areas that unite internal staff and external partners to pro- vide a coordinated response to child victims of maltreatment. To accomplish this, the current study examines results from 14 focus groups with internal CAC staff and external agency partners. By identifying these distinctive challenges and strengths, the findings can provide a more informed and tailored response to each service area. Overall, this may enhance pro- gram operations through methods that address their specific needs, ultimately strengthening service delivery within CACs. Additionally, because the current study examines one of the largest CACs within the country, information can be distributed to inform best practices across the nation.

Method

Data and sample

The current study is part of a larger National Institute of Justice–funded project that examined the evaluability of five service areas of Project Harmony, a large CAC in Nebraska. Much like other centers, Project Harmony was founded to improve the coordination of child abuse investigations and prosecutions. Established in 1996, the organization originally offered child forensic interviews and medical examinations, with additional services and staff accumulating each year. Today, assessments include forensic interviews, family advocacy, medical

examinations, mental health treatment, and multidisciplinary case reviews. In addition, Project Harmony is co-located with essential partner agencies, including the Department of Health and Human Services and the Special Victims and Domestic Violence Units of Omaha's Police Department. Through this co- location, Project Harmony staff members are able to effectively coordinate investigations of child abuse, as well as provide the necessary support to child victims and their non-offending caregivers. Because of these combined efforts, the center has served the community for over 25 years, pro- viding aid to thousands of children annually through early intervention and response services. For example, Project Harmony provided services to more than 4,500 children in 2020 (Project Harmony, 2021).

Although the CAC provides many services, the five service areas examined in the current study include (1) advocacy, (2) forensic interviewing, (3) medical examinations, (4) mental health, and (5) multidisciplinary teams (see Online Supplemental Note for a description of each service area). To gain a better understanding of each service area, focus groups were conducted from September to November 2020. These sessions included internal CAC staff and external agency partners involved in the CAC. The research team worked with leadership at Project Harmony to determine which participants would be essential to be included for each service area. Even though leadership assisted in identifying key stakeholders and staff to participate in focus groups, the research team organized and held all focus groups in a way that protected the identity of respondents (i.e., separated by internal/external status and service area; contact information was kept separate from de-identified transcripts). In other words, focus groups were divided by internal and external status, and by service area. That is, the research team wanted external agency members to feel free to express themselves without having members of the CAC present. Similarly, with the internal groups, senior leadership was not involved in these groups so that staff members could speak freely without having to censor them- selves in front of their supervisor(s). In this way, the CAC only received de-identified data organized by themes, internal/external status, and service area. The Institutional Review Board at the University of Nebraska Medical Center deemed that this evaluation project did

not constitute human sub- jects research and did not require a review. The National Institute of Justice Human Subjects Protection Office reviewed all documents and pro- vided guidance on language to be required in our consent-to-participate documents and data security prior to implementation.

A total of 81 participants were invited, with 69 participants actually joining the focus groups (85.2% response rate). The sessions were divided into 14 focus groups; seven included internal CAC team members (32 participants total) and seven included external team members (37 participants total). External focus groups were comprised of professionals working in agencies that collaborate with the CAC, including law enforcement, medical and mental health, child protection, prosecution, and victim advocacy. Some participants were in positions that may have worked with one or more service area (e.g., managers)—for this reason, these individuals were combined into focus groups based on their position and provided comments on multiple service areas within the session drawing on their experiences (two internal groups, one external group). For the remainder of the sessions, the groups were divided by specific service areas (five internal groups, six external groups). On average, there were approximately five participants per focus group. Eight of the fourteen focus groups were held virtually in response to COVID-19 meeting restrictions, as well as to increase scheduling flexibility for external partners. Following review of the study's informed consent, each focus group was audio recorded with approval from all participants, so responses were captured verbatim. Once focus groups were completed, audio recordings were transcribed and de-identified.

The research team directed focus groups using questions that were guided from an interview protocol (see Online Supplemental Appendix). Questions were geared toward breadth of information from a series of open-ended questions that were rooted in the extant literature and the objectives of this project (Jackson, 2004b; James Bell Associates, 2018; NCA, 2016, 2017, 2020; Wherry et al., 2015). More specifically, main themes of the interview protocol included (1) background and collaboration in organization, (2) implementation fidelity of existing protocol and modifications to service delivery, (3) perceptions of program

operations, (4) barriers to program implementation and fidelity, and (5) familiarity and adherence to NCA standards. Broadly, background questions examined participants' educational and occupational backgrounds, as well as a general description of their role and length of time working for Project Harmony or their partner agency. While collaboration questions assessed how various program areas work or collaborate with other program areas in Project Harmony for internal CAC staff, external agency partners were asked about the frequency and the ways in which their role is expected to interact with Project Harmony. Questions examining implementation fidelity and modifications to service delivery examined what policies and procedures are used to guide decision making within each role. For example, focus group participants were asked about how often protocols are used to guide decision making, the amount of discretion sanctioned and used when applying protocols, and how any changes to protocols are communicated with staff. While perceptions of program operations chiefly examined what is going well within each service area and across collaborations (e.g., processes that are working well, successes in achieving outcomes), barriers to program implementation and fidelity examined any existing obstacles (e.g., areas or processes that require improvement, gaps in services, issues among collabo- rations). Finally, familiarity and adherence to NCA standards examined participants' overall familiarity with the standards and the extent to which they believe these standards are being adhered to by the CAC.

Analytic strategy

The final de-identified transcription files were uploaded to MaxQDA 2020 and subjected to thematic content analysis (Braun & Clarke, 2006; VERBI Software, 2019). Cases were organized based on the type of focus group (i.e., internal, external) and service area. Then, the coding categories were developed to mirror the five themes of the interview protocol to inform the responses regarding the policies and procedures across the five service areas (Patton, 2002; see Online Supplemental Appendix). Finally, inductive coding was used to identify subthemes within these broader coding categories (Braun & Clarke, 2006). Coding

classification issues were discussed among the research team, and coding was completed and resolved collectively. Inter-coder reliability was assessed by randomly selecting three transcription files and coding classifications; reliability was relatively high across two coders (*K*=.88; O'Connor & Joffe, 2020). Notably, any coding discrepancies were attributed to slight deviations in subthemes that were identified, but all classifications fell under the same overarching coding category themes across coders.

Results

The results are divided into two sections to illustrate the strengths and barriers across all service areas and unique strengths and barriers within each service area. The first section examines universal themes across all service areas. Then, themes specific to each service area are examined. Although some of the specific service area themes are similar to the universal themes (e.g., the ability of CAC staff members to work together efficiently and staff turnover), the context in which they were discussed differed across service areas. As a result, the current study separates universal themes from themes specific to service areas. These nuances are described in more detail below. Finally, although the included topics do not include everything that was discussed across focus groups, results include the consistent themes identified across participants, including whether the themes were voiced by internal, external, or both internal and external respondents. When quotations from participants are included, the information in parentheses refers to whether they were internal staff within Project Harmony or external partners, and the service area(s) that were applicable to that participant.

Universal themes

Content analysis of the internal and external focus groups revealed five universal successes and five universal barriers across all service areas (see Online Supplemental Table 1).

Successes

The first strength acknowledged the ability for internal CAC staff members to work together efficiently within and across service areas. Particularly, effective communication and collaboration, as well as enthusiasm to assist other team members, were identified as significant strengths that aid partnerships across the CAC.

A second strength highlighted the training and continuing education provided by Project Harmony. For internal service area staff, continuous support and guidance provided by supervisors throughout the training process was identified as a significant asset. In addition, staff reported that this has improved significantly over time within certain service areas (i.e., MDT). External agency partners referenced the quality of training and con- sequential expertise of internal CAC staff, as well as the collaborative bene- fits of jointly providing trainings with the CAC. Finally, external agency partners voiced appreciation for the training opportunities that Project Harmony provides for community partners.

The third strength mentioned by both internal and external focus group members referenced the quality of services and performance of Project Harmony staff in day-to-day activities. CAC staff were often regarded as experts within their field, with external focus group members perceiving the staff's performance as a significant facilitator in achieving successful outcomes and "better resolutions" (*External, Forensic Interviewing*).

The fourth strength was the dedication of Project Harmony staff to pro- vide support and care for the children and families that enter the CAC. In fact, managers identified this as one of the greatest strengths of the CAC, acknowledging the staff's commitment to "doing this work and doing it well" (*Internal, Multiple Service Areas*). In addition, managers recognized the dedication of team members to improving existing services. For instance, one participant commented, "They have big visions and goals for where their individual programs or team are going to go" (*Internal, Multiple Service Areas*). Dedication was displayed by internal service area team members in several ways. For example, some staff explicitly described their "ongoing commitment to the cases" (*Internal, Forensic Interviewing*) and "passion" for providing assistance to the children they serve (*Internal, Advocacy*). Dedication

was also showcased throughout discussions of staff members' daily work, such as ensuring constant availability to see children who enter the CAC, regardless of how much it may overextend the staff, and volunteering to help with any unforeseen cases. Internal staff members also recognized the commitment of their colleagues and how this further encouraged their dedication. Finally, dedication to serving children and families was often evident throughout staff's discussion of why they chose to join Project Harmony. For example, one team member stated:

> I was seeing just how many of our patients were repeating, just coming back in and cycling through. Eventually, I was discovering such a significant amount of unaddressed childhood trauma. I began to think if I will ever make a difference on this end, I need to do more here. I then discovered Project Harmony and they were hiring. (*Internal, Medical*)

Another stated, "I really appreciated the work and just being able to kind of give children hope. It kind of really struck me as something I wanted to do. And so, when I graduated, they were hiring. And here I am" (*Internal, Medical*). In addition to internal focus group members, external agency partners made note of the effort CAC staff place in serving children and families, noting their extensive effort and commitment (e.g., extending time slots, prioritizing emergency cases) to ensure that each child that enters the CAC is seen and provided with necessary resources.

Finally, both internal Project Harmony staff and external agency members referenced the effective communication and collaboration between internal CAC staff and external agency partners, with several group members mentioning the significant improvement in these relationships over time. Examples of effective communication and collaboration included successful information sharing, responsiveness to feedback, and willingness to make changes in order to continue to improve these relationships. In fact, one external agency partner mentioned, "I think the continued desire to take feedback and make improvements is significant" (*External, MDT*).

Barriers

One barrier made evident within most focus groups was secondary trauma

and burnout among Project Harmony staff. Burnout was primarily associated with the expectations, and occasionally the pressure, placed upon staff to quickly and appropriately serve the children that enter the center. One team member mentioned, “There’s rarely ever a time where we say, ‘we can’t see that kid today.’ We’re always available. No matter how much it kind of stretches us” (*Internal, Medical*). Participants also made reference to the pressure placed upon internal CAC staff to meet the needs of external partners. A manager stated, “I think our biggest struggle is balancing serving partners without burning out our staff” (*Internal, Multiple Service Areas*). Similarly, another participant commented, “I worry sometimes we’re doing great work at the expense of our staff” (*Internal, Multiple Service Areas*). Focus group members also noted that, in order to meet these expectations, internal team members commonly refrain from acts of self-care, such as missing their lunch period or avoiding taking time off of work, even if they are ill.

A second, and perhaps related, universal barrier identified within focus groups was turnover among both internal CAC staff and external agency partners, with specific reference to the turnover within certain service areas (i.e., advocacy, forensic interviewing, mental health). As expected, frustrations associated with this turnover, such as constant re-education of internal CAC staff and external agency partners, were voiced throughout discussions. Notably, burnout and secondary trauma may influence turnover within the CAC, and vice versa. That is, while secondary trauma and burnout may ultimately lead to the departure of CAC employees, the aftermath of this turnover may further contribute to the demands placed upon other staff (e.g., less assistance to complete tasks, substantial time and resources applied to training new employees). Of course, the ongoing needs of the children they serve remain throughout this time regardless of staff burnout or turnover, which can influence the function of the entire CAC and its collaborations with external agency partners (e.g., timelines) to meet these demands.

Third, focus group members acknowledged the strain associated with the unpredictability of working on cases in the field of child welfare. For instance, the variability in the amount of time and emotional toll associated with each case was

commonly associated with complications in scheduling, meeting time frames, and difficulty determining reasonable caseloads for staff. These issues could be exacerbated with emergency cases that required immediate attention.

The fourth barrier raised pertained to COVID-related challenges. For example, new staff members expressed how the pandemic disrupted their opportunity to learn processes and procedures "right then and there" in the office even though they were eager to begin in their new roles (*Internal, Advocacy*). Although this experience left some staff feeling like there were "gaps" that needed to be filled in their training initially, it was noted that trainers mitigated these issues by spending extra time after hours to answer their questions and ensure they knew how to complete their tasks (e.g., documentation). Additionally, both internal CAC staff and external agency partners noted several issues associated with being limited to meeting virtually. That is, while virtual gatherings often made meeting more convenient for team members, this form of communication often led to a level of dis- connect, which at times enabled distraction and a lack of engagement among virtual discussions and inhibited in-person connections that often helped facilitate referrals and cases. Another factor disrupted by the pandemic included a lack of interview times (e.g., fewer staff housed at the CAC led to limited scheduling availability and longer wait times). As one person explained:

> It was difficult because they limited the amount of interviews we could have during the day. They limited the amount of people, like staff. … They were down to one interviewer and one advocate. It made it very difficult. We were not meeting time frames like we were supposed to because we couldn't get kids in. (*External, Advocacy*)

It is important to note that focus group members mentioned that scheduling availability was restricted to the beginning of the COVID-19 pandemic—and that these issues have since been addressed. For example, the same external member stated, "Project Harmony has been pretty good. The only issue has been COVID. Especially in the beginning with making time frames and stuff. But, they've been really good about trying to make sure we're meeting our time frames on time" (*External, Advocacy*). The agency was praised for its efforts to meet

agency partners' time frames by opening interview time slots earlier in the day, prioritizing essential cases, and even completing virtual inter- views. In other words, even though time frames were disrupted during the early days of the pandemic, the agency responded quickly to ensure families and children were provided services.

A fifth barrier highlighted discrepancies in philosophies and objectives between internal CAC staff and external agency partners. For example, differences were acknowledged in agency goals and missions (e.g., while the mission of some external agency partners may revolve around the family, the mission of the CAC most often focuses on the child), how agencies believe children and families are best served, and differences in the definitions, standards, and/or instruments used across roles (e.g., child safety defined differently across agencies). Furthermore, multiple focus group members, including both internal CAC staff and external agency partners, made note of the differences in objectives between the CAC and other agencies, such as those working in law enforcement and within the court system. For instance, one external agency partner exemplified this issue by stating, "My cases are usually about an event, a one-time event usually that happened. And the coordination for Project Harmony is looking more at them—at the family and putting them back together as a whole" (*External, MDT*).

Service area themes

Similar to universal themes, successes and barriers unique to each service area were identified using content analysis of all internal and external focus groups. Approximately two to three strengths and barriers were identified by service area. These findings are labeled and discussed below (see also Online Supplemental Table 2).

Advocacy

Successes. Within the advocacy service area, a key success was that (1) ser- vice area staff members consistently provided emotional support and guidance for one another. One team member stated:

> We're going to definitely be there for our team because we need each other in order to get through each day and in order to show up for another week. These are people you can communicate with. They understand where you're coming from. (*Internal, Advocacy*)

Beyond this, (2) internal and external focus groups communicated the advocacy workers' passion for helping the children and families that come to the CAC. Finally, (3) advocacy service area staff members being cultur- ally diverse, as well as offering culturally sensitive services (e.g., Spanish- speaking on-site therapists) for families, was also identified as a strength.

Barriers. One of the largest barriers identified among the advocacy service area was (1) service area staff members "taking home" their work. For example, one team member stated, "And there's times you take that home with you. You can leave the office, but it doesn't stop. Your brain doesn't turn off. You sit and you think, did I do all I could do today?" (*Internal, Advocacy*). Advocacy service area staff also (2) expressed their concern for caregivers not being in a mindset in which they are able to properly advocate for themselves. For example, an advocacy team member stated:

> Another thing is wanting to fight for the families so much, and it's not that they're not doing anything for themselves, sometimes they're just not in a place to do it. Some of those tasks, I can take on. It's just frustrating sometimes when you can see what this family needs, but they just won't do it. (*Internal, Advocacy*)

Finally, a general consensus was voiced by internal team members that the advocacy service area (3) lacks a standard, established description on what the role of the advocates entails. Some of the reasons behind this lack of an established description included limited guidelines provided by the national CAC accreditation agency on the role of family advocates and the necessary flexibility that the role must entail. Specifically, while focus group members acknowledged how advocacy may "look different" across advocates, there is also a necessary flexibility based upon the needs of the children and fami- lies that may change day

to day (*Internal, Advocacy*). Frustrations with this lack of structure were voiced because it produces a "blurring of the line" on what the role should include and often leads to advocates taking on additional work (*Internal, Multiple Service Areas*). For example, one service area team member stated, "You forget your role as an advocate and take on everybody else's role" (*Internal, Advocacy*). Another service area team member said, "We don't have a lane" (*Internal, Advocacy*).

Forensic interviewing

Successes. One of the main strengths identified within the forensic inter- viewing service area was (1) receiving constant assistance and direction during training. Both internal CAC staff and external agency partners expressed that the forensic interviewers are well-prepared for interviews and testifying in court. An additional identified success unique to the forensic interviewing service area was (2) the significant progression in positive relationships with external agency partners over time, with distinct acknowledgement of their relationship with law enforcement.

Barriers. An identified barrier within the forensic interviewing service area was (1) the discrepancies that exist between internal service area staff and external agency partners on what questions should be asked during inter- views. Additionally, despite external agency partners' praise for CAC staff's knowledge and preparedness in testifying, internal service area staff voiced (2) concern for the preparation for court proceedings, which staff members felt could have been more rigorous to help prepare for their role (e.g., role playing, peer review, immediate feedback). Finally, a shortfall in (3) diversity and cultural resources was identified as a barrier. Participants mentioned the lack of male staff and not having in-person interpretation services and bilingual staff for languages and cultures beyond Spanish.

Medical evaluations

Successes. One success identified within the medical service area was (1) staff keeping up to date on research, which attributes to the elevated quality of services

they provide. Beyond this, internal and external staff mentioned how medical service area staff were (2) mindful of their "scope" or their role throughout the CAC process (*Internal, Medical*). Finally, considering the elevated rates of turnover throughout the CAC as a whole, participants made note of the (3) consistently low rates of turnover among the medical evaluation staff.

Barriers. One barrier mentioned throughout the focus groups was (1) the lack of community education on child sexual abuse in general, as well as the role of the CAC medical evaluation staff. For example, some agencies that staff work with less frequently do not have a comprehensive under- standing of their scope. In addition, some team members referenced the necessity of providing education, and at times "myth busting," for families that enter the center regarding the purpose and results of a medical exam (*Internal, Medical*). Participants also recognized (2) the differing perspectives between internal service area staff and external agency partners on the purpose or necessity behind a medical exam as a barrier within the service area. One team member stated, "There are some that I would say don't appreciate or think that the medical exam is a necessary part of the process" (*Internal, Medical*). Reasons for this lack of appreciation from external agencies were chiefly attributed to partner misperceptions regarding the medical exam, such as believing that the interview may create additional trauma, hinder the investigation if the child provides altered information, or serves no purpose in a medical exam if it cannot "prove whether or not something happened" (*Internal, Medical*).

Mental health

Successes. Among the mental health service area, a major success was identified as (1) staff receiving evidence-based training. For example, one CAC team member said:

> And I think that one thing that I've really appreciated is the emphasis on evidence- based practices. So, that is something that all of the modalities that I work in have been trainings that I've received at Project Harmony or

> facilitated by in some way.… So, it's a huge emphasis on training and making sure we have evidence-based practices. (*Internal, Mental Health*)

In addition to the evidence-based training, (2) the increase in structure and consistency across the implementation of policies and procedures within the service area was also recognized as a strength. Specifically, focus group members acknowledged how recent changes in supervision have resulted in increased solidification and structure among the policies and procedures within the mental health service area.

Barriers. Among the identified barriers specific to the mental health service area, internal team members expressed (1) the need for more support staff to provide assistance in day-to-day tasks. Additionally, as the agency has grown and staff members have moved to separate buildings, (2) collaboration between service areas has created some logistical challenges (e.g., having to rely on virtual forms of communication instead of in-person interactions). Finally, external agency partners expressed concern for the current (3) limitations on available resources and treatments offered for the lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQþ) community and especially for LGBTQ þ youth.

Multidisciplinary teams

Successes. Among the multidisciplinary team (MDT) service area, a chief identified success was that (1) MDT meetings allow for abundant information sharing and serve as a central point for gaining information. Specifically, focus group members made note of how meetings allow for different perspectives and new information, leading to "easier" investigations and "less burden" on partners (*External, MDT*). An improvement in the efficiency of meetings was noted, with current meetings successfully outlining objectives, prevailing barriers, and next steps. Beyond this,internal focus group members expressed appreciation for (2) the relative consistency of their schedule and daily tasks.

Barriers. A noted barrier included (1) a lack of knowledge regarding the utility of

recommendations once they are given to clients by MDT staff members—such as documenting the availability, accessibility, and success of recommendations for families. For example, one team member mentioned:

> I feel like we're not doing it right now, but we're trying to come up with a process for it, is following up on our recommendations—finding out: Could you implement that? Were there barriers? Were they helpful? Were they not helpful? What did you use and not use? I think that would be super interesting to find out. We don't do it right now. But it is something that we want to do. Because it's hard to know if it's helpful if we don't know what's happening on the back end. I think more of maybe some surveys of people that we're interacting with. Was this helpful for you, personally? (*Internal, MDT*)

Other issues discussed were (2) unique to MDT meetings. For example, frustrations were voiced with members commonly re-addressing similar issues already discussed and a lack of preparation or access to the necessary information among some meeting team members. Finally, MDT team members voiced concern over (3) a lack of cultural diversity on teams and among providers (e.g., gender, race/ethnicity, culture).

Discussion

Although existing literature has explored service outcomes following collaborative efforts of CACs and partnering agencies, little research has examined CAC program operations. Beyond this, few studies have identified the successes and barriers among service areas as they exist within CACs—an important endeavor to understand what is going well in CACs and what areas could benefit from improvements. Therefore, the current study sought to overcome these limitations by examining data from focus groups including internal CAC staff and external agency partners across five ser- vice areas at a large, Midwestern CAC. Five notable findings can be gleaned from these efforts.

First, the overall discussion surrounding the CAC was recognized as largely positive, regardless of service area or participant status (i.e., internal CAC staff or

external agency partner). Although significant concerns were voiced by each focus group, these barriers did not diminish participants' high regard for Project Harmony and the satisfaction they have working in and with the CAC. Other studies examining partnering agency perceptions of CACs have also recognized generally positive experiences. For example, after surveying 290 Child Protective Services workers and law enforcement investigators who use a CAC for investigations involving child abuse, Newman et al. (2005) reported partners' acknowledgement of the support received from the CAC, expertise of CAC staff, and the effective coordination and communication styles between the CAC and their agencies. Similar experiences are also demonstrated across other studies, with external agency partners recognizing the importance of collaboration with CACs and demonstrating appreciation for the role of CACs in aiding the investigation process, increasing caregiver buy-in, and producing timely outcomes (e.g., Hays, 2019; Jenson et al., 1996; Moran-Ellis & Fielding, 1996; Newman & Dannenfelser, 2005). Such positive perceptions about Project Harmony and other CACs may reflect upon the professionalization of CACs.

The implications of such positive interactions among internal staff and external agency partners are vast. For instance, satisfaction among internal employees may promote continued dedication to providing quality care, increased employee engagement, high organizational performance, and, ideally, less turnover (e.g., Jaksic & Jaksic, 2013; Maslach et al., 2001). Satisfaction among external partner agencies may aid in the continuation and further development of effective partnerships and collaborations (Mitchell & Shortell, 2000). Overall, positive interactions between internal and external staff within an organization are important if the agency seeks to collaborate and achieve successful outcomes for their clients.

Second, the willingness and enthusiasm of both internal CAC staff members and external agency partners to examine their work critically and overcome existing challenges was made evident throughout focus groups. Specifically, participants responded to questions in a detailed and thoughtful manner, providing explicit examples of the successes and barriers they face working in and with the CAC. For

example, in response to questions on the challenges of their work, focus group participants were open to dis- cussing significant barriers that occur both internally (e.g., secondary trauma and burnout, turnover, lack of diversity across team members, and resources) and across their partnerships (e.g., holding differing perspectives and/or philosophies, lack of preparation among some external team members). Because a comprehensive evaluation requires thoughtful feedback from the individuals working in and with an agency, this participation served as an essential component to examine program operations fully. Focus group members also frequently provided recommendations to the identified barriers, when possible. For example, considering the increased participation that virtual meetings permit, both internal CAC staff and external MDT agency partners advocated for the use of hybrid MDT meetings moving forward. Additionally, in response to the high rates of turn-over within the agency, external mental health agency members encouraged Project Harmony to inspect existing approaches used to retain high-quality staff (e.g., self-care practices, leadership development for how to best sup- port staff, inviting staff members to share about the difficulties they face within their roles). These responses are vital because Project Harmony collaborates with various agencies and providers (e.g., law enforcement, social services, courts), which allows for examinations on how these interactions are perceived and whether the processes "work." Beyond the critical feed- back from external agency partners that can aid the agency in overcoming existing challenges, these responses also contribute to the extant literature on CACs that does not always include input from external agency partners (cf. Newman et al., 2005; Newman & Dannenfelser, 2005).

Third, the issues presented within this CAC were, at times, outside of the agency's control. For example, many challenges associated with the COVID-19 pandemic (e.g., reduced staff availability, inconsistent participation during online meetings) were discussed. Of course, the challenges associated with the COVID-19 pandemic are being experienced among ser- vice providers across the nation, and not specific to CACs (e.g., Johnson et al., 2020). However, other system barriers (e.g., limited resources, time- consuming court procedures) and the unpredictability

of working in the field of child welfare were common obstacles for both internal CAC staff and external agency partners. Namely, one external agency member directly mentioned how the court system “slows things down immensely” (*External, Multiple Service Areas*). Beyond this, another focus group member made note of the difficulty in accessing child psychologists in the community. These obstacles again demonstrate the difficulty associated with working in the child welfare system specifically and are likely to exist among other CACs (e.g., Schreier et al., 2021). Nonetheless, through the identification of these barriers, agencies will be better able to work to overcome or limit their harm by supplementing resources.

Fourth, certain strengths (e.g., training opportunities and quality of serv- ices and performance provided by CAC staff) and weaknesses (e.g., staff turnover, staff burnout) were universal throughout focus groups. Consequently, this finding gives leadership the opportunity to support identified successes and resolve noted issues within the organization. For example, focus group members repeatedly voiced their concern for the secondary trauma and burnout; this information may further validate the significance of this issue and the need to address it through methods such as increased organizational support (e.g., collegial support, clinical supervision), trainings, and self-care practices (e.g., intrapersonal and interpersonal support, physical activity, coping techniques) (e.g., Letson et al., 2020; Perron & Hiltz, 2006). With proper responses, the agency may reduce turn- over and increase the health and satisfaction of their employees (e.g., Letson et al., 2020; Maslach et al., 2001; Perron & Hiltz, 2006). Conversely, because focus groups also highlighted the many successes of the agency (e.g., support provided to staff members, strength in their external partner agency relationships), Project Harmony is also able to continue efforts in supporting the continuation of these strengths and share these advance- ments with other agencies serving children who have been exposed to trauma and/or maltreatment.

Notably, while leadership may have already had a general awareness of these successes and barriers, the focus groups offered a unique opportunity to gather explicit details on these challenges and successes from both internal CAC staff and external agency partners. Again, these sessions were divided by

internal/external status and service area to ensure respondents felt that they could speak openly about their experiences. In this way, the supplemental information gathered from the current study can further aid leadership's ability in fully understanding the specifics behind these successes and barriers from those working through them on a daily basis—including how these may vary depending on internal/ external status.

Fifth, although universal themes were identified, there are also unique aspects to service areas that need to be considered for CACs to function efficiently. That is, each focus group was able to identify particular strengths and weaknesses unique to the service area they work in or with. This finding is not entirely surprising, given the unique policies and practices that exist within each of the separate service areas and the call from previous work to examine these individual components (e.g., Elmquist et al., 2015). For instance, although the internal medical service area identified the structure and consistency associated with their scope or role as a strength, advocacy service area team members considered their scope or role to be ambiguous. Without examination of each service area individually, this nuance may have been missed—and the ability for Project Harmony to examine the scope of roles for advocacy moving forward. Therefore, beyond the examination of practices and policies throughout an agency as a whole, findings demonstrate the importance of assessing each service area individually.

Overall, findings demonstrate that focus group participants thoughtfully reflected on their work and offered valuable insights about both the success and barriers of working in and with the CAC. While focus group participants were provided with an equal number of opportunities to discuss the strengths and challenges of their work, the overall discussion surrounding the CAC was largely positive across both internal CAC staff and external agency partner focus groups. Additionally, when barriers were discussed, they were, at times, beyond the control of the CAC (e.g., COVID-19 pandemic–related issues, larger system barriers). Finally, while certain strengths and weaknesses were universal across focus groups, successes and barriers unique to each service area were also recognized.

Given the gaps in research on CACs, it is possible that these findings are similar to what other CACs may experience (e.g., influence of larger system barriers; Cross et al., 2008) or have unique aspects that could be due to the collaborative nature between the current CAC and the community. In this way, future research should examine how these findings are consistent or not in the context of the CAC being examined (e.g., size, com- munity factors, financial support).

In light of these findings, there are three implications that should be considered to inform the policies and procedures of agencies working with children and families across the country. Our goal in providing these implications is that other CACs and their leadership teams can identify strengths and barriers in their own agencies that help facilitate any needed changes. First, the current study demonstrates the importance of critically examining perceptions of the practices and policies that exist within a CAC (see also Conners-Burrow et al., 2012; Herbert et al., 2018; Herbert & Bromfield, 2017; Jackson, 2004a; Kenny et al., 2007; Newman et al., 2005; Newman & Dannenfelser, 2005; Tener et al., 2020). By working with Project Harmony to identify internal staff and external agency partners, the research team was able to access key stakeholders who could provide the rich insights examined here. As noted above, these conversations resulted in a better understanding of what is working well at Project Harmony and what areas might benefit from some changes. Other CACs could use this same method to explore the strengths and barriers within their own organization—some which might be similar or different from what was identified here. Notably, this process could examine the organization overall but also specific service areas to determine what unique challenges are faced by staff. Thus, once strengths and barriers are identified, agencies could modify or further develop any training or policies and procedures for these services and collaborations. The ultimate goal should be to understand the factors that are influencing their organization so that responses can be implemented.

Second, the current study demonstrates that in order to examine perceptions of these procedures, buy-in from both internal and external agency partners is vital. Considering field standards and that some studies including focus groups deem

response rates as low as 25.8% to be “adequate” (e.g., Tates et al., 2009), the response rate in the current study is quite high (Dillman et al., 2009). This was due to the support from Project Harmony leadership who emphasized the importance of this work. Without support from Project Harmony and the dedication of their staff and partners, this study would not be possible. Other CACs that are interested in using this method will need to ensure that they have the support of the agency leadership, staff, and partners to facilitate these discussions. In addition to this support, participation can also be increased by highlighting the relevance of the project to their work and how participant feedback may result in changes to existing practices (Baruch, 1999).

Finally, engaging participation from internal and external staff in assessments such as this may increase employee satisfaction. Many internal CAC team members voiced appreciation for this evaluability assessment, with several focus groups thanking the research team for their time and investment in examining the program operations of the CAC. By soliciting feed- back, focus groups and/or other data collection methods (e.g., interviews, surveys) may increase employee and agency partner satisfaction with agency processes by ensuring all voices are heard and potentially incorporated into decision making (Spurlock & O’Neil, 2009). Of course, any future CAC evaluations should assess whether these practices are increasing employee satisfaction within their agencies and the conditions under which that satisfaction is had (e.g., whether the ideas are incorporated into practice).

Limitations

Although this study advances past work, there are three limitations that future research should consider. First, although great variability is evident across different CACs (e.g., variation in policy, procedure, and standard implementation; Jackson, 2004a), the current study only assesses one CAC. Additionally, because Project Harmony is one of the largest CACs in the nation, the center most likely has a larger staff size and is able to offer more services and resources to the children and families they serve in comparison to most other CACs (Chandler, 2000).

Overall, this may result in a limited ability to generalize findings to other CACs across the nation. Second, although the response rate was high (85.2%), selection bias may still have occurred with a higher inclusion of external agency partners who have more favorable attitudes toward Project Harmony participating within focus groups, while those with less favorable attitudes opted out of participation. As a result, results may illustrate a more favorable viewpoint of the CAC than what external agency partners sincerely believe to be true. Third, the findings presented in the current study are derived from in-person and virtual focus groups, where responses were shared in a setting with other focus group members. With this lack of anonymity, discussions may have included more socially desirable responses, again showcasing more favor- able attitudes from both internal CAC team members and external agency partners. But again, internal CAC staff and external agency members participated in separate focus groups in an effort to protect identities and perceptions of collaborations. However, given the close-knit relationships between internal staff and external partners, it is possible that these existing relationships resulted in more socially desirable responses even in separated focus groups.

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