

Case Study of a Child and Youth Advocacy Centre (CYAC) in a Canadian City

by

Shanna Hickey

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Shanna Hickey

Abstract

This project involves an exploratory, qualitative case study of one Canadian Child and Youth Advocacy Centre (CYAC). The purpose of the research was to examine how Child Advocacy Centres (CACs) and CYACs respond to the needs of victims and their families and what frameworks guide their responses. Since this research is exploratory, no hypotheses were developed. **Method:** Sixteen in-person semi-structured interviews were conducted, transcribed and analyzed using QSR NVivo 11 Pro. **Results:** Several themes were drawn from the interviews illustrating the diverse dynamics that CACs and CYACs face including collaborative tensions, mental health and the criminal justice system.

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Chapter One: Introduction

An Introduction to Child Maltreatment in Canada

Child maltreatment is a serious social, and victimological issue facing today's society which has been described as a global public health concern (United Nations, 2006) as its impacts go far beyond the initial incident. Without proper care and support, a child maltreatment incident can contribute to behavioural problems, poor school performance, mental health issues, poor physical health and adult victimization (Burczycka & Conroy, 2017). According to the Canadian Incidence Study of Reported Child Abuse and Neglect child maltreatment can be broken down into five categories of abuse including: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to intimate partner violence (Public Health Agency of Canada, 2010).

The most recent Canadian Incidence Study of Reported Child Abuse and Neglect indicated there were approximately 235, 842 cases of child-maltreatment investigations conducted in Canada in 2008 (Public Health Agency of Canada, 2010). Statistics Canada indicated that 53, 500 children and youth under the age of 18 years old were victims of violent crimes in 2015 as captured by police-reported data (Burczycka & Conroy, 2017).¹ Police reported roughly 16,100 of these children and youth were victimized by a parent, sibling, extended family member or spouse (Burczycka & Conroy, 2017). Roughly three in five children and youth (58%) were violently victimized by a parent and being victimized by a parent was most common (84%) among very young victims under the age of one years old (Burczycka & Conroy, 2017); this is also when children are most vulnerable and least able to reach out for help. Girls remain the most likely victims of family violence when compared to boys, with girls aged 14 to 16 being twice as likely to be victimized by a family member than boys of the same age

¹ Violence included homicide, attempted murder, physical assault, sexual offences, abduction/kidnapping and other violent offences.

(Burczycka & Conroy, 2017). It is also well known that police-reported data is unreliable especially in regard to issues of assault and abuse as often times these crimes are not reported. According to the 2014 GSS, 93% of victims who self-reported childhood physical and/or sexual abuse on the survey did not report the incidents to police or child protection services before the age of 15 years old (Burczycka & Conroy, 2017). Nor did many of the victims (67%) confide in friends or family members (Burczycka & Conroy, 2017). Not only is it concerning that victims of abuse do not reach out for immediate assistance, but those who are physically or sexually abused as children are also more likely to experience troubles in adulthood. For example, victims of childhood physical or sexual abuse are more than twice as likely to experience violent victimization in adulthood, and they report higher incidents of mental health issues, poor physical health, drug use and binge drinking behaviours (Burczycka & Conroy, 2017).

In Canada, child maltreatment was treated as taboo and was widely unaddressed in both research and governmental policy until the 1960s and 1970s (Children's Aid Society of Ottawa, 2015; Hornick & Morrice, 2007). Child abuse (specifically child sexual abuse) gained greater recognition in the 1970s due primarily to the women's movement (Hornick & Morrice, 2007) which helped to increase the level of government involvement (Children's Aid Society of Ottawa, 2015). One of the first major reports on child sexual abuse was released in 1984, known as the Badgley Report, which helped to highlight that child sexual abuse was a significant societal issue facing Canada (Hornick & Morrice, 2007). Two years later, Bill C-15 *An Act to Amend the Criminal Code and the Canada Evidence Act* was introduced (receiving Royal Assent in 1987). The purpose of the legislative reform was to: increase protection for victims and witnesses of child sexual abuse, increase successful prosecution of child sexual abuse cases, to better the experience of child victims and witnesses, and to ensure sentencing matched the

severity of the offence (Hornick & Morrice, 2007). Today there are also special provisions in the *Criminal Code of Canada* which protect victims of family violence including criminal offences such as assault, kidnapping & forcible confinement, abduction of a young person, criminal harassment, homicide, sexual assault, child pornography, criminal negligence, failure to provide necessities of life, abandoning child, theft by person holding power of attorney as well as sexual offences against children and youth (Department of Justice, 2015).

Historically, joint investigations between child protection services (CPS) and local law enforcement was the common method used to complete child maltreatment investigations, however, the method was highly criticized for its shortcomings (Cross et al., 2008; Jones, Cross, Walsh & Simone, 2007). Interviews with children were conducted in police stations or other sterile environments not conducive for traumatized children and families. Law enforcement and CPS investigations were not often conducted in synchrony which sometimes led to a lack of communication between the two agencies (Garret, 2004; Newman & Dannenfelser, 2005; Stanley, Miller, Foster & Thomson, 2011). The lack of communication between law enforcement and CPS sometimes meant that families were not referred to additional services in a timely manner, or at all (see Beatrice, 1990; Cross, Finkelhor & Ormrod, 2005; Garret, 2004; Horwath & Morrison, 2007; Newman & Dannenfelser, 2005; Stanley et al., 2011). Today, law enforcement and CPS are still both mandated to protect children from harm (Tonmyr & Gonzalez, 2015). Since the 1990s the Canadian Child Advocacy Centre (CAC) model – based on the American Children’s Advocacy Center model – started to develop in Canada. CACs are a model of service delivery where other service agencies are also involved in the child abuse case and this approach has changed the investigative process dramatically (Cross et al., 2008; Jones et al., 2007). Today, not only are law enforcement and CPS involved but mental health

professionals, medical professionals, and other support agencies all work together to support the child and family through the investigation and the child is interviewed in a child-friendly environment (Cross et al., 2008; Jones et al., 2007).

An Introduction to American Literature on Children's Advocacy Centers (CACs)

In the U.S., it is reported that 3 million incidents of maltreatment are reported to local and state child protection services every year (Elmquist et al., 2015; Finkelhor, Hamby, Ormrod, & Turner, 2005; Theodore et al., 2005). Historically child abuse investigations in the United States were also handled through joint investigations with child protection services and the police (Cross et al., 2008; and Elmquist et al., 2015). However, throughout the years, this method of dealing with child abuse investigations was highly criticized for four main reasons: (i) children were exposed to multiple interviews by different agencies; (ii) children were questioned by personnel who lacked training in child development and who lacked experience dealing with children; (iii) children were being interviewed in cold, harsh and uncomfortable settings, such as police stations which further upset children who were often times scared and already experiencing a highly traumatic and stressful situation; and (iv) multiple agencies who were involved with the child abuse investigations rarely coordinated efforts leaving the investigation and referral to services disjointed (Cross et al., 2008; Jones et al., 2007). Thus, in order to deal with child abuse investigations more effectively, the Children's Advocacy Center model was created.

The National Children's Advocacy Center (NCAC) located in Huntsville, Alabama opened in 1985 and spearheaded the development of the Children's Advocacy Center² (CAC) model which now operates as many as 800 CACs across the United States and is used in as many

² Although Canada uses the same CAC acronym, in Canada CAC stands for Child Advocacy Centre to differentiate it from the American model.

as 25 countries across the world including Canada, Australia, Croatia, New Zealand, Israel, Finland and Cuba to name a few (Bertrand, Paetsch, Boyd, & Bala, 2015; National Children's Advocacy Center, 2016). The primary goals of the model are debated in the literature with some authors stating that one of the main purposes is to gain more prosecutions in court (Faller & Palusci, 2007), while others argue that the purposes of CACs³ are directed to service delivery, child protection and victim advocacy (Cross, Fine, Jones & Walsh, 2012). However, from the literature that was reviewed it does appear that most scholars would agree that reducing the number of interviews a child is exposed to and improving the experience for child victims and their families during a child abuse investigation are two of the primary goals of the CAC model (Brink, Thackeray, Bridge, Letson & Scribano, 2015; Cross et al., 2008; Cross et al., 2012; Faller & Palusci, 2007; Miller & Rubin, 2009). Initially, CACs were used to respond only to cases of alleged child sexual abuse, however, CACs now respond to other forms of maltreatment, including alleged physical abuse and witnessing domestic violence as well as historical abuse cases (Walsh, Jones & Cross, 2003). CACs in the U.S. can be operated in multiple ways – through hospitals, prosecution offices, community organizations, or independently, with the main goal of providing ideally only one forensic interview to a child while also providing the child and their family with support and appropriate services (Kenny, Vazquez, Long & Thompson, 2017).

In the late 1980's, the National Children's Alliance (NCA) was developed. The NCA is another non-profit organization which established a set of standards to help facilitate national CAC development (Walsh et al., 2003). Ten standards exist which consist of key components which must be met either on or offsite⁴ in order for the CAC to obtain membership with the NCA

³ CAC will now be used throughout the remaining paper to refer to Child Advocacy Centres, Child and Youth Advocacy Centres and Children's Advocacy Centers unless otherwise specified.

⁴ The components must be offered either at the CAC (onsite) or at another affiliated agency in the community to which the CAC can refer clients (offsite).

as an accredited CAC, thus making it eligible to obtain funding (Faller, 2015; Walsh et al., 2003). The most recent document entitled ‘Standards for Accredited Members – 2017 Edition’ updated the ten original components which includes:

1. A Multidisciplinary Team (MDT);
 - The team involves representation from multiple agencies including law enforcement officers, child protection services, prosecution services, medical services, mental health services, victim advocacy and CAC staff, each of which coordinate to provide a holistic investigation which increases effectiveness and reduces stress for child victims and their families (Cross et al., 2008).
2. Cultural Competency and Diversity;
 - The CAC must provide culturally sensitive services to all clients throughout the child abuse investigation (National Children’s Alliance, 2017). According to the National Children’s Alliance Standards (2017), culturally competent outreach should focus on: “culture and degree of acculturation, ethnicity, religion, socioeconomic status, disability, gender, gender identity and expression, and sexual orientation.” (p. 17).
3. Forensic Interviews;
 - The forensic interview standard states that forensic interviews must be “conducted in a manner that is legally sound, of a neutral, fact finding nature, and are coordinated to avoid duplicative interviewing” (National Children’s Alliance, 2017). Usually, interviews are conducted in a room that has a two-way mirror or closed-circuit television (CCTV) allowing other agencies from

the MDT to simultaneously gain the information they need to conduct their own investigation (Faller, 2015; Smith, Witte & Fricker-Elhai, 2006).

4. Victim Support and Advocacy;

- Victim support and advocacy must be provided to all child victims and their families as part of the MDT response (National Children's Alliance, 2017).

5. Medical Evaluation;

- CACs offer specialized medical exams and treatment services as part of the MDT response (National Children's Alliance, 2017). The practitioners providing the exams must obtain specific training to deal with children who have been sexually abused or have some experience working as a physician with child victims of sexual abuse (National Children's Alliance, 2017).

6. Mental Health;

- CACs must provide “evidence-based, trauma-focused mental health services designed to meet the unique needs of the children and caregivers” (p.35, National Children's Alliance, 2017) as part of the MDT response (National Children's Alliance, 2017).

7. Case Review;

- Case reviews allow the MDT to come together and discuss the details of on-going or past cases in order to further collaborate, share insights or problems, refer the client to services, update each other on progress that is made etc. (National Children's Alliance, 2017).

8. Case Tracking;

- CACs must implement a system in order to track the progress of each of their cases and its outcomes for each of the MDT components (National Children's Alliance, 2017).
9. Organizational Capacity; and
- “A designated legal entity responsible for program and fiscal operations has been established and implements basic sound administrative policies and procedures” (p. 47, National Children’s Alliance, 2017). This standard indicates that CACs must be non-profit agencies affiliated by an umbrella organization whether that be a hospital, another non-profit organization or law enforcement agency (National Children’s Alliance, 2017). There must also be a legal entity that oversees business operations such as management, funding, supervising, etc. (National Children’s Alliance, 2017).

10. Child-Focused Setting (National Children’s Alliance, 2017).

- The center is usually in a neutral setting that is both comfortable and private (National Children’s Alliance, 2017). CACs are often set up in independent buildings and are vastly different from police stations, office buildings or sterile environments (Cross et al., 2008). The environment is set up to be family-oriented and to create physical and psychological safety (Cross et al., 2008).

One of the concerns that is discussed in the literature and is usually stated as the precursor for most of the research studies in the field is that although the CAC model was implemented to deal with the criticisms of the traditional child abuse investigation method and has become thought of as a best practice, there are few empirical studies indicating that the

model *is* effective (Brink et al., 2015; Cross et al., 2008; Faller & Palusci, 2007). Being able to illustrate an effective model is important to show the potential impacts the program can have on the community (Frieden, 2014). Having an effective model is also essential for further funding and resources in one's community and facilitates communication and partnership between those involved (Frieden, 2014).

A Review of the CAC Effectiveness Literature

As mentioned previously, researchers do not agree on the primary goal of the CAC model. Similarly, researchers do not agree on what it means for a CAC to be effective. This is why, as Elmquist et al. (2015) found when reviewing the American CAC literature in 2015, CAC effectiveness literature focuses on the following four themes: (i) multi-disciplinary benefits and efficiencies; (ii) victim and family satisfaction; (iii) CACs versus the traditional response; and (iv) arrest and prosecution rates. Each theme will be discussed below.

Multi-disciplinary Benefits and Efficiencies

There is a wealth of research documenting the benefits of the MDT approach. These benefits include lower levels of negative stress for non-offending caregivers where the CAC is a sole point of contact during the investigation, when the non-offending family members are provided emotional support by the CAC staff and when the children are not interviewed as often or by several different individuals (Elmquist et al, 2015). There are also numerous studies which support the benefits of the MDT approach. When compared to control sites, the MDT approach has translated into more medical and psychological services including screening and testing when necessary. This may be because children are not put onto long waitlists for medical or psychological testing and are instead served directly through the CAC when needed (Elmquist et al, 2015). A recent study by the Department of Justice Canada which evaluated operational data,

criminal justice outcomes as well as client satisfaction, indicated that 79% of non-offending caregivers who received services from six Canadian CACs were satisfied with the wait times for services (Proactive, 2016).

Victim and Family Satisfaction

Previous studies (Jensen, Jacobson, Unrau, & Robinson, 1996; Jones et al., 2007) have shown higher satisfaction among children and non-offending caregivers who were provided services at a CAC (Elmquist et al., 2015; Jensen et al., 1996; Jones et al., 2007; Jones et al., 2010). The study by Jones et al. (2007) compared caregiver response among those undergoing a child abuse investigation at a CAC versus a control community (Elmquist et al., 2015). In terms of caregiver satisfaction, the literature does support the claim that CACs tend to be effective at providing sufficient supportive services for caregivers. The Canadian study by the Department of Justice, also found high satisfaction among non-offending caregivers, with 87% indicating that they were satisfied with the support they received from the CAC, and 80% indicating they were satisfied with the support their child received from the CAC (Proactive, 2016). Seventy-five percent of these caregivers were satisfied with the information that was provided by the CAC (Proactive, 2016). There remains, however, areas of improvement for CACs in this area (Elmquist et al., 2015).

CACs versus the Traditional Response

When comparing the CAC model to services not provided in this way, most studies focus on whether the CACs are offering multi-disciplinary services and to compare whether or not children and families are offered similar services and standards of care elsewhere (Elmquist et al., 2015). Some studies also investigate whether or not cases served by the CACs are

substantiated⁵ more often than in communities without a CAC (Elmquist et al., 2015). In each of the studies that Elmquist et al. (2015) reviewed, CACs were more likely to have served cases where abuse was substantiated and provide MDT services versus communities without CACs.

Additionally, in Canada, Tonmyr & Gonzalez (2015) were concerned by the limited research on the characteristics of joint investigations and researched the frequency of joint investigations by child protection services and the police in sexual abuse cases compared to other cases of maltreatment using data from the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect. They found that 55% of child sexual abuse investigations had a joint investigation and when compared to cases of intimate partner violence (IPV): cases of physical abuse were 4.5 times more likely and cases of sexual abuse were 21 times more likely to involve police. The authors reported that being female, having more than one subtype⁶ of sexual abuse, severe maltreatment or evidence of harm increased the likelihood that police would be involved in the investigation. Further, they found if the alleged perpetrator was identified as being an “other person” or male, the likelihood of police involvement increased. Overall, the study suggested that police involvement increased the likelihood that: the case would be substantiated, the child would be considered or placed into care during the investigation, the victim would be referred to services, and the child welfare court would become involved.

Arrest and Prosecution Rates

Upon evaluating studies comparing CACs and non-CACs on prosecution rates, charging decision time, case resolution and total case processing time, Elmquist et al. (2015) found mixed

⁵ Substantiated cases are those in which the case has been ruled to have abuse.

⁶ Subtypes included: sexual abuse only; sexual abuse and neglect; sexual abuse and physical abuse; sexual abuse and emotional abuse; sexual abuse and exposure to IPV; sexual abuse and neglect and emotional abuse; sexual abuse and neglect and exposure to IPV; sexual abuse and physical abuse and emotional abuse; sexual abuse and physical abuse and exposure to IPV; sexual abuse and physical abuse and neglect; and sexual abuse and emotional abuse and exposure to IPV.

results. For example one study found that the presence of several new CACs doubled prosecution rates in one community, though in another community where the CAC numbers remained constant, no change occurred in prosecution rates (Elmquist et al., 2015; Miller & Rubin, 2009). However, the literature on prosecution rates and factors is quite extensive and detailed. For example, the factors that are most likely to be present when a case is brought forward for prosecution has been heavily researched (Hartley, Mullings & Marquart, 2013). It has been found that the age of the child (7+), offender characteristics (male, unknown or non-familial) as well as the type of offence (frequent, severe sexual abuse), are more likely to be brought forward to be prosecuted (Hartley et al., 2013; Tonmyr & Gonzalez, 2015).

A Caution Concerning Effectiveness

One concern I would like to draw attention to, both in this section and throughout this paper, is that the entire notion of CAC ‘effectiveness’ is a westernized framework of evaluating the model and takes agency away from the children and families who should have some input into how they would like to work through an investigation. Because both the U.S. CAC standards and the draft Canadian standards (which will be discussed below) include cultural sensitivity, it is important to recognize that operating from a western framework is in and of itself problematic for Indigenous peoples in Canada, many of whom may access services from Canadian CACs:

[Canada’s] child welfare system is one that reflects white dominant mainstream ideas and ideals and it has historically been used on Aboriginal peoples in ways that conflicts and are inconsistent with Aboriginal people’s values and family traditions. (Crichlow, 2003).

Indigenous children are overrepresented in the Canadian welfare system with some estimates indicating that the number of children in the welfare system is three times the number of children

who attended residential schools during the 1940s when the student population was at its highest count (Auger, 2012; Blackstock, 2003). It was during the sixties scoop⁷ that the Canadian government declared they were aiming to extinguish poverty, termed the “war on poverty” (Sullivan & Grant, 2010). As part of this strategy, children were removed from homes by social workers who deemed families unfit to care for children who were poor and this movement disproportionately affected Indigenous families (Sullivan & Grant, 2010). Auger (2012) argues that the welfare system, in some senses, became a replacement for residential schools, such that children were still removed from homes and placed with non-Indigenous families where they continued to lose touch with their culture, language and familial values. Thereafter, in the 1970s and 80s the First Nations Child & Family Services Agencies (FNCFSAs) were created to provide culturally sensitive services to Indigenous families, however funding limitations meant that programming to Indigenous children was either lacking or non-existent all together and an unequal ratio of Indigenous children continued to be place into the welfare system (Auger, 2012; Blackstock, Prakash, Loxley & Wien, 2005). Furthermore, the low income Indigenous families who could not provide the essentials for their children were not provided any financial measures to help assist with their financial burdens (Auger, 2012; Blackstock, et al., 2005). Unfortunately it has been well-documented that children and youth who are exposed to the welfare system also experience serious negative effects including substance abuse issues, suicide and suicidal ideation, incarceration, homelessness, low educational attainment and continued involvement with the welfare system (Auger, 2012; Blackstock, Brown & Bennett, 2007).

Having CACs become focused on effectiveness may mean research, principles, values and policies being implemented that do not allow MDT members to focus on culturally sensitive

⁷ A social phenomenon used to describe social workers who would “scoop” children from reserves with or without viable justification (Johnston, 1983; Stirrett, 2015).

responses, but instead focus their concern and attention on how their actions will lead to the capturing of an effective outcome. History has taught us that Western approaches, though improving, have been extremely damaging to Indigenous cultures and Indigenous peoples, particularly when it comes to matters of child welfare (Auger, 2012; Blackstock, 2003; Crichlow, 2003; Sullivan & Grant, 2010). Thus, adopting an anti-racist approach and consulting with Indigenous communities about how to best serve their children and families during child abuse investigations could be more productive in terms of ‘effectiveness’ than evaluating programs from a Western framework (Crichlow, 2003).

Canadian Literature on Child Advocacy Centres (CACs) and Child & Youth Advocacy Centres (CYACs)

In order to combat child abuse in Canada, the Canadian government responded through funding to help establish Child Advocacy Centres (CACs) and Child and Youth Advocacy Centres (CYACs) (McDonald, Scrim & Rooney, 2013) which are based on the American Children’s Advocacy Center (CAC) model discussed above. Each CAC and CYAC has a somewhat unique origin story, some that are particular to their region or community. For example, in Cornwall, the CYAC primarily developed in light of a recommendation from the Cornwall Inquiry in order to facilitate healing and reconciliation (Gladue, Cornwall Public Inquiry, & Ministry of the Attorney General, 2009). The inquiry resulted after allegations of abuse against community members, including a Priest and Probation Officer, surfaced in the early 90s but were severely mishandled, and there was suspicion that the allegations were covered up by professionals in the community (Gladue et al., 2009). The Cornwall community lost trust in many of the professionals who were supposed to protect them and were wary of disclosing current or historical abuse, wondering if it would be taken seriously or addressed appropriately (Gladue et al., 2009). Sophie’s Place CAC located in Surrey, Vancouver initially

developed due to a group of parents who were in need of transportation to Vancouver's only treatment centre for disabled children (Centre for Child Development, 2018). Today, the Centre continues to focus on providing CAC services, particularly to children with special needs (Centre for Child Development, 2018). Other CACs and CYACs indicate that their centres developed to address some of the inadequacies that have been found in the current systems. For example, the CAC located in Peel, Ontario, has cited research from Kaufman & Kennedy (2013) in their final needs assessment report stating the reason the CAC was developed was because of a lack of cohesion between the legal, criminal, social and health care systems which are supposed to address the best interest of the child (Walters-Broadway, 2013). The Peel needs assessment report also indicated that some victims and their families felt victimized by the very systems that were supposed to be providing them support (Walters-Broadway, 2013). The Snowflake Place for Children and Youth, located in Winnipeg, Manitoba, indicates on their website that the reason for their Centre's design is based on their understanding that child abuse cannot be resolved by one agency, individual or discipline and as such requires a multi-agency response (Snowflake Place for Children and Youth, 2018). The Caribou Child and Youth Advocacy Centre, located in Grand Prairie, Alberta, indicates on their website that prior to their Centre's existence, children disclosing abuse were treated the same as adults and that their goal is to reduce system based re-victimization (Caribou Child & Youth Centre, 2018). One CAC, located in Simcoe, Muskoka, even indicates that their origins are due to an empowering speech given by Steve Sullivan in 2008, who served as the Federal Ombudsman for Victims of Crime concerning the protection of children from sexual abuse and exploitation on the internet (Child Advocacy Centre Simcoe/Muskoka, n.d.).

Research on Canadian CACs is sparse, in part, because CACs in this country are currently in development. To my knowledge, there are approximately 30 CACs in Canada at various levels of development (some open, some conducting pilots or demonstration projects, some in development and some are conducting feasibility studies or needs assessments).⁸ The majority of Canadian research to date has been written by the Department of Justice Canada. These studies cite the American literature (see Boyes 2011; McDonald et al., 2013; Tonmyr & Gonzalez, 2015), as well as various evaluations which have been conducted by individual Canadian CACs and are primarily internal documents (McDonald et al., 2013; Proactive, 2016). To my knowledge, beyond the current paper, there are no published academic empirical studies concerning Canadian CACs. Thus, this research project is a significant contribution to the Canadian literature on CACs. Using a qualitative case study approach, one CAC in a Canadian city was studied to investigate the following two research questions: (i) how do CACs, that provide services to children undergoing a child abuse investigation, respond to the needs of victims and their families? And (ii) what frameworks guide their response to child victims? The benefits of exploring this research include contribution to the victimology and child abuse literature, as well as contributing to a new and understudied area of Canadian literature regarding Canadian CACs and their responses to child victims and their families. This research will help shed light on how multi-disciplinary teams (MDTs) like the one in this case study relate to child victims and their families which in the future may help CACs to better respond to child victims and their families and improve services for children and youth who are physically and sexually victimized each year in Canada.

⁸ CAC 2018 Conference; Hickey, 2015

Child Advocacy Centres (CACs) and Child and Youth Advocacy Centres (CYACs) are primarily non-governmental organizations (NGOs) funded by different levels of government, and through private funding (Department of Justice, 2013). CACs provide support to child victims and their non-offending family members during a child abuse investigation (Department of Justice, 2013). The goals of Canadian CACs are to: reduce the number of interviews a child is subjected to when disclosing abuse, to provide a child-friendly setting where child victims can be interviewed by experienced forensic interviewers, and to offer victims and their families medical, mental health, advocacy and court support services in order to better support victims and reduce system-based re-victimization (Lindsay, 2013). These services are provided by a multi-disciplinary team (MDT) which may include forensic interviewers, law enforcement, child protection services, victim services, medical professionals, child and/or family advocates, and mental health professionals among others (Department of Justice, 2013). For most CACs, the services offered by the MDT are (where possible) co-located, meaning that the professionals work out of one centre in order to offer all services to children and their families at one convenient location (Boyes, 2011). CACs that are fortunate enough to have ample funding also dedicate efforts to professional training, public awareness and research outside of client needs (McDonald et al., 2013). As will be discussed in later chapters of this paper, finding sustainable funding is a challenge that many Canadian CACs face.

Although each Canadian CAC may tailor its organization based upon the unique attributes of the community it serves, each CAC also has common characteristics which, for the most part, are the same as the US standards developed by the National Children's Alliance mentioned above. In 2014, the Department of Justice Canada devised a working group and with the help of KPMG Consulting, developed draft Canadian Standards for Canada's CACs. These

standards were developed in order to: provide consistent service delivery across the country, ensure that the standards were appropriate for the Canadian context and laws, help newly developing CACs become established, and finally, to ensure that the Canadian model is maintained (Bertrand et al., 2015). It should be noted, however, that the draft Canadian standards are suggested as best practice and are not compulsory. There is currently no organization which accredits Canadian CACs at this time (Bertrand et al., 2015). In fact, some Canadian CACs have received accreditation from the National Children's Alliance in the U.S. (Bertrand et al., 2015). Beyond subtle word variation, there is very little difference between the ten U.S. and draft Canadian standards.

Contextualizing the Canadian Context

Although there is one *Criminal Code* for all of Canada and with which special provisions exist in order to protect children and youth from child maltreatment (discussed above) (Department of Justice, 2015), the way in which the laws in the *Criminal Code* are administered is left to each province (Centre for Public Legal Education Alberta, 2017). The role of the Crown prosecutor also differs within each jurisdiction (Department of Justice, 2012). For example, in British Columbia and Quebec, the Crown prosecutor lays charges against an accused person and in New Brunswick, the police only lay charges after seeking the advice of the Crown. In every other jurisdiction, the police decide when a charge should be laid (Department of Justice, 2012). Additionally, it is also important to mention that in terms of child welfare services, while the aim across the country is to protect children from abuse and neglect, each province and territory in Canada funds and legislates differently, with the exception of services offered to First Nations people who live on reserves, which are services that are federally funded (Canadian Child Welfare Research Portal, 2011). Therefore each province and territory also carries with it laws

that govern the “age of protection”; this means that only children of a given age and younger will be provided child protection services by that province or territory (Canadian Child Welfare Research Portal, 2011). Lastly, unless case law has been brought before the Supreme Court of Canada (SCC), the interpretation of case law might be limited to its own jurisdiction because of the fact that each province administers the *Criminal Code* differently (Gall & Reeves, 1983).

These differences in legislation and professional roles means that depending on where each CAC is located in Canada, the role of the different players on the multi-disciplinary team (MDT) will vary. For example, the role of the Crown prosecutor on a MDT for a CAC located in British Columbia, Quebec, or New Brunswick may be much more removed than for a CAC in any other province or territory because it is much more important for the Crown in BC, QC or NB to stay impartial since they are the ones who lay charges against an accused person. Understandably, it would be a conflict of interest for a Crown to sit on a case review meeting, where details of the investigation were discussed prior to charges being laid. As well, the age of protection in some jurisdictions may be of a lower age than other jurisdictions, which may speak to the population and/or resource issues which the CAC will likely also face while serving their clientele. Because of this, not all CAC services may be available to all children and youth across Canada uniformly. Lastly, because the case law may be unique to each jurisdiction, it may be difficult to use precedence in cases that are linked to the CAC unless they go before the SCC.

Outline of the Study: Methods

A qualitative case study was used for this research project. Though this case study is descriptive in nature, the objective, as suggested by Stake (2006) and Watts (2007) is to fully understand this one case and to explore my own personal interpretation of what I have heard and witnessed. As with most CACs, the model used for this research is tailored to the specific

community it serves, though it strives to meet the ten standards discussed above. Flyvbjerg (2006) indicates one of the five misunderstandings of case study research is that researchers cannot generalize from a single case. He argues that case selection is crucial not only to the design of the study but also to the importance of generalizability, such that choosing a ‘paradigmatic case’ (p. 232) can illustrate a reference point or an example for future research. I therefore argue that generalizations could be made from this case study to CACs with a similar framework, who reside in a similar community. An iterative analysis was also used for this research study, by which I analyzed and re-analyzed the data several times in a reflective manner while also consulting the literature and theories concerning the topic (Tracy, 2013).

Sampling Strategy

For the purposes of this research study, a purposeful sampling strategy was used⁹, meaning that the particular case was specifically selected due to the fact that it would provide rich knowledge and an in-depth opportunity to study the topic of interest (Palinkas et al., 2015; Patton, 2002). Having access to a small number of information-rich participants, who are passionate about the cause, allowed me to address my research questions in-depth, which is the purpose of qualitative research (Patton, 2002). There is also the notion of selecting extreme cases in order to learn unusual patterns (Flyvbjerg, 2006; Palinkas et al., 2015); the CAC that was chosen for this research project was not the most established CAC but was also not a virtual CAC which is highly unusual given the model. Nevertheless, the CAC is unique based upon the

⁹ The CAC chosen for this study was based on a connection I had with my current employer, the Department of Justice Canada. It is important to note, however, that the research presented in this paper does not represent or is in any way associated to the views of Department of Justice Canada, nor is the Master’s degree funded by the Department of Justice Canada. I have worked on previous CAC projects and am currently part of the Canadian CAC Network through the Department of Justice Canada. No conflict of interest has been identified.

community it is located in and the various challenges it faces. Thus the information gathered is both rich and to some extent unique to this CAC.

Data Collection

After receiving approval through the Carleton University Research Ethics Board (CUREB), data for this study was collected from September to November, 2016. Through discussions with myself, the Executive Director and the Chair of the Board of the CAC, it was agreed that I would conduct the case study, provide a copy of the thesis, as well as return to the centre and give a presentation of my findings. It was also agreed that I would not name the CAC in my research project to protect their anonymity. The Executive Director¹⁰ of the CAC provided a contact list that included both multi-disciplinary team (MDT) members, as well as Board Members of the CAC for the researcher to contact in order to arrange interviews. Because the Canadian CAC network is small, and in order to protect the anonymity of the CAC involved in this research, each particular service agency included on the multi-disciplinary team will not be disclosed. Law enforcement, the Children's Aid Society (CAS) and Victim Services are generally found among most MDTs of Canadian CACs (Hickey, 2015) and as such can be identified without revealing the identity of the CAC involved in this research. Each of these service agencies were interviewed for the purpose of this research project. In all cases, each potential participant was contacted either through email or by telephone. The purpose of the research was explained and participants were asked to respond if they had any questions and/or were interested in participating in the research study. A total of 17 participants responded, though due to an unforeseen scheduling issue only 16 in-person semi-structured interviews were conducted. In one particular case, a board member, asked one of the social workers who worked

¹⁰ Since the time of this research there has been a staff change in the Executive Director position.

for her agency to do the interview in her place as she felt the social worker's experience with clients would aid in answering my interview questions. This is the only social worker identified in the narratives, though other social service agencies (like CAS) were interviewed; these narratives were either labelled as MDT or board members depending to which they belonged. Law enforcement members, though part of the CACs MDT, were also identified separately in the narratives because, upon analysis, it was found that their role in the CAC was particularly unique and this was important to highlight in the findings. As with other qualitative research, the number of interviews was determined by saturation, meaning that interviews continued until a full understanding of the CAC was achieved and no new information was required to obtain a full picture of the case (Palinkas et al., 2015; Miles & Huberman 1994). Each interview ranged between 30 and 90 minutes and involved a series of open-ended questions on a range of topics including the participant's career history, their perspective on the CAC and the criminal justice system (See Appendix A). Prior to beginning the interviews, the interviewee reviewed and signed a consent form. The form included contact information for several mental health services in the event that any of the discussions during the interview triggered negative emotions and the participants needed to seek support. Each participant was offered a \$5 Tim Horton's gift card after the interview as a token of appreciation for their time.

I would like to use this space to draw attention to my particular positioning as a researcher, such that my perspectives can be understood. I write this study from the perspective that CACs are ultimately the approach that both the provincial and federal government, as well as social, criminal and mental health systems, should be moving towards. My perspective is victimological, in that my main consideration is focused on how these agencies and policies will affect victims, their needs and their families. I acknowledge that as a White female, working for

the federal government, I was provided with a unique ability to gain access and trust to my research participants and that I hope I have represented their story in a way that communicates both their passion for the cause as well as their ongoing struggles, due in large part to the current climate facing many social services agencies functioning in Canada.

Data Analysis

A combination of thematic and narrative analysis was used (Jeppesen, 2016; Kikooma, 2010). As such, meaning was drawn from the narratives in a number of ways: 1) the interviews of the participants were used to construct a full story of the CAC (a storytelling approach) and to draw out knowledge regarding day-to-day practices, challenges and ways the CAC enriched their lives; 2) the narratives were also analyzed and deconstructed in order to draw out implicit meaning and alternative interpretations (Jeppesen, 2016; Kikooma, 2010). This type of analysis was facilitated using QSR NVivo 11 Pro. Each of the 16 in-person interviews were audio-recorded, transcribed and loaded into NVivo for further analysis. Each of the transcripts were set up using heading styles such that the interview questions and participant responses could be grouped together for synthesis. Each interview was manually coded using nodes with particular themes that were found during the transcription phase of the research process and themes that emerged as the researcher moved through the individual transcripts. Narratives were then further analyzed in relation to each other as well as to the current literature.

Outline of the Thesis

In the chapters that follow, collaborative tensions will be discussed in Chapter Two, which has been a topic of discussion for decades, well before the CAC model existed. As mentioned previously this was a criticism of the joint investigation method between child protection services (CPS) and police. In this chapter, the nature of collaborative tensions will be

discussed based on the literature, as well as the particular findings from the data collected. In Chapter Three, the centrality of victims in the CAC model will be explored, specifically trauma's impact on mental health as well as the interaction between victims and the criminal justice system. At the centre of this chapter is how the CAC model responds to victims and how this relates back to the professionals involved and the central goals of the CAC model. In the concluding chapter, the overall findings will be reviewed as well as a discussion on the importance of this research, future research and recommendations for the CAC moving forward. The overarching story will question whether the focus on effectiveness in research is the right approach.

Summary of Findings

As a reminder, the two research questions for this study were:

- how does the CAC respond to child victims and their families?; and
- What frameworks guide their responses to child victims?

The findings of my study indicated that, though the CAC model in theory is set up to respond to child victims and their families in a unified way, at this particular CAC, police still largely control the cases the CAC sees and as such control when or if other agencies become involved. It was also evident that each agency responds to child victims depending on the mandate and policies that are specific to their own agency. As a result of the interview questions and discussions with the participants, additional findings also became clear including: that there were various tensions between the MDT and board members (Chapter Two), the importance of victims feelings believed (Chapter Three), that police find it challenging to identify with victims who do not fit the “ideal victim” persona (Chapter Three), and on-going challenges with the

criminal justice system (Chapter Four). These findings will be discussed in greater depth in the chapters that follow.

Chapter Two: Collaborative Tensions

One of the fundamental principles of CACs is the multi-disciplinary team (MDT) which is comprised of multiple professionals from different service agencies (such as law enforcement, victim services, mental health, court support, etc.) who work together to address a child abuse investigation (Cross et al., 2008; Department of Justice, 2013 ; Jackson, 2012). The MDT can either be co-located at the CAC or located in separate buildings but come to the CAC to provide services to the family in order to provide a “one-stop shopping” approach (Robinson, Hudson, & Brookman, 2008; Wolfteich & Loggins, 2007). The MDT’s purpose at the CAC is to reduce the trauma of multiple interviews, eliminate families being assigned to different caseworkers and reduce the travel time for families associated with travelling to several agencies in the community (Wolfteich & Loggins, 2007). As such, a well-operating, communicative MDT should also reduce duplicated and fragmented services (Wolfteich & Loggins, 2007). As with any team environment, collaboration between members can result in increased effectiveness and efficiency but can also lead to frustrations and conflict (Jackson, 2012; Lowe & O’Hara, 2000). In the following chapter, I will explore the available research on the tensions and benefits of collaborating in a multi-agency environment. Narratives from the interviews I conducted for the purposes of this research project will be analyzed in regard to how they fit with the current literature. In this chapter, I will also address my research questions by exploring how the MDT responds to child victims and their families and which frameworks they use to do so.

Benefits to Collaboration

Multi-agency collaboration can have extremely positive outcomes for victims and survivors if they are done well (Robinson et al., 2008). While much of the research in this area comes from the US and the UK (see Collins & McCray, 2012; Garret, 2004; Houghton, 2011;

Robinson et al., 2008; Stanley et al., 2011; Thompson 2013) there tends to be a gap in this research for Canada. Robinson et al. (2008) explain that multi-agency relationships are the cornerstone to victim programming and have been a priority for the UK government for years. The positive outcomes that can result from an effective multi-agency partnership can include: a decrease in the severity of negative consequences associated with the abuse or assault; a reduction in system-based re-victimization; increased victim satisfaction and confidence; increased positive experiences for victims when they engage with the legal, medical and mental health systems; and increased team effectiveness, efficiency and greater development of client focused services (Campbell, 1998; Lowe & O'Hara, 2000; Robinson et al., 2008; Zweig & Burt, 2003).

Newman and Dannenfelser (2005) conducted a study to investigate the collaboration of law enforcement and child protection services (CPS). The authors used a sample of 28 different Children's Advocacy Centers in the United States. Executive directors, law enforcement officers and child protection workers were surveyed and interviewed. The participants of the study indicated that the CAC itself, cross-training, co-location of services, availability of trained interviewers and developing communication, relationships and teamwork all contributed to positive collaboration between agencies (Newman & Dannenfelser, 2005). Within these 5 themes of collaboration, some of the examples that were mentioned as valuable ways to break down barriers included: team meetings, learning the roles and procedures of the other professionals, increased information sharing, trusting each other, and socializing outside of the work place (Newman & Dannenfelser, 2005). The overwhelming majority of studies which discuss tensions in collaboration also reported that respondents had positive attitudes towards their collaborative relationships and a willingness to suggest and work towards addressing the

barriers (Cross et al., 2005; Horwath & Morrison, 2007; Newman & Dannenfelser, 2005), a finding which was also found in this study.

O'Neil and McCarthy (2014) interviewed police officers regarding their multi-agency collaboration and found that police appreciated and welcomed community partnership, and that though police were aware of their tough, controlling reputation in partnerships, they encouraged an environment that allowed partners space to collaborate and provide input. O'Neil and McCarthy (2014) explained that though tensions did exist when working collaboratively, police saw the usefulness of the relationship especially where it saved them time and money. Furthermore, one of the important findings of this study, was that the police regarded trusting, reliable partnerships as of primary importance and relied heavily on the agencies or professionals they knew they could trust (O'Neil & McCarthy, 2014).

Collins and McCray (2012) interviewed frontline practitioners and managers in education, health and social care, and found that overall, relationships improved when they implemented a multi-agency collaboration. The team improved in terms of communication and planning though this process was gradual and not without tensions (Collins & McCray, 2012). Eventually, the new team became the preferred way of working and the multi-agency collaboration improved further in terms of communication and relationship development (Collins & McCray, 2012). Furthermore, the participants indicated that the multi-agency collaboration increased learning opportunities, individual and collective skills, information sharing, and joint decision-making (Collins & McCray, 2012).

Culture Change

Lowe and O'Hara (2000) studied the challenges of changing the culture from a uni-discipline to a multi-discipline model and found that it is integral for there to be strong

management to support MDT development and ensure that it thrives. Two of these important facilitating strategies for multi-disciplinary development included: (i) strong coordination and communication, and (ii) team development (Lowe & O'Hara, 2000). Coordination and communication involved consistent management, team led and/or supervisory meetings, as well as MDT meetings, and goal setting which ensured that everyone had a chance to discuss project statuses and bring any issues to the table to appraise how to move forward as a team (Lowe & O'Hara, 2000). Team development not only involved having team training days, but were also structured to allow the team autonomy in order to put into operation the goals they devised using their own strategies (Lowe & O'Hara, 2000). A few striking findings in the report were that during the change from a uni-discipline model to the multi-discipline model: there was a period of time where the two models existed in unison, the culture change to the MDT model was gradual, and team members had to let go of their attachments to their own disciplines and learn new skills and attitudes to become part of the new team (Lowe & O'Hara, 2000).

Barriers to Collaboration

Differing Mandates, Agendas & Goals

Differing mandates, agendas and goals have been identified as one of the most critical barriers that collaborative teams face (Newman & Dannenfelser, 2005). Newman and Dannenfelser (2005) found that the participants of their study held very different perspectives on this. For example, child protection services (CPS) were focused on the safety and well-being of the child, and often needed to respond to cases more quickly. They were also critical of the police for demanding control of the investigation, seeing the investigation as an individual effort, not understanding mental health issues or family dynamics, lacking knowledge of child abuse laws and being inexperienced in forensic interviewing of children (Newman & Dannenfelser,

2005). Conversely, law enforcement officers were interested in the prosecution of the offender and were critical of CPS for interviewing the perpetrator before law enforcement and not having knowledge about the law (Newman & Dannenfelser, 2005). Similar findings were found previously in 2004, when law enforcement and social workers were interviewed about their collaborative relationships, both reporting that each operated from a different perspective which caused tensions (Garret, 2004). The police explained their role is heavily focused on making a case in court and that they felt criticized by social workers for not being empathetic enough to clients (Garret, 2004). Robinson et al. (2008) also found that conflicting agendas can cause competitiveness among agencies, and that some professionals believe it will be more work to be involved with multiple-agencies, when in reality if the multi-agency partnership works effectively, the workload should actually be less because everyone works together to help each other.

Information Sharing

Information sharing is a potentially devastating barrier to a multi-agency collaboration (Adams & Lee-Jones, 2017; Thompson, 2013). According to Thompson (2013) information sharing has become a cornerstone to the child protection profession due to a number of high profile inquiries and because it is essential for child protection workers to check in with other professionals in order to be able to create a full picture of a child's life. In fact, Keeley, Bullen, Batest, Katz & Choi (2015) identified four benefits of information sharing including: (i) tailored services, (ii) efficient and high-quality services, (iii) decreased burden on clients to provide information, and (iv) improved safety (p.15). Adam and Lee-Jones (2017) draw attention to the fact that privacy and confidentiality are written into professional codes of ethics, are heavily regulated, and can result in fines or even criminal sanction if violated. Thus, information sharing

is a very tricky issue that many agencies grapple with, especially in a multi-agency collaborative context. Adam and Lee-Jones (2017) reviewed the Australian legislation that impacted information sharing in child protection and argued that much of the legislation overemphasized the protection and controlling of information, and that in most cases privacy concerns would not take precedence over the safety and protection of a child:

The Human Rights Committee has made clear that it is consistent with international law to impose limits on the right to privacy where those limits are lawful and reasonable in the particular circumstances. In order to be “reasonable,” a law or policy that interferes with privacy must meet two criteria: It must have a legitimate aim; and it must be a necessary and proportional means to achieve that aim (UNHRC, 2004, p. 3). This approach leaves considerable room to manoeuvre and allows domestic law and policy makers to resolve the tension between conflicting rights in particular contexts. Protecting and promoting the safety and welfare of children are undoubtedly legitimate aims; and so, the question for consideration is whether limits imposed on privacy and confidentiality in pursuit of those aims are necessary and proportionate. (p. 1352).

The authors further argue that in order to improve and increase the free flow of information between multiple agencies that address child abuse investigations, breaches of privacy or confidentiality should result in civil or at the very least alternatives responses opposed to criminal sanctions.

Interestingly, a study examining the collaboration between police and Children Social Services (CSS) in domestic violence cases in England brought to light the fact that both the police and CSS admitted they lacked an understanding of what the other agency did with the

information they are being asked to share, and saw this as a barrier to their partnership (Stanley et al., 2011). Both groups agreed that job shadowing could help to address this barrier (Stanley et al., 2011). The same authors also reviewed both police and CSS files and found that the case records illustrated limited ongoing communication between CSS and police, that CSS reported difficulty contacting officers outside of formal meetings, and that information sharing occurred more often if there was a case receiving service of a statutory child protection level (for police) or a statutory child protection intervention (for CSS) (Stanley et al., 2011). Adam and Lee-Jones (2017) encourage agencies to get together and discuss the collection, use and disclosure of information, as well as their collective goals, in order to allow for the greater sharing of information.

Location

The location of the agency was also cited as a barrier to multi-agency collaboration. In this regard, agency confusion, inconvenient location and time or scheduling conflicts have all been cited in the literature as tensions between colleagues. For example, Garret (2004) discusses the blurring of the social work identity, over which there was a fair amount of contention between those in law enforcement and the social workers in the study. However, one point that was clear, is that the two professionals working together under one roof caused some confusion for their customers as to who is who and what role each of them played (Garret, 2004) – a finding that was also found in my study. Additionally, some of the law enforcement officers found that working together at one location had the potential to create a duplication of services since the advice provided by both the social worker and the police officer would be very similar (Garret, 2004). In contrast, some felt the blurring of the roles was a positive aspect, for example

social workers felt being perceived as police officers could deescalate high risk situation where parents or caregivers were likely to become violent (Garret, 2004).

According to Newman and Dannenfelser (2005) the physical location of the centre became an area of tension because both the police and social workers had to coordinate and schedule travel time in order to conduct their joint investigations. They explained it would be much easier if they were co-located or if there were two CACs in either ends of the city – a perspective that again was shared by the MDT interviewed in my study.

Case Conflict

Control over cases, and differences in how to approach or deal with a particular case, were also listed as tensions for multi-agency collaborations (Brandon, Howe, Dagley, Salter & Warren, 2006; Collins & McCray, 2012; Garret, 2004; Newman & Dannenfelser, 2005). Many studies have indicated that power struggles exist between agencies and often times the police either take the lead in the investigation or expect to be the agency in charge of the investigation (Garret, 2004; Newman & Dannenfelser, 2005; O’Neil & McCarthy, 2014). In fact, previous literature has indicated that police culture is a considerable barrier for multi-agency collaboration because police fear that the work they must share with community agencies lacks the same gusto of police work, will intrude on traditional police functions, and is seen as a low priority (Bullock, Erol & Tilley, 2006; Gilling, 1997; O’Neil & McCarthy, 2014; Pearson, Blagg, Smith, Sampson & Stubbs, 1992; Sampson, Stubbs, Smith, Pearson & Blagg, 1998). Furthermore, Collins and McCray (2012) documented that MDTs who worked with other community agencies found it particularly stressful and that it added additional pressure when it came to decision making, especially when there were differences in professional opinion. The participants of the study

reported that in such cases they felt pressured to continually reach a unanimous agreement with their community colleagues (Collins & McCray, 2012).

Resources

Resources was also found to be a barrier to multi-agency collaboration which included high work load and staff turnover, lack of available staff, and lack of training, all which contributed to the deterioration of well-functioning team. Newman and Dannenfelser (2005) found that both law enforcement and CPS reported having too many cases, needing more training and that their role in child protection was viewed with a lack of respect or low prestige. CPS also reported having a high staff turnover. Robinson et al. (2008) reported that service delivery is heavily impacted by resources: “Even the best multi-agency relationships will not be able to provide good services to victims if there is a lack of funding or resources” (p.424). However, unfortunately it has been noted that in many cases, multi-disciplinary teams are used when there is a lack of funding as a cost savings measure (Collins & McCray, 2012; Intindola, Weisinger & Lahr, 2016).

Findings from my Study

Sixteen in-person semi-structured interviews were conducted with multi-disciplinary team (MDT) members and board members from the CAC. The participants in the study named several barriers to collaboration, all of which were congruent with the existing literature in the field. Participants also expressed a strong consensus that barriers or problems they were aware of had been or were currently being addressed and that they were dedicated to addressing any future barriers to ensure they were working as a cohesive unit for the benefit of their clients. Themes that were identified as tensions to collaboration included: information sharing, the CAC location, resources, and differing mandates, agendas and goals.

Information Sharing

Information sharing was the most prevalent collaborative tension mentioned by the MDT and board members and involved discussions of confidentiality, privacy regulations as well as lack of communication and cohesiveness between the various agencies involved in the CAC. Confidentiality and privacy regulations were largely regarded as a tension between law enforcement and the other service agencies which made it more difficult for them to work with their clients. For example, board members were of the opinion that more information from law enforcement regarding the casefiles would allow the MDT to work with their clients in a more effective and collaborative manner:

“[...] police operate within certain guidelines and I find sometimes, that they're reluctant giving all the information and it's probably because of the ‘if it's gonna go to court’ and they need to be careful about what's being said.” (Board Member).

“[...] Sometimes crucial information would be useful for an agency to be able to understand the whole picture so that we can focus on certain issues rather than trying to guess or pull it out of the clients, ‘cause sometimes clients will come in and give us a whole different story, you know? So I'd say that's probably the area [that] needs more investigation or at least more improvement in sharing information.” (Board Member).

“[...] having more insight into the cases [...] to have more involvement [...] it's more of a personal basis, not that we talk about the case but that I would know their name when they walked in because I don't get it then, I get it after the interview [...]” (Board Member).

One MDT member seemed to be of the opinion that confidentiality issues existed but were easily bypassed:

“There's the issue of confidentiality, that's always a big thing, but if you get the parents to sign a consent, we're good, that's all we need. [...] it's just another obstacle right? [...] there's no policies [...] that would say you can't go there” (MDT Member).

Another participant found the confidentiality regulations to be excessive and that the sharing of information between agencies who are conducting the same investigation should happen more freely:

“police and children's aid had been cooperating with each other for some time which laid the groundwork for [the CAC] but they were constrained by the circumstances that they found themselves in [...] sharing information between two different organizations, the confidentiality things, which personally I think are overdone, oversold, not that I don't respect confidentiality but that two organizations working with a child or a family should be able to protect the information in the interest of the child and the family” (Board Member).

Similarly, participants in the Keeley et al. (2015) study found that some people were too literal in their interpretation of confidentiality. For example, that in cases where agencies did not trust each other (for genuine reasons or not), information sharing became much more difficult, and that training may be helpful to inform people of what they can and cannot share. As discussed previously, confidentiality issues are complex and usually cause a lot of angst for the agency that must share information (Adams & Lee-Jones, 2017; Thompson, 2013). McClelland (2013) explains that even agencies who have the legal authority to share information amongst themselves (like Police and CAS in this study), feel hesitant to do so (Keeley et al., 2015).

Keeley et al. (2015) explains that clients as well as service users and third parties do have a right to confidentiality and it is for this reason, and the growing accessibility of the online world, that service providers are very careful about the protection of information and tend to operate from a risk-adverse or organizationally protective framework.

One law enforcement member in this study confirmed these information sharing tensions by stating they will sometimes withhold case information in order to first get a firm grasp of what they are dealing with before they include the other agencies:

“I may elect to hold off on [...] services until I know exactly what I'm dealing with so case-by-case will dictate which services we call in and who gets involved in the case upfront [...] I certainly don't call in the entire team to deal with [a false complaint], at that point I want to figure out what are we dealing with, why are we dealing with it, and from there what services does this person need, if any” (Law Enforcement).

This can be linked back to the discussion earlier, in which police organizations struggle to share control in partnerships. Authors have noted that because community-based organizations operate in the context of negotiations or process-based work, police find it difficult to adjust to and thus will often take the lead since they are more attuned to hierarchy-based approach which is used in their organizations (Edwards, 2002; Holdaway, 1986; O’Neil & McCarthy, 2014; Pearson et al., 1992). O’Neil and McCarthy (2014) further explain that resistance to community-based partnerships was very evident in the 1980s and 1990s when partnerships were first forming and police would primarily send female officers to make these partnerships. Sending female officers was akin to seeing these community issues as social work related or less of a priority, such that the male officers would be kept to fight “real crime” (McCarthy, 2013; O’Neil & McCarthy, 2014; Sampson, Smith, Pearson, Blagg, & Stubbs, 1991).

Location

Travel time to the CAC, the physical location as well as agency confusion were discussed as on-going tensions in the narratives. The physical location was cited as a particularly complex tension as the city the CAC is located in is quite vast with many counties. Some participants were quite passionate that every interview should and must be conducted at the CAC and that barriers are being removed in order for that to happen:

"[...] when there's a need for other services to be involved, so whether it's the Crown attorney meeting with the child and the child's family [it] should be at [The CAC] [...] because otherwise, you create another trauma." (Board Member).

"making sure there are staff that are advocating to say no [...] we absolutely can use [the CAC], so making sure that our staff are aware of that and removing that barrier that children can't come to [the CAC] because they're in [a different county] [...] we have volunteer drivers that will drive a family here [...] so we're removing any possible barrier that there is." (MDT Member).

However, other narratives illustrate that the CAC is sometimes difficult for families and agencies involved to utilize and that those barriers are very much still existing:

"[...] our model doesn't work perfect for everybody 'cause for example [certain agencies] don't use it as much because why would they come, even though it's a beautiful place, if they're [in another county] and so is the family, why would they drive all the way to [the CAC] right? They wouldn't, the idea of the advocacy centre is to **de-stress** families right? But for someone who lives out in the counties that will add more stress." (Board Member).

“I don't know that our staff at our agency are always advocating as they should for [the CAC] [...] sometimes it's easier because you know [the Police might be] [...] an hour from town here and [...] transporting and going [to the CAC] takes a long time, and so I want our staff to really advocate to say no, this interview needs to happen at [the CAC].” (MDT Member).

The agencies involved acknowledged that, although it is important for children to be interviewed in comfortable and non-threatening environments, it also seems counterproductive for police, victims and families to travel sometimes up to one hour to the CAC in order to utilize the space, as this may cause everyone more stress. This issue may be amplified by the fact that the CAC is placed in a community that must serve a large geographic location and is operating on a very limited resource budget, which will be discussed in a section that follows.

Another tension mentioned regarding the physical location was getting into the actual centre. These issues included things like the location’s alarm settings as well as parking: “sometimes just getting into the centre can be difficult for some people [...] agencies that are much bigger and their people don't use it as often [...] they're not familiar with the centre so they're afraid of the alarms or things like that, that can be a hindrance.” (Law Enforcement).

“[...] parking is a little bit of an issue I think.” (Law Enforcement).

Lastly, agency confusion was another topic of tension. There were many conversations about the competitiveness and territorial nature of different services within the community and even during the CAC development:

"I don't know why but there seems to be like a competitiveness among different agencies in town, instead of us working together, a lot of them just, oh will fight for clients or you know, [...] I'm not sure exactly why [...] I've had some conflicts with the other agencies at the beginning when I worked here because they thought that I was overstepping my bounds and well I was only doing my job." (Social Worker).

"services tend to get very territorial (laughs) [...] it's just that there is those silos (laughs) and [The CAC] can become the catalyst to remove those silos and get people to work together [...] it just needs to find its place and make sure that other players see where it fits in and work in that coordinated fashion." (Board Member).

One agency was particularly concerned about duplication of service and about people in the community becoming confused by the different service agencies. Though the principle of a multi-disciplinary team is to work together and approach cases holistically, it is very clear that it is important for some community agencies to be seen as separate and to be known in the community for their distinct role:

"[...] there's already a lot of confusion between our agencies and [others in the community] so there's a brochure that is being developed to tell people the difference [...] I mean we've, started tracking now, how many people come here thinking that we're [another service agency]." (MDT Member).

"hopefully, [...] we're on track, [...] if there's any duplicates in service, the last thing we want to do is to confuse people [...] 'cause people are already confused when something like this happens." (MDT Member).

The above narratives show the concern about a duplication in services which has been discussed in the literature before (See Garret, 2004), however, from my discussions with MDT and board members, it did not appear that the services that were offered were duplicated. What this concern does draw attention to, is the fact that users in the community are unaware of how different service models operate. Additionally because of the resource issues (mentioned previously and that will be discussed more in-depth below) service agencies may, understandably, become competitive or territorial especially when resources are scarce and they have to stand out or argue for why their services are different from others in the community. In this context, it seems plausible that some of the MDT partners may be competitive, territorial and wanting to appear separate because their livelihood from a financial perspective depends on it.

Case Conflict

The largest concern regarding case conflict was different agencies wanting to approach a case in a different manner. Largely these conversations surrounded one agency making a judgement call about whether abuse was occurring and another agency disagreeing. These issues were ongoing and caused a lot of tension, especially when they went to court or when custody of the children was going to be influenced by an agency's decision:

"[...] one recently that our agency's involved with [...] there is some accusation of child sexual abuse [...] the frustrating part is you have another agency that is kind of not agreeing [...] but all I can do at this point is to make sure our staff is documenting everything in case something comes up in the future, if it goes to court or something but, yea there are cases that, that's frustrating."(Board Member).

"[...] I think we were disappointed with the outcome of various community involvement in that file [...] the children were apprehended and they were all put into care [...] I mean the prosecution did what they needed to do, got the conviction, but the children were sent back into that environment [where there] was a lot of neglect [...] so that's on our record still." (MDT Member).

"[...] the biggest thing that affects me the most [...] the fact that agencies failed them, it was preventable, it was noticed, and wasn't acted upon [...] professionals recognized an inappropriate relationship [...] something could have been done to prevent it." (MDT Member).

Though the particular details of these cases were not discussed, what is clear in the literature is that case conflict in MDT teams can arise for a few reason which are evident here, including a lack of professional trust and a discrepancy between vision and practice (Brandon et al., 2006). When community agencies do not trust the assessment of another agency this illustrates a lack of professional trust (Brandon et al., 2006) and this may be a portion of the tensions described above. Additionally, when agencies do not agree on the vision which in turn leads to practice, this also contributes to tensions (Brandon et al., 2006). For example, though some agencies may envision charging as being the ideal outcome, for others this may not necessarily be the goal and this is characteristically driven by mandate (Chung & Wickhan, 2015). Being able to have open communication about trust, and about vision for a case at the beginning may help to reduce these tensions when the case is already in progress (Collins & McCray, 2012).

Resources

Though it is apparent that many agencies are providing services in partnership with the CAC, many of the services at this CAC are not co-located and unfortunately not all services are travelling to the CAC to provide their services, as suggested by Wolfteich and Loggins (2007). This service delivery deviates from the proposed “one stop shopping” that the CAC is heavily known for and could cause services to appear disjointed or fragmented:

“[...] in terms of chronology, we would probably see the child first, ‘cause we would see them probably way before [the CAC] would even be getting involved right? ‘Cause usually once the assault has come to the attention of whoever it needs to come to, then [the victim(s)] come here, either the parent brings them right away, CAS, police refer and the meetings at [the CAC] are usually after.” (MDT Member).

“[the CAC] hasn't really changed a lot of what we do. They do more on perhaps the front end [...] the environment is much healthier there than it would be at the police [station] but in terms of what we do with our families, it hasn't really impacted what we do too much cause the children come here [...] that still needs to happen [...] we also work very closely with our counselling agencies [...] I've kinda thought how we could use [the CAC] more, but I think it would just be like an extra interview for us.” (MDT Member).

Regrettably the CAC model cannot always be executed in the ideal sense because of the intricacies of the community, and/or because of a lack of resources, which is often the case for these non-profit agencies. Both of the above narratives speak to resource issues which leads to clients being seen by different services at different points in time. While the purpose of the CAC

model is for a child and their family to show up and to tell their story only once, and receive all the services they need at that time, this can be a challenge, especially in communities that serve a large geographical area and are running on limited resources. Regardless of these challenges, the multi-disciplinary approach can still be effective, as mentioned previously, if the MDT team is solid and works together efficiently and collaboratively to address all the needs of the clients (Lowe & O'Hara, 2000; Robinson et al., 2008).

Sustainable funding was a topic of particular concern for the participants in this study. Though it was not explicitly expressed as a tension that came between colleagues, it was mentioned as one of the most pressing issues the CAC currently faced and which brings a significant amount of stress to those who are directly responsible for keeping the CAC running:

“the fundraising and keeping this place open is very, very challenging [...] because we have so many partners [...] there has been some challenges because they all work very differently, so getting everyone around the table and you know [...] it's not always just seamless [...] getting the funds to be able to sustain these types of centres, it's not easy.”

(Board Member).

“It’s really hard because it’s, you know every board meeting’s about money right? It’s about how do we scrap together enough money to make sure we can do our bare minimum and that’s been the talk lately right? It’s, ‘okay we used to have this much money to do this much now we can’t, we have to do this much’, you know? There’s contingencies of you know, how to keep the doors open but its hard [...] I hope to God that the Province throws some money to CAC centres.” (Board Member).

“well my opinion is that, because we're offering such an essential service, this should just be part of essential services offered by every province. Like if it works well, why are we having to scrounge to get some money?” (Board Member).

Two issues that were discussed adamantly were that without more funding the CAC may have to merge with another partner organization. Most were on board with this, though some expressed the belief that the CAC should be seen as an independent body. The other issue that was discussed was the need for more funding from both the provincial and federal government:

“I hope that the federal government will read your research study and realize how important CACs are in communities and that they should be in every single community in this country [...] trauma services for children who have been abused and neglected need to be on the spot, it can't be through a waiting list because it is right now, everything is through a waiting list or if you have money right? [...] so I really hope that the government, provincial and federal, will see the importance of having a centre like this and the investment that needs to happen to continue to maintain them in communities.” (MDT Member).

“there should be a funding envelope created and these places should be supported, on an individual basis [...] this place operates relatively inexpensively and there may be creative ways to make it even cheaper but if 25 communities want one of these places then the money starts to get serious and the government needs to figure out where it's going to fit and how valuable it is.” (Board Member).

“[...] the funding aspect, it's probably the biggest challenge that they have is to sustain and [...] because the current funder is saying we cannot give you what you need, you're gonna have to find other ways to sustain the program.” (Board Member).

One participant expressed concerns that the CAC was still seen as a newcomer to the community and that funding issues may be exacerbated because community members cannot support a cause they do not know about, though it was also explained by the Executive Director that the CAC purposely does not fundraise in the community to avoid taking funds away from other community agencies that help children:

“we try very consciously not to do like fundraising stuff because we don't want to compete with [other community services] that's the problem, some people confuse us [as well] [...] that's been a bit of an issue, um it's not a bad thing, but we just have to clarify it.” (Executive Director).

“[The CAC] is still kind of making its place [...] sometimes I will talk to people about the fact that I'm on the board and they say ‘well, what's that?’ [...] hopefully [the CAC will be] better known in the community and better supported by the community [...] not in the sense that there's no community support now but you don't support something you don't know about.” (Board Member).

This lack of awareness by the general community is problematic, not only because it causes confusion about the service agencies that are available but also because those who have been victimized should be aware of the resources that are available to them so that they can seek appropriate supports. The Victims Bill of Rights made positive steps by making it possible for

victims to request information about available services and programs for them (Department of Justice, 2016), however, this demonstrates that further public education is necessary, especially when it comes to victims of abuse and domestic violence.

Additionally, the availability of the MDT members is also difficult to coordinate. Resource issues means that CAC MDT members are busy and it is difficult to get all team players available at the same time to meet a family at the CAC:

“Availability is always difficult, you know, I had a case this week where we all showed up but the victim didn't show up right? So we're all sitting around going okay well, I'll call her and find out what the scoop is [...] try to interview her this afternoon – well at that point “well I can't be here this afternoon”, right? So the timelines are very, very difficult [...] ideally if you could have a 24/7 operation that would be perfect, it's just not realistic right now, hopefully in the future it would be.” (Law Enforcement).

A law enforcement officer identified that a lack of follow-up and preparation at different stages of the cases is an area that the team struggles with. The officer suggested two or three additional case conferences with which the Crown should be involved to resolve this barrier:

“[...] once the person is arrested and things are taken care of, there's a disconnect between that point and court. So everybody has new cases that come in, um this is less of a priority now because it's been handled [...] we forget that the professionals who actually have to testify to some of this, need some prep as well and we need to sit down as a team and identify areas that are going to be an issue in court.” (Law Enforcement).

This narrative further speaks to the resource issues such that staff are stretched very thin in order to manage all of the cases they have, and that they cannot find the time to adequately prepare for upcoming court dates as a team. One participant, who does not work directly with the CAC,

mentioned that as a social worker, they feel if other agencies stepped up in the community, they could achieve more together, which speaks not only to resource issues but also to the goals of the multi-agency dynamic:

"my job would be more efficient [...] if other agencies would step up 'cause I have so many clients that fall between the cracks and I end up having to try and [...] [go] beyond my job description [...] if other people got more involved, it might be a little bit easier for me to help more people." (Social Worker).

The CAC was also spoken of as a cost-savings measure, in that it would reduce future costs to multiple systems by dealing with victimization right away:

"this centre can help that victim address issues to avoid later more burdensome costs on society through health care issues, through you know social service [...] counselling, drug use, you know, does this person end up on ODSP because of a disability, they have PTSD now and can't ever work again, those are huge costs to pay, those back-end costs and we gladly as a society seem to pay them out [...] but if that person at the CAC level can put [them] on a better path, even a slightly better path, you're gonna save a lot of money." (Board Member).

"I don't think a lot of people in the public understand that you can put a little bit of money into prevention now or you pay big time by locking people up or whatever down the road, I think that perception has to change right? You know pay me now or pay me later type thing [...] I'd rather pay now, a little bit, then deal with issues of victimization, you know, way down the road through all sorts of problems people have right?" (Board Member).

The same board member, in both the above narratives, is speaking to the importance of treating and working through victimization in a timely manner to reduce costs on our system and for preventative measures. The Adverse Childhood Experiences (ACE) study has been cited often as it links abusive or traumatic situations in childhood with physical and emotional functioning in adulthood (Felitti et al, 1998; Hanson & Lang, 2016; Kenny et al., 2017). It is the evidence from the ACE study and those similar to it that make practitioners and researchers alike want to deal with trauma as soon as possible in order to prevent long-term issues in adulthood. The alternative unfortunately, is that traumatized people and even generations may suffer long-term consequences including anxiety disorders, PTSD, depression, addiction issues, intergenerational trauma as well as criminal behaviour (DeLorenzi, Daire & Bloom, 2016; Kenny et al., 2017; McPherson, Scribano & Stevens, 2012; Radford, Corral, Bardley & Fisher, 2013; Schneider, Baumrinde & Kimerling, 2007; Turner, Finkelhor & Ormrod, 2006; Vanderzee, Pemberton, Conners-Burrow & Kramer, 2016) which come at a heavy cost to many of our systems including the medical and criminal justice system.

Differing Mandates, Agendas & Goals

Differing mandates, agendas and goals is one of the most pronounced tensions in the literature. Participants did mention that agencies had conflicting mandates but through our discussions, it was not stressed as one of the most debilitating tensions between them (as information sharing was). Although the impacts of the different mandates were not a focal point of discussion, it was clear in the narratives that mandate issues caused tensions, played a role in how the different agencies interacted, and resulted in agencies operating from different perspectives:

“[...] there always are [policies and regulations that hinder the work of the CAC] because of our different mandates right? [...] we're trying to remove barriers as best as

we can with making sure that all of our mandates are still intact [...] there's a misconception that 'well I wasn't charged', no you weren't but we did verify that this happened [...] police go on beyond a reasonable doubt right? So [...] we do look at it differently." (MDT Member).

"You're always banging your head against different systems, you know? Children's aid society is a wonderful agency but sometimes their mandate and our mandate is different." (Board Member).

"[...] it doesn't matter what other people say to us, because we don't investigate, it's just like, if you were to come to emergency [...] and say I have a headache, we don't say oh well we have a police report that says you don't actually have a headache, [...] we don't write alleged headache, right? Whether you see something or don't see something, doesn't mean that nothing happened." (MDT Member).

"[...] Police will close that file because criminally there's no charges to be laid and that's a very different mandate that they have, um but we'll continue to work with that child to understand why did they make that allegation [...]" (MDT Member).

Through these narratives it became clear that the different service agencies, though collaborating as best they can together to respond to the needs of the victim, do respond differently depending on their own agency mandates. For example, it was discussed several times that regardless of whether a police investigation finds grounds to charge an accused or not, the other service providers will continue to work with the child and family to provide support. The police,

however, made it very clear that they are mandated to find criminal responsibility and that if they cannot, there is not much they can do outside of this mandate. One law enforcement member did indicate that working at the CAC has allowed them to see the benefit of service agencies providing support to victims even when no criminal charges can be laid:

“[...] I have to deal with the issue at hand so over time I've learned that, you know what, [other agencies] do have a point, where despite us not being able to do anything policing wise or criminally or whatever the case may be, they still have a role in helping [the victim] [...] and that's one thing that this centre has taught me, is that I look at something through one tunnel right?” (Law Enforcement).

Key findings:

My study revealed that working in multi-agency environments is challenging but the professionals on the teams are dedicated individuals who are motivated to break down barriers and improve the way they work as a team. It was also clear that the MDT is responding to children, youth and their families by mimicking the CAC model as best they can, given their current situation in terms of resources, geographic area and the availability of on-site services. It was my understanding that police play a leadership role in the cases seen by the CAC and as such they have control over when and if other agencies become involved, which can sometimes play a role in whether all victims have access to services. I also found that the frameworks being used to respond to victims was specific to each agency's mandate. The MDT also faced multiple challenges like information sharing, staffing, resources, location issues, and case conflict. Though indicated in the literature as a primary tension between MDT partners, differing mandates was not discussed as the primary tension between the MDT of this study. It is possible that the MDT did not expand on this because tensions between MDT members was not the sole

focus of the study and as such it was not fully explored in the interview questions. As mentioned previously, having a supportive management team (Robinson et al., 2008) and a gradual transition with clear communication can lead to a positive MDT experience in which benefits can be transferred to the clients and the community overall (Lowe & O'Hara, 2000). The literature also expressed it is important for MDT members to be able to step away from their individual agency role and step into a more holistic team (Lowe & O'Hara, 2000).

Chapter Three: Victim's & Professional's Mental Health

Trauma events can have a significant and cumulative impact on the lives of children. If not addressed in a timely manner, these effects of trauma can carry into adulthood (DeLorenzi et al., 2016; McPherson et al., 2012; Radford et al., 2013; Schneider et al., 2007; Turner et al., 2006; Vanderzee et al., 2016). Child Advocacy Centres (CACs) can be a helpful aid to reduce the impact of trauma in that they are introduced into the child's life as soon as the abuse is reported. Using evidence-based therapies and ensuring that staff are well trained in order to understand and address the trauma needs of the child and non-offending family members is of primary importance to reduce re-victimization during disclosure, testimony and when addressing mental health needs. Using themes that were pulled from the interviews I conducted, the mental health of victims and professionals within the CAC will be discussed, along with a discussion of the importance of victims feeling believed when disclosing abuse. These additional findings resulted from particular interview questions that were asked but do not specifically answer my initial research questions.

Victims and Mental Health Services

There has been extensive research done on the cumulative effects trauma has on children's mental health in adulthood, such that the greater number of traumas or child maltreatment experiences¹¹ a child is exposed to, the more likely the child will experience mental health issues in adulthood (See DeLorenzi et al., 2016; McPherson et al., 2012; Radford et al., 2013; Schneider et al., 2007; Turner et al., 2006; Vanderzee et al., 2016). The Adverse Childhood Experience (ACE) study has been cited several times for evidence linking child abuse with poor health outcomes and interpersonal relationship issues later in adulthood (Felitti et al,

¹¹ Child sexual abuse, physical abuse, emotional abuse, and/or witnessing domestic violence.

1998; Hanson & Lang, 2016; Kenny et al., 2017). The mental health effects of trauma can be experienced in childhood and further in adulthood as depression, anxiety, eating disorders, suicidal behaviour, post-traumatic stress symptoms or disorder (PTSD), dissociation, drug and alcohol abuse, sexualized behaviours and poor academic performance (DeLorenzi et al., 2016; Kenny et al., 2017; McPherson et al., 2012; Radford et al., 2013; Schneider et al., 2007; Turner et al., 2006; Vanderzee et al., 2016).

Literature suggests that a child's trauma can effectively be addressed through evidence-based therapies like trauma-focused cognitive behavioural therapy (TF-CBT) or parent-child interaction therapy, noting that it is imperative for referrals to be made as soon as possible (DeLorenzi et al., 2016; Vanderzee et al., 2016). Hubel et al. (2014) found that the use of cognitive behavioural group therapy with abused children within CACs was associated with significant decreases in depression, loneliness, anxiety, and post-traumatic stressors (As cited in Herbert & Bromfield, 2015). Additionally, some studies have indicated that 80% of children who seek psychological services see some improvement in their symptoms (Cohen, Mannarino, Berliner & Deblinger, 2000; Deblinger, Lippmann & Steer, 1996; DeLorenzi et al., 2016; Mannarino, Cohen, Deblinger, Runyon & Steer 2012).

CACs are often used as a valued resource for families to receive referrals to mental health services during the child abuse investigation for both the direct victim as well as any non-offending family members in need of services (Vanderzee et al., 2016). The CAC advocate is the primary professional responsible for referring children and families to mental health services (Herbert & Bromfield, 2015). Of concern however, a recent study by Vanderzee et al. (2016) investigated the training needs of several American CACs in regard to mental health services for young victims and found that CAC advocates lacked training in child development and mental

health for young traumatized children and that some CACs had indicated to partners that their centers were uncomfortable interviewing young child victims. Further to this, Ko et al. (2008) found that police working in CACs lacked formal training in child trauma and that many of the CAC's administrative staff (who also interact with children and their non-offending family members), had received no trauma training. This of course suggests a need for greater mental health and trauma-focused training at CACs to ensure that victims are receiving adequate interviews and timely referrals to mental health services.

Family Functioning

In the CAC literature, very few studies address family functioning which is rarely defined but can be understood as how well the family is working together as a whole and can be measured in terms of affect, defenses, autonomy and family structure (Lusignan, Turner, Rosenthal & Morey, 2015). According to Herbert and Bromfield's 2015 CAC review, only two studies (Carmen, 2004; Hubel et al., 2014) incorporated family functioning into their research, the former reporting significant improvements in referral to community resources and the latter reporting significant improvements on the actual measure of family functioning. Tarkar and Hansen (2011) suggest that offering mental health resources to families is particularly critical as families experience significant challenges after the disclosure of abuse including: loss of income, the potential loss of a caregiver, change in residence, limited community support as well as psychological distress. Non-offending caregivers may be particularly impacted by the disclosure and can experience significant psychological symptoms for up to two years after the disclosure including: anger, guilt, shock, embarrassment, self-blame, panic, denial, desire for secrecy, suicide, PTSD, depression, anxiety, feeling betrayed, helplessness and fear for the child (Deblinger, Hathaway, Lippman, & Steer, 1993; Elliott & Carnes, 2001; Manion et al., 1996;

Newberger, Gremy, Wateraux, & Newberger, 1993; Stauffer & Deblinger, 1996; Tarkar & Hansen, 2011). The authors also suggest that directly after the disclosure is when families are most open to receiving services and that the victim, non-offending caregivers as well as non-abused siblings should be psychologically evaluated and provided with mental health services to both evaluate the magnitude of their distress and symptoms as well as to provide them with effective coping skills (Tarkar & Hansen, 2011). Non-offending caregivers may also benefit from being able to vent conflicted feelings about the perpetrator, themselves, the child, and the justice system openly without the child being present (Tarkar & Hansen, 2011).

Trauma-Informed Programming

Due to the plethora of trauma research that has been done over the last decade (see Hanson & Lang, 2016; Kenny et al., 2017; Lang, Campbell, Shanley, Crusto & Connell, 2016; Ponic, Varcoe & Smutylo, 2016; Sullivan, Murray & Ake III, 2015), the development of trauma-informed programming has emerged. This approach is also termed trauma sensitive and for the remainder of this chapter will be referred to as trauma-informed care (TIC) (Hanson & Lang, 2016). This body of literature is heavily dominated by U.S. research. Several authors in the field quote the Substance Abuse and Mental Health Services Administration's (SAMHSA, 2014) definition of TIC, though other variations are also used. The National Child Traumatic Stress Network (NCTSN, 2013), which was developed by SAMHSA, is the body which creates and provides TIC training (Hanson & Lang, 2016; Lang et al., 2016; Sullivan et al., 2015). TIC can be understood as a system which understands trauma and all its branching impacts, and which utilizes this trauma information to write policies, procedures and practices which are used to reduce re-victimization (Lang et al., 2016; SAMHSA, 2014). TIC training has been described as including course work that will: increase staff member's/caregiver's knowledge of trauma and its

impacts; allow staff members/caregivers to gain a deeper understanding of victims' behaviours and therefore reduce the likelihood of re-victimization; teach early identification of trauma symptoms and more effective ways to provide trauma services leading to better outcomes; and expand knowledge on, and reduce vicarious trauma for staff and caregivers (Hanson & Lang, 2016; Kenny et al., 2017; Sullivan et al., 2015). The benefit of TIC is that it allows workers and caregivers to shift their responses and see children not as their behaviours and actions but as a response to what has happened to them (Ponic et al., 2016; Sullivan et al., 2015). When staff and caregivers are equipped with this greater knowledge, they can provide a safe environment for children to explore their emotions and learn new skills in regulation (Sullivan et al., 2015). Additionally, as noted previously, it is critical for children to have supportive adults and caregivers post-disclosure to aid in their recovery and without proper training, unknowingly service providers and caregivers, who are not attuned to the complexity of trauma, can re-victimize children (Kenny et al., 2017; Lang et al., 2016; Sullivan et al., 2015; Ponic et al., 2016).

Despite the extensive amount of work in this area, there is no consensus on how TIC should be defined, measured or evaluated (Hanson & Lang, 2016; Lang et al., 2016). For example, from the definition offered by SAMHSA (2014) above, it is quite easy to understand what is meant by adding an understanding of trauma into policies, but it is much more difficult to capture exactly what that looks like for each organization that deals with child maltreatment and how it can then be measured and evaluated in a consistent way (Hanson & Lang, 2016). Further to this, some critiques of this approach have suggested that TIC is nothing more than proper mental health standards (Vatel, 2015 as cited in Hanson & Lang, 2016). Nonetheless the majority of literature on TIC is supportive and insists that more research and rigorous evaluations should

be conducted in this area (Hudson & Lang, 2016; Kenny et al., 2017; Lang et al., 2016; Ponic et al., 2016; Sullivan et al., 2015).

Of those who recently evaluated a TIC program or training, the majority of studies reported increased knowledge of the trauma-informed approach and high satisfaction with the training (Kenny et al., 2017; Lang et al., 2016; Sullivan et al., 2015). Interestingly, Lang et al. (2016) also reported that in order for the TIC approach to be effective, strong support from management and throughout the organization is necessary, suggesting that the implementation of TIC is akin to culture change. Kenny and colleagues (2017), who evaluated the effectiveness of TIC training in several American CACs, found that the longer an employee had worked in the field the less knowledge they had about the trauma-informed approach. The authors suggested this may have resulted from newer employees being better acquainted with orientations and training materials (Kenny et al., 2017).

Vicarious trauma is one aspect that the TIC method seeks to reduce (Bonach & Heckert, 2012; Kanno & Giddings, 2017; Kenny et al., 2017). Vicarious trauma has been described as “disruptions to important beliefs that individuals hold about themselves, other people, and the world, and the process through which the trauma therapists’ cognition and inner experience is negatively transformed as a result of empathetic engagement with clients’ trauma” (Kanno & Giddings, 2017, p.335). Vicarious trauma can lead to a staff withdrawing from relationships, having a dramatic shift in their perspective, exhibiting safety concerns and other physical and mental difficulties (Harris, 1995; Kanno & Giddings, 2017; van Dernoot Lipsky, 2009).

Additionally, vicarious trauma has been linked to high staff turnover (Bonach & Heckert; 2012; Kanno & Giddings, 2017; Kenny et al., 2017). Thus, it has been suggested that TIC training not only be offered at employee orientation but also annually in order to keep all staff up-to-date

(Kenny et al., 2017). Unfortunately, this may be a difficult goal to attain; as Hanson and Lang (2016) call attention to, TIC training and workshops can be particularly expensive.

Therapy Attrition

There is also a body of literature that suggests there is a high risk of therapy attrition in child abuse victims (DeLorenzi et al., 2016; McPherson et al., 2012). Attrition rates have been linked to various factors including: minority status, low income, financial stressors, less severe or less chronic levels of abuse, lower education, the presence of several mental health issues, the caregiver's emotional reaction to the disclosure, parental depression and whether or not the caregiver is currently or has previously experienced abuse themselves (DeLorenzi et al., 2016; McPherson et al., 2012). McPherson et al. (2012) evaluated the links to successful completion of trauma treatment at a CAC and found that the completion of therapy was associated with the caregiver's participation in therapy, referral to ongoing therapy services, and when there was only one child victim. The authors explained that it was crucial to not only refer additional services right after the initial psychological evaluation, but also during or right after the initial trauma services as this increased the likelihood that clients would complete services. DeLorenzi et al. (2016) looked specifically at children who did and did not complete treatment, who also had a parent who had in the past or was currently experiencing intimate partner violence (IPV). The authors of this study found that children whose parent(s) suffered from past or current IPV were 2.5 times more likely to discontinue treatment services prematurely. The authors of this study warned that children are the least likely to have control over whether they continue in psychological services and this may be an area of focus in terms of prolonging psychological services for children in the future. This powerlessness is a good reminder of how vulnerable children are, as this statement from UNICEF reflects:

“Children are the most politically powerless citizens of all nations. Infants and young children, especially, are also the most vulnerable. Consequently, there is a growing international consensus that societies’ obligations to promote and protect children’s right to survival, protection and development deserve special priority both in development programmes and in human rights work. Children’s right to participation are also acquiring increased recognition, both as a legitimate reflection of children’s abilities to think and speak for themselves, and also as an essential component of their preparation for participating responsibly in democratic societies.” (Himes, 1993, p.3).

Moving forward, community services must keep at the forefront of their minds, their programs, policies and operative functions who their primary clients are and who they should be advocating to protect.

The mental health literature concerning victims is vast; as such a few particular themes were focused on for the purposes of this chapter. Traumatic events can be particularly devastating to a child and can be cumulative (DeLorenzi et al., 2016; McPherson et al., 2012; Radford et al., 2013; Schneider et al., 2007; Turner et al., 2006; Vanderzee et al., 2016). If not dealt with in a timely manner, the effects of trauma can linger into adolescence and adulthood (DeLorenzi et al., 2016; Kenny et al., 2017; McPherson et al., 2012; Radford et al., 2013; Schneider et al., 2007; Turner et al., 2006; Vanderzee et al., 2016), thus evidence-based trauma-focused therapies are highly recommended (DeLorenzi et al., 2016; Hubel et al., 2014; Vanderzee et al., 2016). Unfortunately, children who have been abused are more likely to resist treatment (DeLorenzi et al., 2016; McPherson et al., 2012), thus it is even more important for CACs and mental health service providers to be attuned to this and try to reduce premature treatment termination. Finally, vicarious trauma is especially likely in this field of work (Kanno

& Giddings, 2017). CAC professionals should be trained in trauma-informed care and on topics of vicarious trauma in order for them to recognize symptoms of vicarious trauma in themselves and others that they work with (Bonach & Heckert; 2012; Kenny et al., 2017).

Findings from my Study

Participants in my study were asked to comment on various issues regarding mental health including their own personal experience with counsellors or psychologists. The narratives were reviewed, synthesized and compared to the current literature in these areas. The discussions were largely focused on the importance of victims feelings believed after disclosing abuse, the importance of professionals having strong support systems to cope with their work and the challenges that professionals experience working in this field, including burnout.

Victims & Mental Health Services

Mimicking the literature, the participants of this study indicated that the families who they see struggle either with mental health issues or who become re-occurring clients are the ones who do not engage at all, or are not fully engaged with the mental health or community resources that are referred through the CAC:

“[...] the victims that embrace the services provided to them, I find do much better. For the ones that said, no, no, no, we'll be fine, you inevitably cross paths with them again.”
(Law Enforcement).

“[...] we've seen families that have come back [...] repeat clients unfortunately so if I compare that to the [...] family [that] received immediate counselling, had a strong support network, they're doing well, they haven't come back for another interview.”
(Board Member).

“[...] the difference for me [is the] people who are very committed, like ‘I’m gonna do this, I’m finally ready to face all of this’ and then the ones who I feel maybe will never really deal with it.” (Social Worker).

“[...] those that are sincere about making a difference in their lives [are] more engaged in the counselling process.” (Board Member).

“I think those who recover better, are the ones that are more open to receiving that [help] and the ones who continue to struggle, [...] it’s, it’s too hard of [a] pain to open [...] they live a very protected life [...] you can tell in their face, you can tell in what’s going on in their life, they’re not at peace right?” (Board Member).

All of the participants who were asked about the impacts of believing a victim’s disclosure agreed that it is integral for victims to feel believed by caregivers or whomever they disclose to. As mentioned previously, this has been shown in the literature, as it is well documented that unsupportive caregivers play an extensive role on a child’s post-abuse recovery and that one of the greatest assets a parent can provide their child post-abuse is a supportive and therapeutic relationship (Tarkar & Hansen, 2011):

“I find if support is there by [the] victim’s caregivers I think the victims are more likely to recover better from a victimization. I have a particular one right now who [...] [doesn’t] seem to [have] the proper support so I find her going in the same path [...] she’ll be re-victimized again, you know?” (Law Enforcement).

“[...] if the [...] young person feels supported the outcomes are always better [...] [it] offers that protective mechanism that this isn't going to happen again, ‘thank you for bringing it forward, I believe you and we're going to work through this together’.”
(Board Member).

“I tell everybody that I possibly can, if somebody discloses to you, you're not there to investigate it, believe them, if it's not true, it's not true, right? But, you're not here to investigate, so just believe them [...] you might save somebody's life right?” (MDT Member).

“We all need to be cared about and, and believed you know? [...] ‘Mom and Dad don't believe what I'm saying’, you know? Think of where that puts your mind psychologically right? You're not gonna feel cared for, you're not gonna be believed, you're not gonna be loved, you know? So of course those kids are going to struggle [...] it's huge [...] you have to be supported.” (Board Member).

The narratives above mimic a large body of literature written on victim support and disclosure (Lippert, Cross & Walsh, 2009; Rogers & Davies, 2007; Papalia et al., 2017; Walsh, Cross & Jones, 2012). It has been evidenced that having a supportive, secure and nurturing environment, where a victim is believed, is crucial for recovery from a victimization (Fergusson & Mullen, 1999; Papalia et al., 2017). Not only is treatment recommended for the victim in terms of behavioural, emotional and social impacts but also to reduce the likelihood of re-victimization which is much more likely once a person is victimized the first time (Papalia et al., 2017). Furthermore studies have found that when

non-offending parents believe children, they are more likely to further disclose during the forensic interview (Lippert et al., 2009).

Interestingly, when participants were prompted to provide examples of times when a child or client had not been believed and that led to poor outcomes or vice versa, two participants recalled a scenario where the parent did not believe the child/client but the outcome was not substantially worse. In one of these scenarios the child had a supportive grandparent and was heavily supported by the CAC which may, in part, explain why the child was not impacted substantially. Other participants told stories of clients who struggled primarily because caregivers did not believe their accounts of abuse:

“I have one girl right now [...] she was victimized from a rape from time she was five till time she was ten. It took five years before somebody actually believed her. When it first happened [...] when she told and I think she had told her dad at first [...] and dad just brushed it off and said no, no, no, no you're just making up stuff. Working with that young girl today, she's struggling major time, she's having anxiety, she can't be around a lot of people, she does a lot of cutting, there's a lot of stuff that's going on in her life [...] she's struggling and she's struggling big time.” (MDT Member).

“[...] a lot of my [clients] that come in tell me that the first time they ever said anything to their mother [...] the Moms, they don't want to believe it because it, what does it make them? [...] ‘I'm a bad mother if this is happening, this can't be happening, I'm married to a monster, no, can't be’, you know? [...] These people, they grow up and even though their father might be the abuser, they hate their mother. They hate their mother, they never feel that they're unconditionally loved. I mean it comes all down

to Maslow's Basic Needs you know? I mean [...] believing them, is the most important thing that any parent can do, you know?" (Social Worker).

"[...] some of our victims, would tell us how devastating it was, they'd disclose to their parents, parents didn't believe them [...] [the perpetrator] was a really great manipulator, he would win over the parents before he would abuse the kid. [The parents] thought he was the savior of their kid, [he] could do no wrong, [...] and a lot of [the victims] told us how devastating it was when they disclosed to their parent or their teacher [...] [and] were dismissed." (Board Member).

The narrative above speaks to the grooming process that an abuser will often engage in, in order to build trust with family and friends before he/she abuses the victim (Winters & Jeglic, 2017).

The abuser will often appear charming and helpful, though this tactic is manipulative and used in order to gain access to the victim as well as build a trusting relationship with them and their family (Winter & Jeglic, 2017). Additionally, many times victims will delay or not disclose at all because the abuser has threatened some kind of punishment if they do so (Fogliati & Bussey, 2014; Winter & Jeglic, 2017). Importantly, the National Institute of Mental Health (NIMH, 2011) has indicated that multiple studies have demonstrated a link between a child's emotional and behavioural well-being with the level of social support they receive after a traumatic event (Hahn, Oransky, Epstein, Stover, & Marans, 2016). Furthermore, it was found that children and adolescents who had either experienced child sexual abuse (CSA) or recently disclosed, and received Child and Family Traumatic Stress Intervention (CFTSI) services through a CAC setting, showed a reduction in symptoms (Hahn et al., 2016). The goals of the treatment are to reduce traumatic stress symptoms and the likelihood that further issues will arise like PTSD or

other related ailments (Hahn et al., 2016). However, the purposes of this paper is not to encourage one particular treatment over another, but simply to point out that having loving, supportive providers who believe the disclosure as well as post-trauma treatment demonstrates a reduction in symptoms and overall better outcomes for children and youth.

One MDT member discussed the complexity that can occur in cases where a caregiver does not believe or blames a victim for their abuse including that it may be related to the caregiver's own experience with abuse:

"I can remember one in particular where and this is a very common, daughter gets assaulted and then Mom tells us that she was assaulted too right? [...] so this was a tween and you know, assaulted in a date-rape type of situation, Mom blames 'why did you go there?', 'why did you?', you know, all that kind of stuff? [...] I said to her, is it possible (and she hadn't disclosed her own abuse yet), I said, is it possible that everything you're saying to [your daughter] is because you feel that you failed her? That you didn't protect her? Then she started crying and told me that she was abused too and all this judgementalism [sic] about her own daughter was just all her own stuff coming out that she didn't protect her" (MDT Member).

Hooper (1992) tells us of the importance the mother's role plays in issues of child abuse, explaining that not only are mothers often left to bear the role of support person for abused children, but they are also seen as playing an integral role in child protection. For example, when a mother is not seen as: capable of protecting a child from further abuse, believing her child's account of abuse, cooperating with service agencies in the investigation and/or playing a supportive role which is known to aid in the recovery from abuse, these behaviours can be noted as possible reasons for the child be taken into care (Hooper, 1992; Pellegrin and Wagner, 1990).

Importantly, Everson, Hunter, Runyon, Edelsohn, & Coulter (1989) found that the amount of support a mother provides to her child after the admission of an abusive situation can predict their post-abuse recovery better than the length and severity of abuse can (Kim, Noll, Putnam, & Trickett, 2007). Unfortunately, the research is less clear on how a mother's own experience of abuse affects their reaction to the disclosure of their child's abuse (Deblinger, Stauffer, & Landsberg, 1994; Hooper, 1992; Kim et al., 2007; Kim, Trickett & Putnam, 2010), though Kim et al. (2010) does indicate that a mother's own experience of abuse does present additional challenges for these mothers and they certainly require additional supports, which is clearly indicated in the narrative above. Research has been much more preoccupied with analyzing the relationship the mother has to the perpetrator and what that means for her belief of the child (Hooper, 1992). Kim et al. (2007) does note that in their study that the mother's own experiences with child sexual abuse may have compromised their parenting and psychological functioning, though they also warn that some caution should be taken with these findings due to the fact that the mothers in their study had sustained more types of trauma then just childhood sexual abuse.

Another MDT member expressed the importance of having the child stay either in the family home or at least with extended family for optimal functioning and mental health:

“[...] [when] a child's been abused and neglected and then we whisk out and take them into foster care, that's sending a message that they're bad [...] we remove them and not the person that hurt them and it gives kids a mixed message [...] what we try to do is do the safety planning piece [...] the community services rally around say okay this child needs services versus that child being removed [...] children that then come into foster care, and I'm not saying foster care is bad because it's not, foster parents are lovely but it's very difficult then because they don't understand why they're now living

with strangers [...] it sends a very different message to those children." (MDT Member).

While the trauma informed care (TIC) approach was not a specific topic in the interview questions, it was clear that counselling services were being offered to victims and that it was important that caregivers be offered services as well. As mentioned in previous chapters the American and Canadian CAC standards suggest that trauma-informed services be offered at the CAC (National Children's Alliance, 2017):

"[...] equally important for the non-offending and the families to be getting the support they need through [the CAC] through counselling, to be able to support the child that has been victimized." (Board Member).

Professionals & Mental Health Services

The emotional demand of the job was discussed as a very taxing experience by the MDT and Board members (all of whom have been involved in some kind of social services work). During the interviews, two of the participants broke into tears; one while recalling a story of a past client who thanked him for his help but refused further help and another regarding who she currently relies on for support. The remainder of those interviewed discussed the impacts this kind of work has on them:

"I mean seeing the kids come in here and everything's going on in your mind [...] you can just think of the worst possible scenario and the physical abuse on kids [...] seeing that is horrible, so that I find very, very difficult, especially [because] [...] I have no contact with them after [...] I don't get involved in the case, so I don't know if they're okay." (Board Member).

“the hardest part is because I'm so empathetic [...] sometimes I get a little attached to my clients, you know, and if they have issues that I know I can't do anything about it really, sometimes it breaks my heart, that like I'll do everything in my power to get them the services they need or you know sometimes you just, they just cannot be helped, you know?” (Social Worker).

“the fighting, the fighting for people, fighting with, with ignorant people and I mean that in a very objective term, I'm not criticizing that someone is not intelligent, but people who still subscribe to you know stereotypes around men and women, heterosexuality versus all the other options, you know, the understanding of how sexual assault and intimate partner violence like what's really going on there, that's very draining, it's tiring, you know?” (MDT Member).

The above narratives describe some of the more challenging emotional experiences that service providers engage with while working as part of a CAC. Listening compassionately and empathetically to abuse victims share details of their victimization is a contributing factor to vicarious trauma though not every clinician or service provider who provides support will necessarily develop vicarious trauma (Kanno & Giddings, 2017; McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995; Sexton, 1999). Notably, self-care strategies, supervision, training and social support were all listed as mediating factors against vicarious trauma (Kanno & Giddings, 2017).

In many cases, the difficulties that participants faced were compounded by resource issues:

“I'd say just the sheer volume of stuff sometimes can be demanding, you know? Sometimes you get this much stuff to do and you can only do that, in that much time,

so this much doesn't get done and there's consequences right? So it's hard." (Board Member).

"I would say probably um cases of child abuse and when I say child abuse I'm talking about physical and sexual, the fatalities as well, I think uh we've had our fair share of those. Initially I was doing all the files pertaining to the shaken babies and I was doing all the homicides but now the staff are trained and have been with me for quite some time, so they're quite comfortable working with files where there's a homicide or where there's abuse done to children, but I would say for all of the staff those are probably the most emotionally demanding files." (MDT Member).

"[...] the quantity of stuff that we deal with. So I find it emotionally exhausting, [...] when I come in, in the morning and I see my caseload and I know, although I might have five things on my assignment list looking back at me, I can sit there and say, there's probably about 10 things per task that needs to be done, you know?" (Law Enforcement).

As discussed in Chapter Two, organizational culture can contribute to high staff turnover and burnout (Leigh, 2013; Spielfogel et al., 2016; Stanley & Lincoln, 2016; Vito, 2015). Bell, Kulkarni and Dalton (2003) consider vicarious trauma an occupational hazard that should be addressed by each organization. The authors note that much of the literature on vicarious trauma focuses responsibility on the individual, while in fact, there is plenty of opportunity for the organization to take responsibility to reduce vicarious trauma for its employees. One of those ways is through ensuring each employee has a diverse caseload (Bell et al., 2003). Multiple

participants of this study expressed that they had taken the same cases, similar cases or became the point person for particular files, all of which is known to be a contributing factor to vicarious trauma (Bell et al., 2003; Chrestman, 1995). Bell et al. (2003) suggest those who directly work with clients and cannot reduce or diversify their workload may benefit from helping with community outreach or policy which can reduce feelings of hopelessness or negativity that come from constantly seeing clients. In addition, organizational culture is extremely important, such that, it is the responsibility of the organization to encourage employees to be open and honest about their feelings while working with clients (Bell et al., 2003). For example, social workers dealing with trauma survivors very often feel hopeless, powerless and as though they are not doing their job adequately (Bell et al., 2003). Therefore it is important for the organization to recognize this as a normative part of working with trauma survivors and discuss it openly, allowing social workers to recognize that how they are feeling is not something to be ashamed about and that they can, and should take time for themselves (Bell et al., 2003). Unfortunately, resource issues often become one of the complicating factors in regards to employees having access to adequate training when it comes to vicarious trauma. Bell et al. (2003) suggest that organizations only send one employee to trainings and have that employee debrief the rest of the staff upon their return. Alternatively the authors also suggest that organizations swap resources, for example, asking a particular company to provide stress management training, which would help their employees reduce vicarious trauma, in exchange for a particular training in which they have expertise (Bell et al., 2003).

Key findings:

My study revealed that there are a particular group of victims who do not engage with mental health services and that those who do are often reported to have better outcomes.

Understanding the reasons why abused children are more likely than non-abused children¹² to proceed with or finish treatment (Lau & Weisz, 2003) is especially important for CACs who are in an optimal position to provide these services to children. It would be especially helpful to understand why some families refuse treatment and find ways to better serve these victims at the CAC. Additionally, it is clear that having caregivers and support persons who believe disclosures is extremely important for a victim's emotional well-being. Although it was not fully addressed throughout this research, CACs have an obligation as being part of the service community to keep up-to-date with current child-development and trauma-informed training and to be aware of the tensions that exist when it comes to children having access to mental health services. Further, it was clear that the MDT and board members were personally impacted by the work that they do. Ensuring that they are supported and have access to training that addresses vicarious trauma is essential.

¹² The non-abused children in the Lau and Weisz (2003) study served as a comparison group and were referred to treatment for emotional and behavioural problems that were not associated to abuse.

Chapter Four: Victims and the Criminal Justice System

Children and youth are often abused by someone they know, either their own family member or by someone close to them such as a family friend or relative (Raeder, 2009; Sumalla, Lago, Padro-Solanet & Hernandez-Hidalgo, 2017). Lack of reporting by children and youth is common and can be due to a number of factors including that they do not want to get their caregiver in trouble, family loyalty, intimidation by the abuser, threat of family harm, and/or promise of secrecy (Raeder, 2009; Sumalla et al., 2017). There is also often a lengthy grooming stage that happens prior to the abuse where the abuser builds a trusting relationship with the victim or his/her family which makes it much more difficult for the child or youth to come forward after they've been abused (Winters & Jeglic, 2017). Unquestionably, all these factors make it extremely uncomfortable and stressful for children and youth both to disclose abuse as well as face their abuser in court, the latter of which has been cited as causing secondary victimization (Hurley, 2015). Unfortunately, there is a high likelihood that after a victim discloses, they will be blamed for their abuse at some point during their interaction with the multiple systems involved (Bolocan-Holban, 2015). It is exceptionally important for police and service providers to be properly trained in order to be able to hear a disclosure and help a victim to feel supported and believed (Greeson, et al., 2016; Maddox, et al., 2011). The following section will discuss the literature concerning victim blaming and disclosures as well as the complexity of the criminal justice system to which children must interact with. Themes from my interviews were also discussed in relation to victim blaming, disclosure and the criminal justice system. I found that law enforcement members had difficulty identifying with victims who did not fit the “ideal victim” persona and that many of the MDT and board members felt strongly

that the criminal justice system does not adequately meet the needs of child victims, though they appreciated the availability of testimonial aids.

Disclosing Abuse

Today's society is inundated with stereotypical ideas and images of who a victim should be in order to be considered a 'real' victim, worthy of sympathy. Part of this stems from the just world theory (Lerner, 1980) which states that the world is a good place and those who get hurt must have deserved it (Maier, 2013). In order to protect ourselves from feeling as if we could be victimized in the future, we often identify actions that contributed to the victim's own injury: this creates distance between the circumstance and ourselves (Wentz & Archbold, 2012). We rationalize that we simply would not make those mistakes, thus we will be safe (Wentz & Archbold, 2012). This of course is a form of victim-blaming. Instead of sympathizing with the injured party and acknowledging the key structural factors that contribute to sexual victimization, we place blame on the victim, their choices, or their character to explain the victimization (Greeson et al., 2016; Maddox, et al., 2011; Maier, 2013; Rogers & Davies, 2007; Wentz & Archbold, 2012). This, in turn, contributes to the on-going rape myth dialogue that is heavily present in our society (Greeson, et al., 2016; Maddox et al., 2011; Maier, 2013; Rogers & Davies, 2007; Wentz & Archbold, 2012). Common rape myths existing today include that individuals lie about their rape experiences, that they contribute to their rape experience (because of what they are wearing, their past sexual history, the number of drinks they've had, etc.), males who are sexually victimized simply gain experience and are not traumatized, the victim should fight back, 'real' victims sustain injuries, marital rape is less severe than other rapes, rapists are motivated by sex, etc. (Greeson et al., 2016; Maddox et al., 2011; Maier, 2013; Rogers & Davies, 2007; Wentz & Archbold, 2012).

Victim blaming, or the acceptance of rape myths, are extremely detrimental to the emotional recovery and integrity of victims especially during disclosures (Greeson et al., 2016; Maddox et al., 2011; Maier, 2013; Rogers & Davies, 2007; Wentz & Archbold, 2012). Not only is it extremely painful for the victim to feel blamed, judged, or disbelieved, but in the case of disclosure to the police it can also cause victims to feel responsible for their victimization, as well as experience feelings of anger and hopelessness about their case moving forward (Greeson et al., 2016; Maddox et al., 2011; Wentz & Archbold, 2012). Unfortunately, it has been well documented that the police are just as likely to accept rape myths as the general public (Greeson et al., 2016; Maddox et al., 2011; Wentz & Archbold, 2012). Police frequently engage with victims during disclosures in a way that communicates these victim-blaming attitudes despite targeted training to improve services to rape victims and survivors (Greeson et al., 2016; Maddox et al., 2011; Wentz & Archbold, 2012). Greeson et al. (2016) examined adolescent survivors' perspectives on their interactions with the police, finding that most reported having mixed experiences, with at least one of the officers they interacted with being harsh or judgmental. The adolescents in the study indicated the police made them feel as though they had done something wrong, were lying, left parts of their stories out intentionally, or were bad teenagers (Greeson et al., 2016). The police also used tactics such as telling the adolescents about others who falsely reported and asking them about their behaviour surrounding the assault such as drinking (Greeson et al., 2016).

In a UK study completed by Maddox et al. (2011) who interviewed rape survivors, all of the participants were found to meet criteria for post-traumatic stress disorder (PTSD) and had elevated levels of shame and self-blame. The authors found that those with higher levels of PTSD and shame perceived the police to have less empathy during their

disclosure interview (Maddox et al., 2011). Importantly, PTSD, as well as feelings of self-blame and shame can have a large impact on disclosure interviews (Maddox et al., 2011) and the police should be trained in this area. For example, experiencing PTSD, shame and self-doubt after a sexual assault or rape can lead to emotional numbness, agitation, avoidance of talking, lack of eye contact, and uncertainty about the events, which the police may perceive as a sign that the victim is lying (Brownmiller 1975; Finkelson & Oswalt, 1995; Lee Scragg & Turner, 2001; Maddox et al., 2011; Winkel and Koppelaar 1991). Interestingly, young children's account of abuse is often deemed credible due to the prioritization of trustworthiness over a competent description of events. Rogers and Davies (2007) reported that young children are less likely to be suspected of lying about events and therefore this trust makes their disclosures more credible and more likely to be brought forward for prosecution (Bottoms & Goodman, 1994; McCauley & Parker, 2001; Townsend, Waterhouse & Nomdo, 2014). As children begin to mature, it is more likely that parents, as well as professionals taking disclosures, are more likely to suspect victims of lying about their accounts of abuse (Rogers & Davies, 2007; Walsh et al., 2012). Additionally, parents are less likely to hold doubt and blame for victimization when their children are younger (Walsh et al., 2012).

Conversely, police can also play an extremely positive role during a victim's disclosure. The police are integral in making a victim feel believed and validated and can even reduce self-doubt, self-blame and make victims feel relieved, hopeful about their case, and make it easier for them to provide information during the disclosure (Greeson et al., 2016; Maddox et al., 2011). Greeson et al. (2016) found that adolescents reported a number of factors they attributed to the positive experiences with police including: the police wanted to catch the offender, the police

believed their account of abuse, the police made them feel the actions against them were wrong and worth reporting, and the police told the victims they were not to blame. Additionally, Greeson et al. (2016) found that in some cases police behaviours that were found to cause negative emotions and upset for some adolescents were reported as positives for other adolescents simply because they were explained more clearly to the victims. For example, though both victims experienced investigative questions, those who experienced these positively, had officers who explained that the questions were being asked as part of their job and it didn't mean that they didn't believe the victim (Greeson et al., 2016). The same was true when officers told victims they made poor choices: the victims who experienced these as positive or neutral experiences explained that the officers had clarified they didn't feel the victim was a bad person but that they felt they could have made better decisions and this was seen as the police being protective of the victim as opposed to judgmental (Greeson et al., 2016).

When Children & Youth Testify in Court

Testifying against an accused person for a violation as intimate as abuse can be extremely intimidating for anyone but especially for children and adolescents who may not have the capacity to deal with overwhelming emotions and potential re-victimization that comes with interacting with the criminal justice system (Hurley, 2015; Townsend et al., 2014). Children who must testify in court face a number of challenges that have the potential to cause secondary trauma including having to relive and recount the abuse, having to face the perpetrator, and endure sometimes harsh and upsetting cross examinations (Hurley, 2015; Townsend et al., 2014). It is a well-known fact that many victims, including children who go through the criminal justice system, are often waiting months and sometimes years in order to testify in their court case (Hurley, 2015). This can be extremely damaging for children as it does not allow them to move

on from the abuse and keeps them having to recount the abuse that happened. Hurley (2015) reported that in some cases parents could not discuss the abuse with their children for as long as two years while the matter was before the courts. Furthermore, prosecutors and defence counsel may aggressively question children who do not recount their stories of abuse exactly as they did in the initial disclosure which may be up to two years later (Hurley, 2015). Importantly, due to the Victims Bill of Rights, since 2006, children and youth under the age of 18 testifying in Canadian courts are able to use testimonial aids including screens, closed-circuit television (CCTV), support persons as well as video-recorded statements as evidence-in-chief¹³ (Hurley, 2015). Unfortunately, even with the use of testimonial aids, many courthouses are not built to be child-friendly or with victims in mind, thus children and adolescents often see the perpetrator in the courthouse hallways, bathrooms or waiting areas (Hurley, 2015; Townsend et al., 2014). In addition, testimonial aids cannot protect children and youth from aggressive and harsh cross examination which is another portion of the court process that has been identified as potentially traumatic for children and adolescents who testify in court (Hurley, 2015). Townsend et al. (2014) who interviewed Court Support Workers (CSW) in South Africa found that many CSWs felt that the prosecutors who questioned children lacked empathy and could be more sensitive when dealing with children.

Despite all these challenges that make testifying extremely stressful for children and youth, some authors have noted that no long-term harm is caused by testifying and it can even provide children and youth with a voice, though they advise it is still important to prepare children and youth in order to reduce the risk of re-victimization as much as possible (Hayes & Bunting, 2013; Hurley, 2015; Raeder, 2009; Weisz, Wingrove, & Faith-Slaker, 2008). This of

¹³ This aid allows children to accept their videotaped disclosure as their statement to resolve the issue of having to remember fine details for up to two years while their case proceeds in the justice system.

course, is where CACs play an integral role as they often have a member of court-support programs as part of the MDT who can prepare them for the court process (Wolfteich & Loggins, 2007). Additionally the MDT can also provide referrals for emotional and psychological support, especially in circumstances where children are not able to discuss the victimization with the non-offending parent who may be implicated in the case (Cross et al., 2012; Elmquist et al; 2015; Hurley, 2015).

Findings from my Study

Victims & the Criminal Justice System

In this section, the participant's narratives as well as the literature concerning victims and the criminal justice system were used. The positive impact that police have on victim disclosures will be discussed as well as the acquisition of the victim label. Some of the challenges with victim disclosures will also be discussed as well as the victim's role in the criminal justice system. These additional findings resulted from particular interview questions that were asked but do not specifically answer my initial research questions.

The below narrative from both law enforcement and other MDT members illustrates some of the positive attributes that were discussed in the literature concerning disclosures. For example, the law enforcement member acknowledged the victimhood of the client and discussed always treating the person how they would want to be treated if they were in a similar situation which could help communicate an empathetic responses. Additionally, the importance of follow-up was expressed by a Board Member and illustrated how this simple act demonstrated to the victim that they were believed and supported:

“[...] Always treat the individual fairly like you would want to, always put yourself in their spot [...] to treat [the victim] fairly, treat them like you would be the victim eh?

What do you want to hear? [...] that's what I would do, that's what I usually do [...] it works!" (Law Enforcement).

"[...] sometimes they feel like they're victims but they're not and (sighs) they put themselves in situations [...] they're still a victim to me, [...] [even though] it never would have happened, or whatever, the way they said, but they're a victim of their own things, you know what I mean? Not necessarily of that crime but other things to put them in that spot, so to me they're always victim of something, for whatever reason."

(Law Enforcement).

"[...] acknowledgement of wrong doing is huge, just an example of that, I had somebody who called me [...] he told me everything that happened, I said you need to do this, you need to do that, and then the next day I called him to see how he was doing [...] and then he told me because I called the next day, that tells me that I believed him, yup, so that became our protocol, you call the person the next day to make sure they're okay." (Board Member).

Interestingly, all these narratives draw attention to a huge body of literature written on the acquisition of the victim label and to which the origins of victimology are owed. For example, in the second narrative above, the law enforcement member is discussing whether or not the individual fits the victim label, if by police standards no crime was committed, though they indicate they still consider the person to be a victim. This has been discussed at length in victimological and criminological contexts as early theorists began to explain who was deserving of the victim label (Christie, 1986; Walklate, 2011). Furthermore, theorists began to explain who and which

locations were more susceptible to crime patterns (Walklate, 2011). Theories also tried to explain victimization by way of social structures (class, sex, economy) or through surveying the lifestyle patterns of individuals (Walklate, 2011). Through the use of surveys, risk of vulnerability was determined and verified using victims' actual experience with crime (Walklate, 2011). Today, these theories are important, as many people in society, including law enforcement, still hold the perception of the 'ideal victim': for example a young vulnerable woman doing harmless deeds who is victimized by a large, ruthless criminal male is much more deserving of a victim label than someone who is involved in criminal activity themselves or is living on the streets (Walklate, 2011). The reality is that, victims come in all kinds of contexts, and when their persona does not match the 'ideal victim' they may not be labeled as such, which can often times result in mistreatment including the denial of appropriate victim services (Walklate, 2011).

Unfortunately, some challenges were discussed with law enforcement working in partnership with the CAC in regards to victim disclosures. The following narratives illustrate how, in certain cases, law enforcement struggle to believe victims and even feel that in some cases they are not worthy of being offered services:

"some people make allegations to be spiteful and it's a reality, I've seen it, it's happened, they make allegations to get out of trouble for one reason or another, for example, girl steps out of her relationship with her boyfriend, has sex with someone else, boyfriend finds out [Sic], the response to that, 'I didn't have sex with him, he raped me', k. Situations like that, I have a very, very, hard time identifying them as victims." (Law Enforcement).

“Two that lied to me – victims – ‘cause I usually make that straight to them and (laughs) and that's done [...] I always eliminate them right away or I don't believe them. We play the game with them and, and cognitive interviewing and go back to see, you notice what's real and what's not after you interview so many of them right?” (Law Enforcement).

“I find that bringing in [additional] services, causes these people to become a little bit more concrete in that allegation and once they start receiving this positive attention for what they're saying they can, at times, take advantage and that forces the police to have to [...] work a little bit harder, to prove this allegation false because it would be gross disservice to go out and charge a person who didn't do anything wrong, obviously.” (Law Enforcement).

“Some people make allegations because they're misinformed, like I said, they have mental health issues, they don't know the difference between a sexual abuse or a misunderstanding or a like a consent issue, things like that so, I do believe they are a victim to a degree, but not of the criminal offence.” (Law Enforcement).

“[...] once you identify their motive you can better classify whether they're actually committing a criminal offence themselves by reporting something that's false, misleading the police, which now makes **them** an accused. That person I wouldn't consider a victim. If I've got sufficient evidence to turn around and charge that person, they're absolutely no longer a victim.” (Law Enforcement).

It is very common in our society and among police academies worldwide for citizens and officers to engage in victim-blaming as well as the acceptance of rape-myths (Greeson et al., 2016; Wentz & Archbold, 2012). When an officer or service provider operates from the perspective that a victim is lying, this is a form of victim-blaming (Greeson, et al., 2016; Maddox et al., 2011; Maier, 2013; Rogers & Davies, 2007; Wentz & Archbold, 2012), though clearly we can see from the narratives there are other concerns mentioned as well (i.e. citizens being misinformed about the law).

The narratives also speak to what Christie (1986) terms the ‘ideal victim’ such that those who do not fit this ideal of who a victim is, are therefore not provided that label, and may also not be provided the same diligent treatment or services. As such, as the officer explains, if a victim can also be charged with an offence, then they are not deemed eligible to be a victim. This becomes extremely problematic in social services as well as from a policy perspective as many of the clientele that are served by these agencies will not fit an ‘ideal victim’ persona and may also be involved in criminal matters themselves, suffer from addictions, mental health issues, or be in need of an extensive amount of social support because of the amount of trauma that they have been exposed to for the course of their lives (Walklate, 2011).

The below narrative illustrates one law enforcement member’s explanation of a case where they did not consider the client a victim though she had reported being raped. In the example, the law enforcement member explained that they approach every case as if it is the real deal “in case” it is the real deal. This illustrates that law enforcement initially operate from a place of skepticism which has been suggested in the literature as one of the driving forces behind the rape myth culture (Greeson et al., 2016; Wentz & Archbold, 2012). It also suggests that they do not operate from the position that victims are always truthful about their experiences of rape

which may be because their role as a police officer is to investigate whether a criminal offence occurred and to ‘find the truth’. Maier (2013), who interviewed victim advocates to find out their perceptions of rape myths, found that some advocates were aware of their own biases but indicated they would never verbalize it to a victim. Similarly, the law enforcement members in this study suggested despite their views, they still treat all clients as victims. However, it is clear through this narrative that the law enforcement member interacted differently with the victim, as they describe being “more firm”, once they believe the allegation is false. This may be explained by the fact that most police officers are sympathetic to victims except when they do not fit with the characteristics of a “real” rape victim (Wentz & Archbold, 2012), which again feeds into the rape myth dialogue and coincides with Christie’s (1986) concept of the ‘ideal victim’ discussed above:

“I remember where this young lady alleged being raped by a known offender [...] the amount of time and resources that went into her complaint was phenomenal, like we treated it obviously like it was the real deal and you have to do that in case it is the real deal obviously but we came to find out, it was completely fabricated, completely unfounded [...] when we found the absolute proof to say with 100% certainty that this did not happen [...] I had to interview her and you still have to treat them like a victim, but you have to be a little bit more firm with them obviously, so she dug her heels in so deep, she would not deviate from this idea that she had been raped, and we've got every factual thing to say it never happened, um and it took a good while to get her to come around and, and for me I felt like it had to do with her developmental abilities and mental health issues but that girl I wouldn't consider necessarily a victim” (Law Enforcement).

Another consideration regarding the way in which police do or do not consider clients as legitimate victims is to return to the discussion in Chapter Two concerning mandate. Earlier, I pointed out that police are mandated to find criminal responsibility and that often when they are asked to do more, they cannot. The discussion concerning whether a client is a victim or not, to some extent falls outside of the mandate of police, in the sense that they do, of course, interact with victims to collect information in order to lay charges, but determining victimhood is clearly out of scope given their roles and responsibilities. This, of course, is why the multi-disciplinary approach is ideal, because theoretically victim services and the other social services should be offering the social support needed to help victims through the difficult experience. Many MDT members communicated that their service delivery will not change based upon a police investigation; they continue working with victims whether police lay a charge or not.

The participants of the current study were also asked to discuss their views of the criminal justice system and whether it adequately addresses the needs of child victims. Many of the themes mentioned in the literature were touched on by the participants, including the challenges with child testimony, the implementation of testimonial aids, and the slow court process. In regard to testimonials aids, the participants who discussed them believed they were a positive addition to the criminal justice system and allow children the capacity to testify in a much more comfortable and safe way than would be possible otherwise. As discussed in the literature, CCTV was a favoured testimonial aid and allowed children who were highly fearful of seeing the perpetrator to be able to testify. Additionally, adopting a video-taped disclosure as evidence-in-chief was also noted as a beneficial aid, especially to address the issues that many face during cross-examination of having to remember details for up to two years:

“[...] we have the CCTV cameras, I think that it's a phenomenal piece of technology that we utilize all the time” (Law Enforcement).

“these kids did amazing in that CCTV room, if they had to go in there and face their father face on, it would have never happened [...] When we were doing preps with that same child um, he wanted to go in and see the courtroom, wanted to know where specifically his Dad was going to be sitting, how he was going to be restrained, how many police officers were going to be in the courtroom in case something happened [...] the amount of fear that he has of his father. If he had been in the courtroom this would have never [happened] so in that regard, having the CCTV [...] it's a game changer for our child abuse victims” (Law Enforcement).

“the other things that we have in our legislation is allowing our child victims to adopt their videos, so [...] the kid gets to see it, review it, at the end, ‘is everything you said in that statement truthful?’, ‘yes it is’, they adopt that statement, so they don't have to, two years after the fact, reiterate what they said, verbatim, because if there's any inconsistency, God forbid, that they must be lying” (Law Enforcement).

Another participant noted that additional training for Crown attorneys and defence lawyers as well as the introduction of Victim Services has improved the criminal justice system for child victims’:

“I think we've improved quite a bit, I think there's a lot more training that goes with the Crown attorney as well as the defence lawyers on how to approach children, I think now because we have victim services, like I'm thinking back in the 90's, we didn't have victim services” (Board Member).

However, the vast majority of comments from the participants were that the criminal justice system is not conducive for children. Participants were concerned about how slow the system moves. They were particularly concerned with the fact that children do not have an adequate voice in the process and that many victims will never be able to get the outcome they want or deserve, and that the criminal justice system simply is not designed to address the needs of victims:

“as far as the system and I don't know if it's just our court but it's slow, so there's a backup, right, I mean it could be, we've had cases that came in uh when we first opened and they are just going through the court system now you know; that re-traumatizes the family, they can't, you're stuck there, they can't move on, it's always lingering, so that's one thing that needs to be improved” (Executive Director).

“I think that there's a lot of child victims who don't have a voice [...] I often hear victims say ‘do you have to wait until somebody gets hurt before something is done?’ and the answer is always yes. But there should be something that can be done before somebody gets hurt. [...] And our criminal system says we can't do anything until he does something or she does something, well by then maybe it's too late.” (MDT Member).

“we certainly don't [...] give our personal opinions in any way to influence our clients [...] I don't lie to them either, I say [...] you have to just be aware of why you're going [to court] because most of the time, you're not going to get the answer that you hope for and most of the time these people are acquitted, so is it enough for you to know that the person was arrested?” (MDT Member).

In a Canadian study by Connolly, Chong, Coburn & Lutgens (2015) it is explained that prior to

the 1980s in cases of child sexual abuse brought forward before Canadian courts with which testimony from the child was the only evidence in the case, judges were required to warn of the dangers of convicting on testimony alone. Thereafter, though this law was repealed, this culture remained and it was not uncommon for judges to continue reciting the warning or for cases to not be brought forward altogether (Bala, 1999; Connolly et al., 2015). During the late 20th century, the recent complaint doctrine was also established which allowed judges to provide a warning that questioned the legitimacy of childhood sexual abuse complaints if the child did not disclose right after the abuse occurred (Connolly et al., 2015). It was in the late 1980s when this doctrine was also repealed, though again this culture did not disappear from the courtroom instantaneously (Connolly et al., 2015). Fortunately, today the courtroom culture has improved dramatically from this horrific history (Connolly et al., 2015). As mentioned previously, children and youth often use testimonial aids while providing testimony, they are provided court support services through court-support programs and agencies like CACs (Cross et al., 2012; Elmquist et al; 2015; Hurley, 2015; Townsend et al., 2014; Wolfteich & Loggins, 2007) and as Connolly et al. (2015) points out, judges for the most part no longer provide mandatory warnings. These measures do try to address some of the concerns mentioned in the narratives above. For example, providing children with testimonial aids is, in practice, supposed to reduce fear and assist victims in providing candid testimony, thereby providing them with a voice (Graham and Noon, 1993; Goodman et al., 1998; Hurley, 2015). However, the delayed prosecution is still a problem that faces not just Canadian courts, but also those in Australia, New Zealand, United Kingdom, Europe, Ireland and the United States (Connolly et al., 2015). While it is true that in some cases the delay of a disclosure can impact the timing of prosecution (Connolly et al., 2015), for the most part there is much more to explain when victims are waiting upwards of two years past

their disclosure date to see their matter go before the courts. Connolly and colleagues (2015) found in their study that a few factors in particular contributed to longer prosecution, including: if the abuse had continued for more than one year and if the accused had a connection to the victim in the community (e.g. the accused was a teacher, spiritual leader or coach). Cashmore, Taylor & Parkinson (2017) also found similar results to that of Connolly et al. (2015). However, in both these studies, the length of time to prosecution was considered from the time the abuse stopped as opposed to the time of the disclosure. For this reason, both these studies found that young males who were victimized by teachers and spiritual leaders did not have their cases prosecuted for up to 25 years because in many cases these victims did not disclose their abuse for many years (Connolly et al., 2015; Cashmore et al., 2017). Moving forward, it will be important to monitor the length of time to prosecution from the time of disclosure at each Canadian CAC as this appears to be an area that is understudied. Furthermore, the frustration that many victim services agencies feel, such that they must prepare victims to be let down by the criminal justice system and/or explain that the criminal justice system is regrettably not the answer to their current problem (Clarke & Wydall, 2013) has unfortunately yet to be rectified.

Key findings:

My study found that law enforcement members had difficulty identifying victims who did not fit the ‘ideal victim’ persona which has been tied to victim-blaming and the rape-myth culture that is ever present in our society. However, it was not apparent whether officers had difficulty identifying victims when it came to scenarios specific towards child and youth victims, though it is highly suspected this was not the case, as children are much more easily and more likely to be given the victim label (Wijk, 2013). Many of the participants in the study felt strongly that the criminal justice system does not adequately address the needs of child victims,

though some noted a few positive attributes including the inclusion of testimonial aids and child-focused training with Crown attorneys and defence lawyers. As mentioned previously, this section was focused on additional research findings that came from the interview questions focused on when a client is and is not considered a victim and the criminal justice system.

Conclusion

My research has attempted to answer how one Canadian CAC responds to the needs of child victims and their families and which frameworks they use to do so. In order to answer these questions, I interviewed 16 multi-disciplinary team (MDT) and board members from the CAC. Upon analyzing the interview data, I drew on three particular themes that were found in the narratives: tensions among the MDT team, mental health among victims and professionals and the criminal justice system. For the purposes of this chapter, key findings from each of the chapters will be briefly reviewed. Conclusions will then be drawn in order to bring together all of the findings from each of the chapters. The importance of this research and future research, as well as my recommendations for the CAC moving forward, will be discussed.

In Chapter One, the magnitude of child maltreatment was brought to light, evidence was provided to illustrate that child abuse is an issue that touches many Canadians. As such, the American and Canadian CAC models were discussed as possible best practices being used today to help families who are undergoing child abuse investigations. My research project was outlined, drawing attention to the fact that this research is a case study and is exploratory in nature. Multi-disciplinary team (MDT) collaboration and tensions were discussed in Chapter Two. The literature concerning MDTs revealed that these working environments can be both very challenging but also extremely effective, as well as an asset to victims. This study revealed that the MDT faces many challenges that were identified in the literature and may benefit from a strong management team and more collaborative exercises to help break down barriers. Chapter Three was dedicated to mental health, specifically how trauma impacts the mental health of victims and professionals. Finally in Chapter Four, responses to victim's disclosures as well as the challenges of the criminal justice system were discussed.

My research indicates that the CAC studied for this case study is responding to the needs of child victims and their families to the best of their ability, though due to resource issues, the fact that they serve a large geographical area, and that not all MDT members are co-located, they simply cannot provide the ideal “one-stop shopping” approach. It was also evident that the police play a very large leadership role in cases, which sometimes means that they control when and which other agencies become involved in the case. Each agency involved on the MDT is using a framework to respond to child victims and their families through the mandates of their own agencies.

Previous research has found that having a strong management team is essential when it comes to having an efficient and effective multi-disciplinary team (MDT) and for implementing trauma-informed approaches (Lang et al., 2016; Lowe & O’Hara, 2000). My study found that the MDT of the CAC is facing many of the barriers to collaboration that were documented in the literature and may still be in a period of transition. Management should be offering multiple ways for MDT members to voice their concerns including peer support, supervisor meetings and MDT team meetings, such that each member has an avenue they feel comfortable with to speak about any issues they have (Lowe & O’Hara, 2000). Additionally, it is paramount to break down any ownership MDT member’s hold in regards to their separate disciplines (Lowe & O’Hara, 2000) in order to fully join one holistic CAC team. There also needs to be opportunities for team building in order for members to build collaborative, trusting relationships (Lowe & O’Hara, 2000; Newman & Dannenfelser, 2005).

Victim issues can be incredibly complex and impact multiple systems and people, including community services, the criminal justice system, the school system, extended family members, friends, and those who provide support. It was clear from this study that the MDT is

heavily impacted by the work that they do. They both care tremendously about the cause, and also find that working with victims can be, at times, emotionally draining. The literature tells us that it is imperative that those working with victims are trained in trauma in order to reduce the possibility of re-victimization and also to protect against vicarious trauma which is highly likely for this group of employees (Bonach & Heckert; 2012; Kanno & Giddings, 2017; Kenny et al., 2017).

As mentioned previously, this research is unique because it is one of the first empirical, academic studies concerning Canadian CACs. These findings may be generalizable to CACs with a similar framework located in a similar community (Flyvbjerg, 2006; Stake, 2006; Watts, 2007). Additionally, the findings contribute to the victimology literature such that it helps to explain broader issues in the field, especially trauma as it relates to the professionals who provide services to victims.

It will be important for future research to expand on this work and look at several sites within Canada to compare findings. It would also be beneficial to speak with victims, who could provide their unique perspective on the services that are offered at CACs. It would be especially helpful to interview victims who have both received services historically through the ‘traditional’ process and who have received services recently through the CAC as well. Questions still remain regarding Canadian CACs, especially concerning whether Canadians are satisfied with these centres being considered a best practice.

Key Recommendations:

As a result of the discussions with MDT and board members and the literature I have consulted, I recommend the following in order to improve services to child victims and their families:

- Federal and provincial government funding should be offered for abused children and youth so that services can be offered through CACs on the spot and that every community has access to consistent services delivery across the country.
- Each CAC should ensure a strong management team can lead the MDT in order to reduce collaborative barriers and increase collaboration. Management teams must ensure that each member is able to voice concerns and ideas readily and can contribute to goal setting. The team must also have some autonomy in order to put those goals into operation. Furthermore, they must be provided with new skills and attitudes to help them adjust to the new holistic team and to leave the attachment to their own disciplines behind. In order to do so, the following four strategies must be utilized:
 - Team Lead or Supervisory Meetings;
 - MDT Meetings;
 - Goal Setting; and
 - Team Training Days.
- In order to further reduce collaborative barriers the following strategies are recommended for all CACs:
 - Job shadow or learn the roles of each MDT partner;
 - Socialize outside of the work place to increase trust and build relationships;
 - Discuss the collection, use and disclosure of information being shared;
 - Where possible, be co-located in order to facilitate joint investigations, reduce travel time and increase coordination and collaboration;

- Communicate at the outset of a case regarding how the case should progress and what the expected or ideal outcome is to reduce tension once the case is in progress;
- Communicate openly about trust and vision;
- Be clear about each mandate and what the team wants to achieve collectively; and
- Recognize that police rely heavily on and regard trusting, reliable partnerships as of primary importance.

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Appendix A

Interview Guide: Qualitative Questions for MDT Members of CYAC

1. Can you please tell me the organization you work for and your current position?
 - a. How long have you been in your current position?
2. Can you tell me what lead you to your current position?
3. How did you get involved in this field?
4. Can you give me an overview of your life story?
 - a. Education, training, career path, significant events etc.
5. Is there anything in your personal biography or background that led you to be involved in child advocacy?
6. Working in this position, what does your average day look like?
7. What are the most emotionally demanding elements of your job?
8. What advice would you give to a young professional who is beginning to work with victims of child-abuse?
 - a. PROBE for explanation
9. Have you ever had to consult a counselor or psychologist to cope with an experience in your position?
10. If you are aware, how did your agency come to be involved with the CYAC?
11. Can you think back to a time before your agency was involved with the CYAC?
 - a. How was providing services to child victims and their families different?
 - b. Are there things today that could be improved?
12. Which forms of victimization does your agency primarily encounter when working with the CYAC?
 - a. Does the form of victimization change the way you respond to the client or to the case overall?
 - b. PROBE: Can you think of a specific case of sexual victimization that really affected you? Can you tell me about that?
13. If there was a case in which abuse allegations were unfounded, does your agency still consider the client a victim?
 - a. Does this change the services your agency provides through the CYAC?
14. Where do you envision the CYAC in 5 years?

15. In an ideal world, what would a perfect or productive intervention entail?
16. In terms of recovery, what differences have you observed among victims and their families, who recover well vs. those who struggle?
17. In the research literature, it is noted that children whose non-offending caretaker believe their account of abuse have better mental health outcomes, would you agree with this?
 - a. Without identifying the clients, can you provide an example of this?
18. What do you hope will come out of a research study, such as this? What do you want Canadians to know about the work being done in CYAC/CACs in Canada?
19. What are your views of the criminal justice system?
20. Do you think the Canadian CJS adequately responds to child victims?
21. Do you think the CJS process has improved for child victims since the implementation of CACs/CYACs?
22. Are there particular areas, policies or regulations of the CJS that hinder the work of the CYAC?
23. Is there anything that would make your job more efficient?
 - a. Policies, objects, relationships, etc.
24. What is the most difficult part of your position?
25. What is the most rewarding part of your position?
26. Is there anything we didn't discuss that you think is important to mention?

Demographic Information – Explain that you are asking these questions for demographic reasons only and that their information will be aggregated with a broader data set.

1. Can you please tell me your age?
2. Were you born here? If not, when did you move to here?
3. What is your highest level of education?
4. Can you please tell me if you are a parent?
 - a. How many children do you have?