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Child advocacy centers and child sexual abuse in Nevada

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CHILD ADVOCACY CENTERS AND CHILD SEXUAL ABUSE IN NEVADA

by

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Bachelor of Arts
University of Nevada, Las Vegas
2005

A thesis submitted in partial
fulfillment of the requirements for the

**Master of Arts Degree in Criminal Justice
Department of Criminal Justice
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THE GRADUATE COLLEGE

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Chrystal L. Ruggieri

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Child Advocacy Centers and Child Sexual Abuse in Nevada

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ABSTRACT

Child Advocacy Centers and Child Sexual Abuse in Nevada

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Child sexual abuse has gained significant attention from the medical, legal and social research communities over the last couple decades. Developed in the 1980s, Child Advocacy Centers (CACs) have been noted as one of the leading developments in combating child sexual abuse. Child Advocacy Centers bring together multi-disciplinary teams in a child friendly environment to improve resources for abused children and their families as well as aid in prosecution. The majority of states across the country have adopted aggressive legislation and funding initiatives to aid in protecting this vulnerable population. This study analyses Nevada's position on childhood sexual abuse and compares it to states similar in demographics. While many studies evaluating the effectiveness of CAC have focused largely on prosecutorial outcomes, this study evaluates CAC effectiveness on the basis of report disposition and prior victimization. This study finds that the number of CACs located within a state has a significant impact on report disposition and prior victimization for children that have been sexually abused.

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CHAPTER 1

INTRODUCTION

“American’s Adventure Place”, “Sin City”, “The City that Never Sleeps”, “What Happens in Vegas...”, “America’s Biggest Little City” are all terms coined for Nevada’s two largest cities (Reno and Las Vegas) that reside within Nevada’s two largest counties (Washoe and Clark). They are also infamous for gambling, night clubs, alcohol, sex and many other “adult only” activities. What is not referenced, however, is the significant child population that call these two cities home. Nevada’s child population has remained steady at over 25% of the population being under the age of 18 years for the past five years compared to the National average of 24 %. However, children and their well being are not generally what come to the mind of most people when thinking about “Sin City” and these adult playgrounds.

In 2008 an estimated 3.7 million children were referred to Child Protection Service Agencies (CPS) across the country for investigation of abuse. This rate was the highest national rate seen for the previous 5 years. Nationally, of those victims in 2008, 9.1% were victims of sexual abuse (Child Maltreatment, 2008). One of the leading developments in combating child abuse (specifically sexual abuse) has been the development of Child Advocacy Centers (CACs). CACs were established in the middle of the 1980s in response to state and community recognition of the immense impact of childhood sexual abuse and the need for a more child appropriate manner in which to deal with sexual abuse cases (National Children’s Alliance, 2009). The goal of a CAC is to bring together a

multi-disciplinary team of officials (CPS, Law Enforcement, medical providers, prosecutors, etc.) to investigate abuse as well as reduce the re-victimization of the child and provide a centralized center of services for the child and family (National Children's Alliance, 2009).

While many states have adopted aggressive legislation and funding protocols to develop and maintain CACs, Nevada remains among one of only a few states that have not met the challenge of child sexual abuse with the same dedication.

Purpose of the Study

The purpose of the current study is to determine whether the presence of Child Advocacy Centers have an impact on sexual abuse rates and report dispositions. This analysis will also examine the demographics of abuse reported such as the differences in child age at time of abuse, sex, report sources and prior victimization. This study will focus largely on the statistics of Nevada while using states similar in population size, regional proximity and child demographics as comparisons. In 2008, Nevada had only one accredited Child Advocacy Center, one perspective member and two multi-disciplinary teams established to serve the entire state of Nevada, leaving nearly 82 % of Nevada counties unserved, making it one of the lowest represented states in the region and in the country.

Further, the current study seeks to determine whether Nevada's low representation of CACs has an impact on its abuse statistics and case dispositions. Since the inception of CACs and research supporting the positive

effect multi-disciplinary teams have on child sexual abuse cases, most states throughout the country have passed aggressive legislation and funding initiatives to support these centers. This study seeks to uncover the advancements (or lack thereof) Nevada has made in providing a safe and more child friendly environment for sexually abused children.

Research Questions

The main purpose of this research is to determine Nevada's standing on child sexual abuse rates and case dispositions while comparing it with states similar in demographics to determine whether Nevada's lack of Advocacy Centers have an impact on its rates and case dispositions. This research seeks to answer four primary areas of questions:

- How does Nevada's sexual abuse rates and case dispositions compare to other states similar in demographics and child population?
- How do Nevada counties compare against each other on abuse rates and case disposition? Is there a difference in rates between counties that are served by a Child Advocacy Center with those that are not?
- How does Nevada compare to other states in regard to the rate of prior victimization of sexual abuse victims?
- Do Child Advocacy Centers have an impact on case disposition?

CHAPTER 2

REVIEW OF RELATED LITERATURE

History of Abuse

Do not withhold discipline from your children; if you beat them with a rod, they will not die. If you beat them with the rod, you will save their soul from death. - Holy Bible (Proverbs 23:13-14)

The abuse (sexual, physical and emotional) of children has been around since biblical times, however, it has only relatively recently come to the attention of society as a significant problem in need of new solutions. Abuse and family dynamics vary across different cultures. deMause (1998) found that in many Middle Eastern cultures children and parents often shared one room where children were present and sometimes involved in the sexual relations of their parents. In addition, he found many women would often masturbate their children to help them fall asleep at night. While seemingly unheard of in American cultures it was often common practice and neither viewed as abuse or inappropriate as it had been done for thousands of years (deMause, 1998). deMause (1998) suggests that for many other countries, “incest is often the rule rather than the exception” (p. 219).

It was not until the early 1870s with the abuse of an orphan (Mary Ellen Wilson) that child abuse was brought to the nation’s attention. Further, it was only under the guidance of attorneys for the American Society for the Prevention of Cruelty to Animals (ASPCA) that her case was brought forward with the argument that the laws protecting animals from abuse should not be greater than those protecting children (Williams, 2008). In studying the history of child abuse, Ferrara (2002) found that in early America children were considered to be the

property or assets of their fathers and “father[s] had sole responsibility for his children, he had explicit right to expect obedience and respectful compliance from them” (p. 5). Snyder (2009) suggests that at this early point in time when the line between child and adult was different for each family with children working as early as ten years old; the courts and the government had long recognized a parent’s right to raise their children how they see fit.

Scholars agree that Sigmund Freud probably had the single greatest impact on what is known about child abuse and how it was categorized and viewed by other scholars than any other person prior to the late 20th century (Bolen, 2001; Conte, 2002; deMause, 1998; Feuereisen & Pincus, 2005). Bolen (2001) suggests that Freud, “fundamentally framed professions conceptualization of child sexual abuse” (p.12) and argues that his ideologies still apply in today’s society. Feuereisen and Pincus (2005) suggests that while Freud originally acknowledged the problem of abuse, after being ridiculed by his peers he promptly renounced his ideals and moved forward with what is known as the Oedipus complex. In advancing his theory of the Oedipus complex, Freud suggested that abuse did not exist, however it was the girls that, “create incestuous fantasies of themselves with their fathers” (Bolen, 2001, p.14). Freud’s Oedipus theory had a profound impact on the mental health profession and has fundamentally set a precedent for the disbelieving of child sexual abuse cases and their victims (Feuereisen & Pincus, 2005). Given that sexual abuse usually leaves no physically visible scars it is often the hardest to identify and is

among one of the only offenses where the burden of proof lies upon the victim (Kim, 2000).

Prior to the late 1800s sexual abuse of children was not acknowledged in any form by scholars (Bolen, 2001). Bolen (2001) argues that Frenchman, Ampoise Tardieu was among the first and quite possibly the most important scholar to write about the possible psychological effect that sexual abuse might have on its young victims and was the first to acknowledge it as a significant social issue.

While the first six decades of the twentieth century provided little advancement for victims of child sexual abuse, it did see the beginning steps for child protection with the creation of non-governmental charitable agencies across the country designed to protect children (Myers, 2008). It was in the early 1960s that abuse became an issue addressed by the academic, medical and legislative communities (Conte, 2002). In 1962, Kempe, Silverman, Steele, Droegemueller and Silver brought attention to the world of abuse against children, essentially coining the term, “battered child syndrome” and undertook a groundbreaking nationwide survey regarding abused children. Kempe et al. (1962) paved the way for abuse research, recognition by the medical community as well as bringing national attention to this often “unrecognized trauma”. The national attention received by Kempe et al. further prompted the beginning of child abuse and reporting legislation (Synder, 2009). However, it was not until a speech to the American Academy of Pediatrics in 1977 that Kempe acknowledged child sexual abuse and suggested that it was a hidden problem that needed addressing.

While it is difficult to determine the exact turning point for the recognition of the harmful impact of child sexual abuse, Conte (2002) points to the fact that beginning in 1975, “there was an explosion of writing that was more sympathetic to the victims” (p. 41).

While sexual abuse of children may have been around since biblical times, the manner in which it is perceived and adjudicated has changed drastically over time and cultures. Conte (2002) suggests that while there were some cases of sexual abuse prosecuted in the early 20th century they were not the norm and it was not until the 1980s and 1990s that we saw a significant increase in prosecution. Lloyd deMause (1998) suggests that the, “recognition of child abuse and its history is a nightmare from which we have only begun to awaken” (p. 216).

Offenders

Child sexual abuse is a hidden crime, and if it is difficult to establish the true prevalence of such offending, it is even more difficult to comment with certainty on offender characteristics. – Julia C. Davidson (2008, p. 58)

Child sexual abuse is a complex area of research and accounting for the true number of children that are being abused each year would be nearly impossible. Similar to rape it is likely that the majority of incidents remain unreported in comparison to those that are brought to the attention of authorities. However, some types of abuse and thus abusers are more easily accounted for than others. In regard to child sexual abuse there remains two primary classifications of offender types: extrafamilial and intrafamilial.

Typically, most people would assume that the most common type of child sexual abuse occurs at the hands of family members, however many scholars have found that the most reported abuse is committed by those unrelated to the victim with 71 to 89% being committed by nonrelatives (Bolen, 2001). However, the assumption that more abuse is committed by non family members may simply be the direct result of the underreporting of this type of abuse and the fact that families are more likely to come forward when their child has suffered the abuse by someone outside of the family unit.

Extrafamilial Abuse

Extrafamilial abuse consists of any type of sexual abuse committed by anyone unrelated to the victim. Grosz, Kempe and Kelly (2000) found common types of extrafamilial abuse include abuse by authority figures (babysitter, daycare/school staff, etc.), neighbors, acquaintances/friends, friends of family, and strangers. Abuse by authority figures is an area of abuse that is in deserving attention. Abuse by authority figures is considered abuse in which the offender had a direct supervisory or caretaking role over the victim (Bolen, 2001). Consistent with other scholars, Bolen (2001) agreed that this category often also includes teachers, medical personnel, private home day care providers, clergy, etc. In addition, she also found that authority figure abuse, “was the most likely category to have multiple attacks, but the least likely to have the abuse reported to the police (0%)” (Bolen, 2001, p. 105).

One of the most recently and massively publicized forms of extrafamilial abuse has been the sexual abuse of children by Catholic Priests. In response to

this national attention, the United States Conference of Catholic Bishops (USCCB) met in 2002 to address this problem and fully investigate the scope of this abuse. Shockingly, the study they commissioned revealed that of the 195 dioceses and eparchies that participated in the study, over 95% had reported that sexual abuse allegations had been made against at least one official in their district by someone under 18 years of age (John Jay College Research Team, 2004). Further in their study they found that 4,392 Catholic Priests or deacons within the United States had been accused of committing sexual abuse of a minor. However, the research suggests that the majority of abuse (75%) was estimated to have occurred between 1960 and 1984 and the remainder of abuse between 1985 and 2002. The research found that when taking account for the drop in priests ordained each year that the percent of priests accused of abuse have also fallen from roughly 10 % in 1970 to less than 4 % in 1990 (John Jay College Research Team, 2004).

In studying men who have abused children while in an authoritative position, Colton, Roberts and Vanstone (2010) found support that men who abuse often position themselves into roles (teachers, school counselors, daycare staff, home tutoring, etc.) in which they have a greater access to vulnerable children. They found that the men in their study often utilized their role (such as counseling students with low self esteem) in their educational setting to establish and maintain abuse often over many years and took careful calculation in the establishment of their position and ritualistic progression into abuse. Burgess, Welner and Willis (2010) suggest that based on their study, teachers are in a

unique position to establish and maintain abuse for four primary reasons; (1) they are in a position of authority, (2) they are in a position of power and control, (3) they are able to create a seduction process that often confuses the victim and (4) the “bonding” of offender and victim are solidified when the abuse is left unaddressed and by other members of the faculty. The betrayal, confusion and exploitation experienced by the youth from a person in a position of trust and guidance are often enough to ensure the secretiveness that the event occurred. Freel (2003) found that while definitions of sexual abuse often vary by study, the prevalence rates of child sexual abuse range from 13 to 34% for girls and 7 to 16% for boys.

While extensive research has been devoted to understanding, informing and protecting people from acquaintance rape, acquaintance child sexual abuse has not yet received the same attention. Acquaintance abuse often occurs at the hands of neighbors, older siblings (over the age of 18 years old) of friends, parents co-workers, parents of friends, friends of friends, etc. and accounts for 16 to 50% of all reported child sexual abuse cases (Bolen, 2001). Grosz, Kempe and Kelly (2000) found that sexual abuse by non-family members is often perpetrated by someone known to the victim and family and is often committed on more than one occasions; with 32% of the victimization in their sample occurring in the child’s home.

Despite the fact that most child sexual abuse occurs by someone known to the victim, stranger abuse has been given the most support in the way of preventions programs and campaigns and is among the most feared types of

abuse by the public (Bolen, 2001). Ullman (2007) found that, of the sexually abused participants in her study, only 10.6% of the victims were abused by a stranger while 89.4% were abused by someone known to the victim. The study found that the percentage of victims that were female were higher for those abused by strangers (93.9%) when compared to those abused by acquaintances or relatives (84.1% and 83.9% respectively). The study also found that when compared with other types of perpetrators a higher percent of victims of stranger abuse perceived the event as life threatening (25%) as well as were more likely to disclose that the event had occurred (75%). However, while not significant, Ullman (2007) found that the age of abuse disclosure was older for acquaintance and relative abuse than that of stranger abuse. However, the study found that despite public perception, abuse by relatives was consistently more severe, began at a younger age and lasted longer than abuse by either stranger or acquaintance (Ullman, 2007).

Intrafamilial Abuse

While, statistically, intrafamilial abuse occurs with less frequency than extrafamilial abuse it has nonetheless dominated the field of child sexual abuse research. Intrafamilial abuse, or incest, is abuse committed by any person related to the victim. The offender that has received the most attention and research in intrafamilial abuse is the father; however, it also can include mothers, uncles, cousins, siblings, grandparents or any other person related to the victim (Bolen, 2001).

Despite the fact that sexual abuse has historically been a crime committed by men against women, child sexual abuse by female offenders does occur. While abuse by women is rare, female sexual abuse of children does occur and has been documented since the 1930s (Strickland, 2008). Strickland's (2008) research suggests that "sexual abuse by women tends to be minimized and justified as an extension of the women's nurturing role, rather than as harmful or assaultive" (p. 474). However, she found that according to Child Protection Agencies the percent of women identified as child sex offenders ranged from 1.5 to 12.5% (Strickland, 2008). Research has supported the fact that sex-offending women often suffered significantly high rates of childhood trauma, including childhood sexual abuse (Strickland, 2008). Findings suggest "the severity of childhood trauma, and sexual abuse in particular, are significant risk factors for the future development of sexually deviant behaviors for females in adulthood" (Strickland, 2008, p. 483).

Alexander et al. (2000) found that the trauma experienced by female sexual offenders (specifically mothers) in their own childhood may directly interfere with her capacity to cope with her own emotions and past trauma. In addition, found that sexual abuse survivors tend to over depend on their children to meet their needs emotionally and sometimes physically (Alexander et al., 2000). Strickland (2008) suggests that the severity of sexual abuse in childhood likely plays a significant role in their sexually deviant behavior with children as well as their inability to engage with healthy and suitable partners. Research suggests that while abuse by female perpetrators (of any relation to the child)

does occur, it is among the least likely types of abuse (Bolen, 2001; Grosz, Kempe & Kelly, 2000; Strickland, 2008).

While it is important to understand the various types of perpetrators of CSA, Bolen (2001) suggests that “the most outstanding characteristic of parental sexual abuse is that approximately 99% is perpetrated by fathers or father figures” (p. 120). In an attempt to uncover explanations of father-daughter incest, Greenburg et al. (2005) studied 84 biological and 59 step-fathers that sexually abused their children. While their study found that approximately half of all father abusers had themselves been the victim of sexual abuse as a child, they found no significant difference in the number of victims, age of victims, force or severity of abuse between biological and step-father abuse. Their study also showed that when examining psychological and sexual functioning there was no statistically significant difference between the father groups, with each group showing relatively the same level of clinically deviant arousal. The only statistical difference found between the two groups was in their sexual arousal of children, with biological fathers being less aroused than their step-father counterparts. While the study gave little in explaining the reasoning behind sexual abuse by fathers; it lent support for the fact that there is little statistical difference between the types of fathers that do sexually abuse their children.

Davies and Rogers (2009) found that when looking at people’s perception of CSA and father perpetrators, the results suggested that sexual abuse by a father was viewed as a more serious offense than abuse by a stranger; however, respondents held fathers less culpable for their crime than their stranger

counterparts. In addition, when examining the credibility of victims, respondents viewed those children abused by their fathers as being less honest than those abused by a stranger, suggesting the common misperception that a child may simply be acting out against their father for a previous punishment and be lying about the abuse. Davies and Rogers (2009) suggest given their findings that it is possible that “incest is still too much of a taboo for people to accept at face value” (p. 89).

While research on abuse by grandparents (specifically grandfathers) vary, some consensus remains that, generally, when there is abuse by a grandfather there is usually multigenerational incest in which the grandfather likely abused his own children as well. Bolen (2001) found that these victims of generational abuse have become accustomed to the abuse or they feel that successful intervention is unlikely. However, it also appears that children are at an elevated risk of abuse when they are in the primary or temporary care of their grandparents (Bolen, 2001).

While the likelihood of abuse by a grandfather is rarer than most other types of incest abuse (except for abuse by a female family member) Bolen (2001) found that, when abuse did occur, grandfathers were significantly more likely to abuse with greater frequency and for longer periods of time. In addition, while they were more likely to use force in the commission of abuse, they were also more likely to use to the least severe level of abuse, finding the most substantiated form was fondling without penetration (Bolen, 2001).

Sibling abuse is another form of intrafamilial abuse that is gaining attention in the research community. Historically, sibling abuse had been seen as a less severe form of abuse by children similar in age with the underlying assumption that children are just experimenting with their own sexuality (Bolen, 2001). However, research suggests that nearly one to two percent of all women that have been sexually abused have been so by a sibling (Bolen, 2001). In addition, the age difference between sibling victims and offenders are often greater than what was previously thought with the victim often being at least 5 years younger than the offender and contrary to what was typically thought, research suggests that “siblings also perpetrate more severe abuse” (Bolen, 2001, p. 127). However, there remains some debate on the definition of what truly constitutes sibling abuse with some agreement lying in the age difference between siblings and the mutuality of the event (Carlson, Maciol, & Schneider, 2006).

Carlson, Maciol and Schneider (2006) found that sibling incest varied in duration from less than one year (7.5% of the cases) to more than ten years (22.5% of the cases) with the most common duration lasting three to five years (35% of the cases). They also found that 75.6% of the respondents reported they did not initiate the abuse and 17.1% of the respondents were unsure about how the abuse began. Further, they found that over two-thirds of the victims reported the use of bribery or coercion, 43.9% of the victims reported the use of threats against them, and 22% reported the use of force. While the research found that the most common form of abuse included fondling and genital rubbing on the victim’s body, 41.5% reported that the abuse eventually progressed into

intercourse. They found that similar to other forms of sexual abuse, having been a victim of child sexual abuse appears to have the same increase in likelihood of future or subsequent victimizations. Carlson, Maciol and Schneider (2006) found that 34% of their sample also had subsequent sexual encounters, including 28.6% experiencing abuse by other relatives and 19% experiencing abuse by their fathers as well as non-family members with 40.9% engaging in sex play with peers.

Impact of Abuse

While there are several different types of child abuse, the most prevalent and recognized forms include, physical and emotion neglect as well as physical, emotional and sexual abuse (including sexual exploitation) (Finkelhor et al., 2005). According to the U.S. Department of Health and Human Services (2006), of the 872,000 confirmed cases of child abuse, 60% involved neglect, 18% involved physical abuse, 10% involved sexual abuse and seven percent involved emotional abuse and neglect. In addition to the initial (and often recurrent) abuse, it is the lasting psychological and behavioral impact that is gaining attention in the academic community. Similar to other victims of abuse, child abuse victims experience significant psychological distress and dysfunction; however, for child victims, this distress occurs at a critical time in their lives where their perceptions of self and the world around them are greatly impacted (Briere, 1992).

In the United States a report of child abuse is made every 10 seconds and child abuse occurs at every socioeconomic, religious, cultural and educational level (Childhelp.org, 2011). Runyon, Deblinger, Ryan and Thakkar-Kolar (2004)

suggest that 85 to 90% of all parents accused of abuse do not meet the criteria for any type of psychological disorder, however the same cannot be said about their abused victims. The consequences of childhood abuse can have a profound and lasting impact on its victims that can manifest in childhood, adolescent and/or adulthood and can affect various aspects of development (Brown & Winkelman, 2007). Goldman et al. (2003) suggest that the effects of abuse often occur in three overlapping areas including: health and physical effects, intellectual and cognitive development and emotional, psychological and behavioral consequences.

Childhood trauma and abuse often result in fear, loss of hope, loss of control and fear of future abuse (Brown & Winkelman, 2007). Briere (1992) suggests that abuse occurring during childhood causes a fundamental disruption in cognitive development. In addition, childhood trauma can often result in low-self-esteem, depression, anxiety, poor childhood and adult relationship development, post-traumatic stress disorder, and sometimes self-injuries (such as suicide attempts) (Briere, 1992; Brown & Winkelman, 2007; Clemmons et al., 2007).

Exposure to the negative experiences of child abuse (in any form) can have significant impacts on later behavior, self-perception and psychological functioning (Briere, 1992; Kwako et al., 2010). According to Clemmons et al. (2007), some of the most prevalent long term effects associated with abuse include: post-traumatic stress disorder, depressive symptoms, relationship problems, aggression, adult victimization and substance abuse.

Childhood sexual abuse has a profound impact on its victims that often extends far past the initial incident(s) and can effect a child's development well into adulthood. Research has supported that CSA survivors experience an elevated number of psychological disorders including: anxiety, anger, guilt, depression, low self-esteem, shame, humiliation, posttraumatic stress disorder, self-injuries, and suicide (Fillipas & Ullman, 2006; Phanichrat & Townshend, 2010; Schoedl et al., 2010; Walker et al., 2009). Further, Lalor and McElvaney (2010) found that CSA survivors are also significantly more likely to use illicit drugs, have alcohol problems as well as marriage/family problems. Fillipas and Ullman (2006) found that when compared to a non-CSA victim, 42.2% of CSA victims reported re-victimization in adulthood compared to 14% in the non-CSA group, supporting the claim that CSA survivors are significantly more likely to be re-victimized as adults than those that did not experience abuse as children. In addition to their elevated risk of re-victimization, CSA survivors are significantly more likely to engage in risky sexual behavior, have more sexual partners, and engage in some form of prostitution than their non-abused counterparts (Lalor & McElvaney, 2010). In a longitudinal study, Widom, Czaja and Dutton (2008) found that, when following up on individuals that had been sexually abused as children as well as their comparative control group later in life, CSA survivors had significantly higher rates of sexual assault in adulthood (47.7% vs. 28.6%).

While research has long supported self-blaming as a common response to rape, they have also found that CSA survivors also exhibit the same self-blaming to their own victimization. Fillipas and Ullman (2006) found that, while more than

half the victims of CSA blamed themselves at the time of the abuse, 41.5% continue to blame themselves into adulthood despite the realization of the inexcusableness of their victimization.

Phanichrat and Townshend (2010) found that various forms of coping with abuse have been observed in patients of CSA as a way to work through the trauma on their own terms. Utilizing a qualitative study they found that almost all participants initially used a form of avoidance coping in order to deal with the initial impact of abuse. From this initial coping mechanism participants then either ventured onto a healthy recovery in the form of recognition of the abuse, seeking help, acceptance, and substantive meaning. However, for some, that initial avoidance lead to suppression, substance abuse, escape, and dissociation. They found that, while avoidance seems to be a common method for coping with abuse, the steps to coping after the initial abuse appears to be a greater predictor of functioning later in life.

In a study of CSA survivors, Long and Jackson (1993) found that over 80% of victims stated that they used denial in trying to forget the event(s) occurred as a primary mode for dealing with their abuse. In addition, nearly 90% of the respondents attempted to keep their feelings about the abuse to themselves with 55.4% attempting to hide the fact that the abuse occurred from others. They also found that less than one quarter of those abused attempted to seek help to stop the abuse, and nearly 38% attempted to persuade the abuser to stop. In concluding, they found that only 9.1% of all victims sought professional help at some point in their life following the abuse.

Schoedl et al. (2010) suggest that extreme trauma in adolescence is associated with an increased likelihood of experiencing PTSD in adulthood and varies depending on the duration, intensity, frequency, and severity of the event(s). Their study also supported the finding that CSA survivors that later experience some type of trauma (including the dramatic loss of a loved one, violent victimizations, etc.) had significantly more prominent and severe symptoms of depression than those that did not experience sexual abuse as a child. Further, they found from their research that addressing abuse immediately after its occurrence is essential in avoiding the severe effects that could occur in adulthood (Schoedl et al., 2010).

Legislation

The protection of children from abuse has not always been an issue enforced by the law. For centuries the beating of a child by their caretakers was viewed as a necessary action to ensure submission and obedience in children. According to the common law heritage of America, caregivers were given “the right to impose any punishment deemed necessary” for the effective upbringing of a child (Pholf, 1977, p. 311). While most abuse went unpunished by the law, Pholf (1977) suggests that criminal sanctions only existed when abuse resulted in permanent injury or death. Other movements preceded the current movement with the goal of protecting children, including the “house-of-refuge” movement and the emergence of the Society for the Prevention of Cruelty to Children. However, many of the previous initiatives were focused more on protecting

society from future delinquent children through preventative penology than protecting children from abusive parents (Pfohl, 1977).

The interests of children officially became a government concern with the establishment of the Children's Bureau in 1912, which was designed to guide Federal programs aimed at supporting existing State child welfare programs (U.S. Department of Health and Human Services, 2003). However, there was still little in the way of legislation aimed specifically at those committing the crimes against children (specifically caretakers) (Pfohl, 1977). While child abuse has been documented throughout centuries; until the early 1960s there were no legislative protections for children against the abuse served at the hands of a guardian. Legislation changed in 1962 and within four years all 50 states passed new legislation against the abuse of children by their caretakers.

The first nationwide significant movement toward change occurred with the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 and is based on the idea of *parens patriae*, in which the government has a responsibility to protect the interests of children and provide proper care in the event parents fail to do so (U.S. Department of Health and Human Services, 2003). While the responsibility of child protection lies within each state and their own governing laws and legislation, all states must comply with various Federal requirements/minimums in order to remain eligible for certain Federal funding.

As children have moved from being the property of their parents (mainly their father) into individuals with the right to be protected, legislation has been careful to balance the legally protected right of parents to raise their children as

they see fit with the child's right to protection from harm when the parents are unable or unwilling to fulfill that commitment. While Congress had passed numerous pieces of legislation supporting the State's right and duty to intervene on the behalf of children, CAPTA remains one of the fundamental pieces of legislation guiding the protection of children (U.S. Department of Health and Human Services, 2003).

CAPTA was originally signed into law in 1974 and has been amended several times, continually expanding and refining the extent of the law. CAPTA is currently under amendment in the CAPTA Reauthorization Act of 2010 that will be in effect until Fiscal year 2015 and includes revisions for grant requirements (Library of Congress, 2010). While no significant changes are currently being made outside of grant revisions, CAPTA continues to remain a driving force in the guidance for protecting children.

CAPTA is responsible for guiding the integration of work between "social services, legal, health, mental health, education and substance abuse agencies and community-based organizations" (U.S. Department of Health and Human Services, 2003, p. 9). It also focuses on strengthening the coordination among all levels of government with private agencies (including religious, professional and civic organizations) (U.S. Department of Health and Human Services, 2003). CAPTA and its amendments frequently require the amendment of Federal policies and regulations which in turn also prompt change at the individual state levels to revise policies and regulation and often the implementation of new state programs (Child Welfare Information Gateway, 2009).

The largest federally funded programs for child welfare services are provided under title IV-B of the Social Security Act (SSA) (U.S. Social Security Administration, 2010). The purpose of SSA IV-B is “to promote State flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe and loving families.” In terms of child welfare the SSA IV-B 421.1, 421.2 and 421.5 stress the importance of “protecting and promoting the welfare of all children; preventing the neglect, abuse, or exploitation of children;” and calls for “providing training, professional development and support to ensure a well- qualified child welfare workforce” (U.S. Social Security Administration, 2010).

While several laws and amendments have had significant impact on child welfare, the 1984 Amendment to the CAPTA was among the first steps toward improving programs involving child abuse. Among the amendments the bill called for the revision of the definition of sexual abuse, for the purposes of prevention and treatment program provisions of the Act (Library of Congress, 1984).

In addition to several other provisions, the 1988 CAPTA amendment provided the broadening of the research requirements to include studies of the way cases were investigate and process as well as to generate a national incidence snapshot of child abuse cases. It further directed the compilation of each State’s child abuse and neglect reports to be collected in a national database and directed the establishment of a national analysis program to interpret the newly collected data. It also required the program to include,

“standardized data on false, unfounded, or unsubstantiated reports; and information on the number of deaths due to child abuse and neglect” (Library of Congress, 1988).

Another significant revision came about with the CAPTA amendment in 1996. As part of this revision it called for the redefinition of abuse and neglect which called for:

‘child abuse and neglect’ to mean, at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death or serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm; and ‘sexual abuse’ to include the statutory rape of children in cases of caretaker or inter-familial relationships. (Library of Congress, 1996)

Another significant movement toward advancing the protection of children was the Child Abuse Prevention and Enforcement Act of 2000 which amended the Crime Identification Technology Act of 1998 to include the authorization of funds under the State grant program or to upgrade the criminal justice systems capability to assist programs that are involved in the evaluation of services associated with the protection of children, including but not limited to the placement of children in the foster care system and protection from abuse (specifically sexual abuse) (Library of Congress, 2000). The Act also amended the Omnibus Crime Control and Safe Streets Act of 1968 to allow for the grants used for drug control and system improvements to be applied to enforcing “child abuse and neglect laws, including laws protecting against child sexual abuse” (Library of Congress, 2000).

While other amendments had been made, the next significant advancement in regard to child abuse was the 2003 amendment requiring the

national clearinghouse dissemination of information to “provide technical assistance for prosecution of child physical and sexual abuse cases and for psychological services to child victims” (Library of Congress, 2003).

In 2006 Congress passed the Adam Walsh Child Protection and Safety Act recognizing the commitment of Adam Walsh’s parents to the protection of children from child predators. Title I of this act formally declared “the establishment of a comprehensive national system for the registration of sex offenders and offenders against children” (Library of Congress, 2006). It further established a tiered classification system “for sex offenders based upon specific criteria, including the seriousness of the underlying offense and the age of any child involved” (Library of Congress, 2006). The Act also defined “sex offense” to include; “a criminal offense that has an element involving a sexual act or contact or that is a specified offense against a minor; a federal offense involving sex trafficking, sexual abuse, sexual exploitation or abuse of children, or domestic assault” (Library of Congress, 2006). It also defined “specified offense against a minor’ to include offenses involving kidnapping, false imprisonment, sexual solicitation, video voyeurism, and possession, production, or distribution of child pornography” (Library of Congress, 2006). It called for the requirement of each “jurisdiction to maintain a jurisdiction-wide sex offender registry,” set forth the requirements of sex offenders to registration, the requirements of what a sex offender registry must keep record of, the “duration of registration periods for sex offender,” and the requirement of the jurisdiction to provide public access to sex offender registries. In addition, it established the National Sex Offender Registry,

a national sex offender public website, community notification programs as well as called for a 10% reduction of funding under the Omnibus Crime Control and Safe Streets Act of 1968 for any jurisdiction failing to comply (Library of Congress, 2006).

The Act also implemented amendments to the federal criminal code imposing fines and up to 10 years imprisonment for any sex offender failing to fully comply with all registration and updating guidelines as well as increased penalties for any subsequent violent crime committed (if they also failed to register). This act also fundamentally changed the manner in which children are protected from further acts of violence by imposing new laws, restriction, guidelines and procedures for nearly every agency dealing with children from the manner in which foster parents are checked to imposing and/or increasing mandatory minimums for violent and non-violent offenses against children. There is very little that this Act did not address from child pornography prevention and the placement of housing for potentially sexually dangerous individuals to guiding research funding and enrichment programs (Library of Congress, 2006).

While each state has its own definitions of child abuse and thus sexual abuse, they are required to at least meet the minimum definition as defined by the Federal Government. CAPTA defines “sexual abuse” as including:

the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children. (Child Welfare Information Gateway, 2009)

Nevada Law

Nevada defines abuse or neglect of a child under its Nevada Revised Statutes (NRS) 432B.020 as “physical or mental injury of a non-accidental nature; sexual abuse or sexual exploitation; or negligent treatment or maltreatment as set forth in NRS 432B.140” (Nevada Revised Statutes, 2010). NRS 432B.140 states that maltreatment occurs when the caretaker is unable or unwilling to provide proper care for the well-being of the child.

Nevada specifically defines sexual abuse and exploitation under the Nevada Revised Statutes 432B.100 and 432B.110. The statute defines sexual abuse as including:

acts upon a child constituting: incest, lewdness with a child, sadomasochistic abuse, sexual assault, statutory sexual seduction, open or gross lewdness, or mutilation of the genitalia of a female child, aiding, abetting, encouraging or participating in the mutilation of the genitalia of a female child, or the removal of a female child from this State for the purpose of mutilating the genitalia of the child. (Nevada Revised Statutes, 2010)

The Nevada Revised Statute further defines ‘sexual exploitation’ under 432B.110 as including:

forcing, allowing or encouraging a child: to solicit for or engage in prostitution, to view a pornographic film or literature and to engage in filming, photographing or recording on videotape or posing, modeling, depiction or a live performance before an audience, which involves the exhibition of a child’s genitals or any sexual conduct with a child. (Nevada Revised Statutes, 2010)

Investigation and Prosecution

Upon discovery and disclosure of abuse, child victims and their non-offending caregiver must then enter into a world of professional intervention from child protections service agencies, police, doctors (both psychological and

physical) as well as members of the judicial community (Plummer & Eastin, 2007). After the initial abuse, children are often thrown into an environment designed for adults and are at an elevated risk of secondary victimization as they are questioned, examined, and re-questioned multiple times.

Kuehnle and Connell (2010) suggest that despite the findings of sexual abuse by a physician or child protective agency, the ultimate decision on the legal findings of abuse lies solely within the judicial system. They also found that when a therapist takes on a forensic interviewing role and subjects the child to ongoing questioning, the children are not receiving the therapeutic support they are so desperately in need of. If the therapist attempts to be a forensic assessor, she or he will undermine their credibility as a treatment provider. Research has highlighted the importance of avoiding taking on these dual roles and, if it is absolutely necessary due to a lack of staff, to clearly distinguish to all involved the purpose behind each separate role (Heilbrun, 2003).

Forensic Interview

The importance of a quality interview following the suspicion, disclosure, or finding of child sexual abuse is fundamental in the protection of that child. Herman (2005) suggests that, “well conducted evaluations can result in the discovery of critical factual information, and can lead to the substantiation of genuine allegations or the refutation of false allegations” (p. 88). However, the absence of a quality interview can have a significant detrimental impact on the allegedly abused child and potentially other children in the community (Herman, 2005).

Herman (2005) suggests that, given the importance of quality forensic interviews, the task should only be conducted by the most thoroughly trained individuals. However, for most agencies, forensic evaluations are performed by minimally trained CPS caseworkers of whom often do not have any mental health profession licensure. In a study of California CPS workers charged with forensic interviewing, Herman found that only 12% were licensed and only 66% possessed an undergraduate or graduate degree.

While suspicion of child sexual abuse is often first brought to the attention of therapists and teachers, the careful forensic interviewing of a child suspected of being abused lies within the responsibility of CACs, child protective services, and/or law enforcement (Kuehnle & Connell, 2010). The goal of forensic interviewing is to allow the child to explain what has happened to them in their own words as accurately and completely as possible without the interference of leading or accusatorial questions. Further, forensic interviewers have minimal contact with the victim. While they are trained to be sensitive to the child's needs, their assistance usually ends with the initial interview and they should not participate in the child's therapeutic recovery. These interviewers are trained to follow specific interviewing protocol in an effort to maximize the credibility of the interview and reduce false positives (Kuehnle & Connell, 2010).

Lippert et al. (2009) found that for children who had not previously disclosed abuse, most cases resulted in full disclosure after completing the forensic interviewing process. Their findings support the positive effects of specialized interviewing as disclosure is essential for an effective response to

child sexual abuse cases. Kuehnle and Connell (2010) also suggest that the credibility of a child's statement and their ability to provide accurate information is significantly influenced by the manner in which they are interviewed and that interviewer's ability to follow interviewing protocol. Further research supports the importance of an interviewer and therapist separation for both the child's sake (so that they do not confuse the therapeutic environment with that of judicial finding) as well as the integrity of the therapists ability to truly help rehabilitate the child without influencing their ideas of what did or did not occur. Kuehnle and Connell (2010) suggest that, "during the investigative phase the goal of therapy is not to investigate the alleged event but to create an atmosphere of stability and predictability for their children" (p. 568).

Given the positive findings of the effectiveness of forensic interviews, specialized facilities were developed to specifically meet the needs of these carefully conducted interviews and delicate victims. More details on these facilities are discussed in the Child Advocacy Center section.

Prosecution

Cross et al. (2003) suggest that prosecution of child abuse cases are generally more difficult and differentiate from the prosecution of other types of crimes. Among those differences is the manner in which cases are referred to the district attorney's office. While almost all crimes (with the exception of child abuse cases) are referred strictly by police, child abuse cases are also referred by child protection agencies, from which point both agencies are usually involved in the investigation of these types of cases. Further, given the complication of

multidisciplinary team needs for child abuse cases, the investigation often involves the coordination of several different agencies for one case.

The introduction of multidisciplinary teams and Child Advocacy Centers across the country have provided a more child friendly environment for forensic evaluations as well as provided aid in the prosecution of these cases. In addition, these agencies have improved coordinating efforts of various organizations designed to improve the ease and likelihood of prosecution (Cross et al., 2003). However, given the heavy reliance on child testimony, prosecution of abuse cases (particularly sexual abuse cases) depends largely on the “families commitment to prosecute, and child victims’ ability as witnesses, credibility with juries, and capacity to withstand the stress of criminal trial” (Cross et al., 2003, p.325). In addition to the multiple challenges facing the prosecution of abuse cases, prosecutors will often opt out for more therapeutic approaches while weighing the benefits and consequences on the child and their families of taking a case to trial (Cross et al., 2003).

Staller and Faller (2010) suggest that in a judicial system designed to prove guilt beyond reasonable doubt, CSA cases face challenging odds as the only witness is typically the victim, who is also a child. In the absence of physical injury that can be detected by medical specialist and no bodily fluids to be analyzed for the proof that crime occurred, they are charged with the task of verbally convincing the jury that the child was victimized. They must help the jury to understand the reason that many children wait months and sometimes years to bring forward their abuse, why they may not fully disclose the extent of their

abuse in their initial statements, or why that child may still feel love and compassion for their abuser (Staller & Faller, 2010). However, most cases do not meet the criteria to meet this standard of proof. Without sufficient evidence, most prosecutors will not bring the case to a judicial hearing.

Cross et al. (2003) found that “data demonstrate[d] that most substantiated and founded child abuse cases do not lead to prosecution” (p. 333). Cross et al. suggest that given the considerable resource commitment required in prosecuting child abuse cases (including interviewing children, managing families, and interagency coordination), many district attorneys are less likely to give priority to child abuse cases. Staller and Faller (2010) found, that “crimes of sexual violence against children are among the most underreported and infrequently prosecuted major offenses” (p. 7). However, Cross et al. suggest that while some district attorney’s offices participate in specialized forensic teams and CAC agencies, many have not established this type of partnership and, therefore, may be less likely to move forward with child abuse cases.

Child Advocacy Centers

In response to the substantial number of abuse cases each year and the need for multidisciplinary coordination, many states have created Child Advocacy Centers. These centers facilitate multidisciplinary teams that investigate child abuse cases with the fundamental goal of decreasing the amount of re-victimization to the child. In recognizing the need for a different way to investigate, prosecute, and treat child abuse, CACs bring together child

protection workers, law enforcement officers, medical providers (both physical and mental), prosecutors, victim advocates and CAC staff to conduct one coordinated interview to ensure the child is safe and further reduce the trauma of disclosing their abuse (National Children's Alliance, 2009).

Research has supported that CACs often result in greater success in prosecution as well as greater access to treatment for both the victim and their family (Jones et al., 2010; Walsh et al., 2008). Given the benefits of CACs, states nationwide have implemented CACs to serve the counties within their state through the use of private, non-profit, co-op and government funding (National Children's Alliance, 2009). Almost every state in the US has funded and established multiple CACs.

CACs first appeared in the mid 1980s in response to several communities and states that recognized the immediate and lasting impact of abuse on children and the need for a different approach in dealing with all aspects of child victims. The first CAC was established in 1985 in Alabama by Congressman Robert E. Cramer and has since evolved into more than 900 CAC programs across the country (National Children's Alliance, 2009).

Prior to the creation of CACs (and still in many counties across the United States), child protection services and the criminal justice system operated independently of each other in handling child sexual abuse cases. The independent nature of the agencies created an environment that was often damaging to the child victim as they were often subjected to additional stress of having to repeatedly explain what they had experienced. Many of the separate

interviews were often conducted in environments designed to handle adults creating a frightening experience for the child and subjecting them to a form of re-victimization in their repeated questioning (National Children's Alliance, 2009).

The child advocacy model integrates law enforcement, medical and mental health workers, the criminal justice system, and child protective services into a single team designed to address each child's individual needs. CACs seek to provide a centralized child-friendly environment in which interviews are conducted by a team of professionals (including child forensic interviews) as well as offer to provide on-site medical, therapeutic, and educational services (Jones et al., 2005). Studies evaluating the effectiveness of CACs focus largely on the legal outcomes of cases as a measure of effectiveness, despite the relatively low number of cases sent for prosecution. However, in comparing parental and youth satisfaction for victims processed through a CAC with those processed within a community not served by CACs, Jones et al. (2010) found that, even when controlling for other factors, the overall satisfaction was greater for those individuals processed through a CAC.

Walsh et al. (2008) found that, while legal sanctions against an offender might be the desired outcome, the prolonged criminal hearings have a significantly negative effect on the mental health of child victims. Further there are several variables that can affect legal proceedings including: the age of the child, ability to pass competency exams that allow them to testify, inconsistency in explanation of abuse and the perceived credibility of the child witness (Joa & Edelson, 2004). Given the finding that CAC cases often have a quicker

preliminary processing time, this expediency is an additional benefit for the victims (Walsh et al., 2008).

Many jurisdictions throughout the United States have passed aggressive legislation and implemented reforms designed to increase the effectiveness of criminal investigations of child abuse and reduce the stress on victims (Jones et al., 2005). Many innovative methods for interviewing child abuse victims have been introduced; however, the programs receiving the most attention as “best practices” include multidisciplinary teams (MDT), trained child forensic interviewers and examiners, video-taped interviews, and CACs. The CAC model incorporates most of those elements included in other programs deemed standard as best practice (Jones et al., 2005).

The National Children’s Alliance (NCA) is funded by the Office of Juvenile Justice and Delinquency Prevention and is the leading resource for most CACs offering support to the “continued evolution of the CAC model.” In addition, some of the services they offer include training hundreds of people each year, funding opportunities, establishing standards for CAC programs, providing leadership for multi-disciplinary team investigations, and national conferences. The Office of Juvenile Justice and Delinquency Prevention created four regional CACs (Northeast, Western, Southern and Midwest Regional CACs) in 1995 to support various state CACs as well as work in collaboration with the National Children’s Alliance with the goal of developing CACs across the country to provide services for every child sexually abused child (National Children’s Alliance, 2009).

The NCA offers two levels of membership to CACs: Accredited and Associate memberships. The Accredited member is “offered to fully functioning Children’s Advocacy Centers meeting NCA’s Standards for Accredited Members” and “must demonstrate a proven record of multidisciplinary investigation and treatment in cases of suspected child abuse” (National Children’s Alliance, 2009). The Associate member must “have completed substantial planning towards the establishment of a fully functioning Children’s Advocacy Center” and “have established a multidisciplinary team for investigations, have begun conducting joint forensic interviews, and have based their advocacy center program in a facility” (National Children’s Alliance, 2009).

CAC teams work in collaboration to minimize any additional trauma to the victim and improve the collaborative efforts of all agencies in responding to the abuse of a child (National Children’s Alliance, 2009). In order to receive NCA Accreditation, each CAC must at least meet the minimum standard requirements. According to NCA (2009), “seven core disciplines form a multi-disciplinary team and lead the investigation with efficiency” operating in manner in which information flows between disciplines, providing services to both the victim and their non-offending family members in an environment designed to meet the needs of children.

National Children’s Alliance (2009) suggests that for victims and their families, the benefits of CACs are apparent including steady and timely follow-ups to suspected abuse reports, reliable and sympathetic support for both children and families, adequate referrals to specialists, significantly less victim

interviews in addition to the more child friendly interviewing process as well as increased prosecutorial success.

In addition, in a cost benefit analysis, studies suggest that, in comparison to traditional joint investigations, the CAC approach proved to be more highly valued by community residents and cost roughly 36% less than traditional investigations (National Children's Alliance, 2009).

Child Advocacy Center Funding

While funding a new program in any county is usually a concern, CACs across the U.S. have been funded in various ways that meet that communities needs. According to the National Children's Alliance (2009) funding can come from various sources including fundraisers, state and local government appropriations, government and organizational grants, donations, etc. For example, many CACs also apply for grants through the National Children's Alliance, the Federal Children's Justice Act and VOCA funding in conjunction with state grants (National Children's Alliance, 2009). In addition, while CACs have similar fundamental elements, many communities have developed different and innovative organizational structures to meet the needs of their community including private non-profit, hospital-based, government based, under an umbrella organization, as part of a private-public partnership or in collaboration with other entities (National Children's Alliance, 2009).

Kairys et al. (2006) conducted a detailed evaluation of financial management and reimbursement for child abuse examination for various child abuse programs. In evaluating 75 agencies across 38 states, they found that the

average number of professionals working in these agencies was between 6.4 (for CACs) and 1.3 (for physician office-based programs), and the average number of sexual abuse evaluations for CACs were 370.3 per year compared to 119.4 for physical abuse and 85.4 for other abuse evaluations (Kairys et al., 2006). In their study, they found that the average agency spent nearly 4 hours on each case with reimbursement for sexual abuse examinations around \$375 but ranging from \$45 to \$675 for those agencies that had established charges for their services. Further, they found that methods for reimbursement for each agency were variable with little overlap in procedure. Their study noted that 33 programs had established contractual payments (usually for sexual abuse examinations) with their local attorney general's office, local child protection agencies, or secured funds through the Victims of Crime Act (VOCA). However, only 13% had established a contract for payment with their state Medicaid department and only one percent had established any type of contractual payment system with private health care companies.

Kairys et al. (2006) found that most agencies used standard billing codes to bill insurance companies, however many insurance companies do not recognize their specialized examination falling under the category of "specialist" and therefore denied their claims. There is considerable variation between agencies reimbursement levels in comparison to their cost for such services. Kairys et al. (2006) highlighted four innovative state programs offering financial assistance in the reimbursement for physical and sexual abuse examinations including Virginia (providing \$700 per examination), Ohio (providing \$500 per

examination), Utah (who also utilized the legislature to secure \$230 per examination), and a local program in Kansas (that will pay up to \$165 per examination).

State Funding Initiatives

In reviewing Nevada's stance on Child Advocacy Funding with states similar in demographics (i.e., Kansas, Nebraska, New Mexico and Utah), there appears to be a clear deficit on Nevada's side. In Kansas, funding is included in the Governor's state budget and awarded to each eligible CACs through a grant process. In addition, separate funds are awarded annually from the Attorney General's office through a "fees-and-fines" statute to the state Chapter that then disburses the funding to eligible CACs through an additional grant process. Kansas has also implemented a unique "Child Advocacy Center Fund" that receives the money from court-imposed fines on convicted offenders of crimes against minors (Western Regional Child Advocacy Center, 2007).

In Nebraska, each fully operational CAC receives \$50,000 and each developing center receives \$35,000. The balance of funding is equally divided among an established formula of "1/3 equally divided among operational centers; 1/3 based on population of children in service area; and 1/3 based upon utilization of services by individual centers" (Western Regional Child Advocacy Center, 2007). In New Mexico, money for CAC funding is allocated to the Administrative Office of the District Attorney (AODA) and network members determine the amount of funding each program will be allocated based on individual need (Western Regional Child Advocacy Center, 2007). In the state of

Utah, the District Attorney's office is charged with funding and appropriation for Utah's 15 Children's Justice Programs (CACs) as set forth by Title 67 Chapter 5b Sections 101-107 (Utah State Legislature, 2010).

While Nevada has no current state funding for CACs, Clark County (in which the only Nevada CAC is located) and some of the outlying communities currently provide funds to the Clark County Department of Family Services to maintain the building the Children's Advocacy Center is located in as well as providing funding for the CAC staff (Western Regional Child Advocacy Center, 2007). However, no other counties in Nevada have established any type of funding and are therefore un-served by any type of CAC, including Washoe County (Nevada's second largest county) and all other outlying counties.

National Abuse Statistics

According to the Children's Bureau, U.S. Department of Health and Human Services, and scholars alike; "child abuse and neglect is one of the Nation's most serious concerns" (U.S. Department of Health and Human Services, 2010). In 2008, nearly 2 million investigations of abuse, involving 3.7 million children were processed by Child Protection Agencies across the United States, from which nearly 24 % abuse was found to have occurred (U.S. Department of Health and Human Services, 2010). It was determined that an estimated 772,000 children were the victims of abuse in 2008. While the most common form of abuse was neglect (at 71.1%), nearly 10% of victims suffered some form of sexual abuse (U.S. Department of Health and Human Services, 2010).

In 2008, the National rate for abuse referrals to Child Protection Agencies experienced a slight increase from 2007 with a national rate of 44.1 referrals per 1,000 children in 2008 up from 43.0 per 1,000 children in 2007 (U.S. Department of Health and Human Services, 2010). While most states have established specific timeframes for the response of abuse from the time the allegation is made to the time in which it is investigated, some have established priority levels based on the type of abuse reported ranging anywhere from 1 to 24 hours for high priority reports and 1 to 14 days for lower priority reports of abuse (U.S. Department of Health and Human Services, 2010).

In regard to victimization rates, the average victimization rate for 2008 was 10.3 per 1,000 children in the population. Since 2004, the Nation has seen a relative decrease in the rate of child victimization when it was 12.0 per 1,000 children.

Nearly 33% of those victimized were under the age of 4 years old, followed by the age group 4 to 7 years old (23.6 %). While data supports that the older a child gets the less likely they are to be victims of abuse 8 to 11 years old (18.9%), 12 to 15 years old (18.1%) and 16 to 17 years old (6.3%) the same pattern is not always true for victims of sexual abuse (Child Maltreatment, 2008).

When examining perpetrator type by relationship to the victim, the Child Maltreatment Report for 2008 found that of those that committed sexual abuse on a child; 29.4% were perpetrated by non parental/guardian family, followed by parent (27.1%), the 'other' category (21.7%), unmarried partner of parent (8.8%), unknown or missing (6.3%), friends or neighbors (3.9%) and child daycare

provider (1.7%) with the remaining categories falling at less than one percent (including foster parent, legal guardian, other professional and residential facility staff). However, when examining all forms of abuse committed by friends or neighbors, sexual abuse was the most prevalent (58.3% of all abuse committed by friends or neighbors) (U.S. Department of Health and Human Services, 2010).

Theoretical Framework

One theory that may help to explain the dynamics of sexual abuse offending is Routine Activities Theory, which states that there are three minimal elements for a crime to occur. Cohen and Felson (1979) postulated that changes in rates may be affected by a “convergence in space and time” of these three distinct elements including a motivated offender(s), a vulnerable victim, and the absence of a guardian (over person, place or thing) preventing the commission of the crime. Further, they suggest that changes in crime trends are a direct result of offenders’ opportunity to commit a desired crime(s) (p. 589). In concurrence with Cohen and Felson’s (1979) argument Lilly, Cullen and Ball (2007) agree that, “the nature of opportunity affects what, where, how, and against whom crimes are committed” (p. 266). They further argue that all three elements must be present and that the absence of any element would be enough to deter the commission of the crime.

Cohen and Felson (1979) suggest that, for a crime to occur, there must be a motivated offender, which has the desire to commit the crime. However, in order for a motivated offender to act on his/her desire there must also be a suitable target. Depending on the desired crime a suitable target may be a

person, place or thing that the offender has a desire to possess or attack.

Finally, routine activities theory states that there must also be an absence of capable guardianship over the desired object in order for the offender to commence in the crime.

Routine Activities Theory is often presented along with rational choice theory, which suggests that offenders make rational decisions to offend and take careful consideration as to which crimes to commit, carefully weighing which crimes are most likely to result in immediate gratification with the least amount of effort or likelihood of detection or consequences (Clarke & Felson, 1993). This fits well with the sexual abuse of children as offenders generally choose victims that are most vulnerable and less likely to immediately reveal abuse (especially abuse by a known adult) as well as the idea that they are more easily manipulated into keeping a secret (thus decreasing the chance of detection).

Routine Activity Theory Application to Childhood Sexual Abuse

Routine activities theory has often been applied as a way of understanding the variable rates of victimized youth given their unique vulnerability. Finkelhor and Asdigian (1996) suggest that given the unique lifestyles and constraints inherent in being a youth, they have greater probability of being in contact with potential offenders. Further, more time spent alone or away from their family unit (or potential protective guardian) increases their desirableness to potential offenders. Thus, they suggest that, "increased exposure and decreased guardianship heighten youth vulnerability" (p. 4).

In regard to sexual abuse of a child, the child themselves serves as the object (or target) of desire for the potential offender. For a motivated offender with the desire to commit a sexual offense, children are often the ideal target for their crime. When considering the element of “vulnerable victim”, youth, especially those with low self-esteem, poor family connection, etc., make an increasingly attractive target for offenders (Finkelhor & Asdigian, 1996). In addition, children often have many other attributes that make them attractive to potential offenders including their smaller size, their general reluctance to challenge adults in authoritative positions and increased immaturity (both socially and psychologically).

Another important element in understanding the victimization of youth is the level of capable guardianship. Studies suggest that youth are at an increased risk for victimization when there are poor family attachments, emotional neglect, and lack of presence or involvement on behalf of the parental unit that might otherwise decrease their vulnerability (Finkelhor & Asdigian, 1996; Reid & Sullivan, 2009). Further, motivated offenders are able to use the lack of guardianship or parental involvement as a way in which to lure those vulnerable youth into sexual activities or abuse (Finkelhor & Asdigian, 1996). However, when applying routine activities theory to abuse by a parental unit, the missing element of guardianship may not be the parents, but other members of extended family or social networks that could intervene to protect the youth.

Cohen and Felson (1979) stress the importance of understanding the significance of capable guardianship as it is an essential element in decreasing

the opportunities for an offender to commit the desired crime. They suggest that these opportunities are what motivate offenders to commit one crime over another and that despite the desire of an offender to engage in criminal activity or commit a desired offense they are unable to act upon those desires without the element of opportunity.

Given all the elements together, when considering CSA, routine activities theory hypothesizes that when there is a motivated offender, a vulnerable victim and the absence of an able guardian there is an increased opportunity for victimization. Taking all the elements together this theory provides an understanding of the increased risk of abuse for children. Thus, given the findings that CACs have a positive role in the detection, disclosure and prosecution of sexual abuse, CACs may be decreasing the number of motivated offenders as well as raising the risk of detection (or increasing the potential for a capable guardian to protect that child). This would lend support for their continued and increased presence in communities throughout the United States.

CHAPTER 3
METHODOLOGY
Collection of Data

The primary data source used to answer the research questions in this thesis was files compiled in the National Child Abuse and Neglect Data System (NCANDS) Child File for the years of 2006, 2007 and 2008 and unless otherwise stated all analyses were conducted on these files. In the interest of capturing the most current data available, 2008 was utilized as the primary year of study with 2006 and 2007 utilized as measures of change. The 2008 NCANDS report includes reporting's from fifty states (including the District of Columbia and Puerto Rico) with only two states not reporting (North Dakota and Oregon). The data for this thesis was focused to only include Nebraska, New Mexico, Nevada, Utah and Kansas. The national data file included over 3.6 million cases which made running statistics unwieldy. These four comparison states were chosen based on United States Census Data for 2008 which placed the aforementioned states in order of population size respectively, with the exclusion of West Virginia. Various analyses were conducted to determine how Nevada compared to other states similar in demographics on sexual abuse rates, child sex ratio, child age distribution, prior victimization, perpetrator relationship, report source and report disposition by both state and county levels to determine how the presence of CACs impact rates.

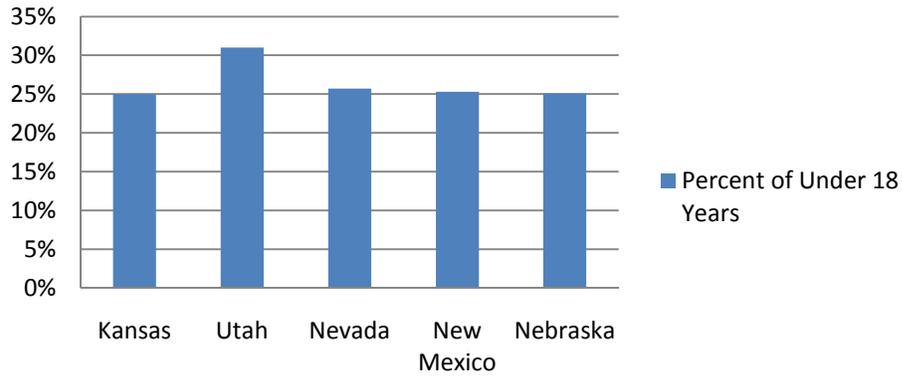
Sample

Population Size and Percent under 18 years for 2008

According to the United States Census Bureau for 2008, the states closest to Nevada based on approximate population size include in descending order Kansas (2.8 million), Utah (2.7 million), New Mexico (2 million) and Nebraska (1.8 million) with Nevada falling in the middle at 2.6 million residents. West Virginia (1.8 million) was excluded from the study based on its distant regional proximity to Nevada compared to the other states and its relatively low child population of 21% under 18 years of age.

Further, child population (percent under the age of 18 years old) was also analyzed within the states under study falling relatively close to each other, with around 25% of its population being under the age of 18 years (see Figure 1). However, while Utah had a slightly larger child population (31%) it was still included in the study based on its comparable overall population size, geographic proximity (a border state) to Nevada and its progressive Child Advocacy Initiatives.

Figure 1: Percent Under 18 Years of Age



General Abuse Data

Figure 2 shows that for 2008, among the comparable states included in the study, Nevada had the second highest number of reported abuse with 34,515 reported cases following Utah with 38,507 reported cases.

Figure 2: Reported Abuse for 2008

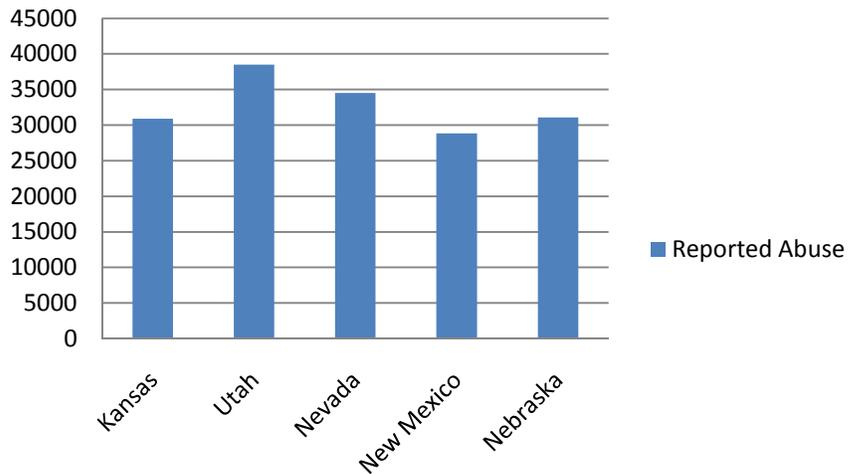
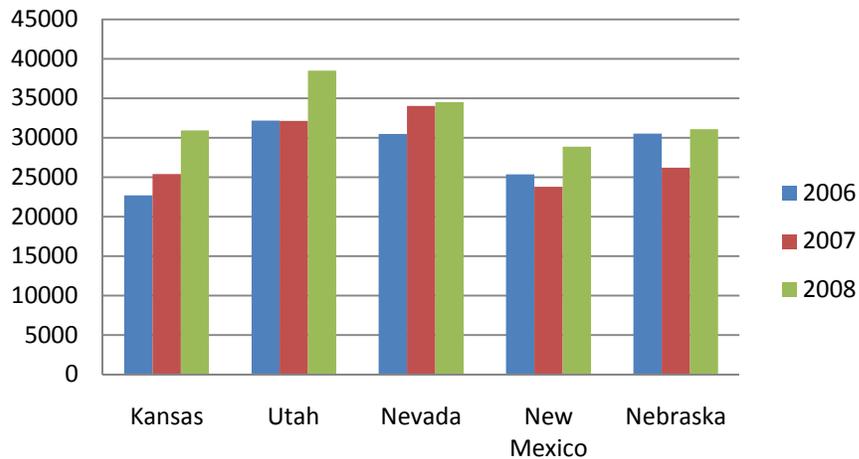


Figure 3 illustrates the change in general abuse rates between 2006 and 2008. Figure 3 demonstrates that while every state included in these analyses saw an increase in abuse rates for 2008, it was not a steady increase for all

states. While Nevada and Kansas saw a relative increase across the three years, New Mexico and Nebraska saw a decrease in 2007 from 2006 and then a spike in 2008.

Figure 3: Reported Abuse for 2006-2008



Sexual Abuse Data

Figure 4 reveals that in 2008 among Nevada and comparable states within the sample, Nevada had the second lowest number of reported sexual abuse cases with 1,235 suspected cases of sexual abuse, followed by New Mexico with 1,177 suspected cases. Figure 4 also reveals that Utah has almost four times the number of reported sexual abuse cases as Nevada with 4,866 suspected cases of sexual abuse. Figure 5 also reveals a difference in the percentage of cases that are reported as sexual abuse when compared to total abuse cases reported for each state. Figure 5 demonstrates that of the total reported abuse cases, Nevada had the lowest percentage of reported cases identifies as sexual abuse allegations.

Figure 4: Sexual Abuse Allegations for 2008

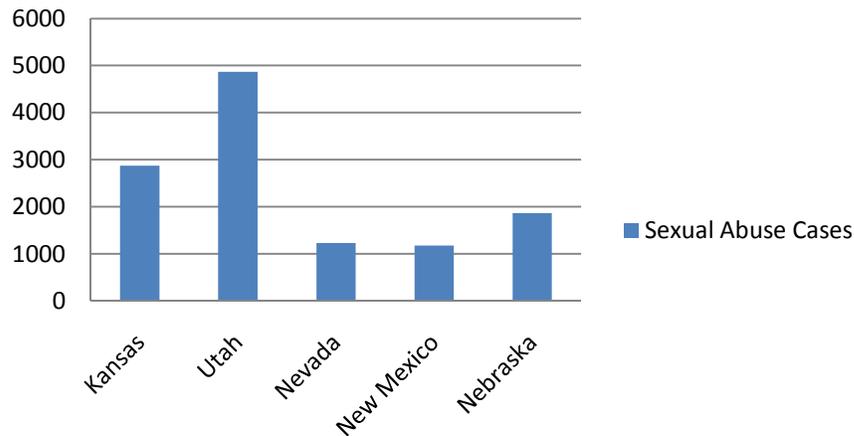
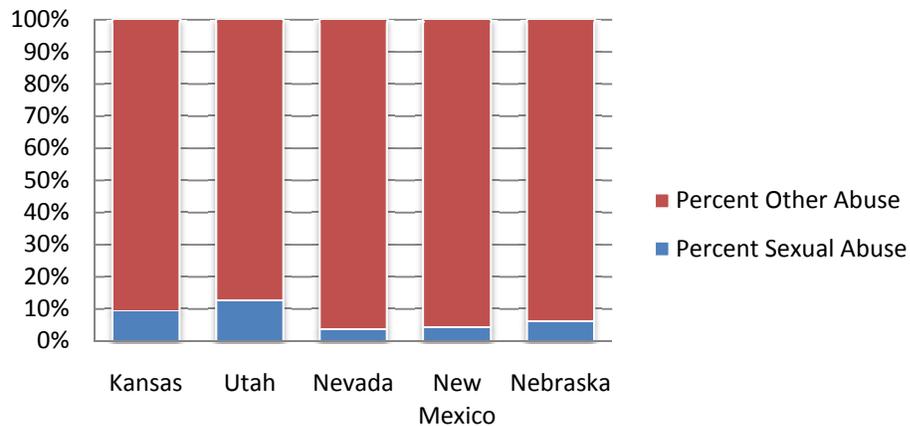


Figure 5: Percent of Sexual Abuse vs Other Abuse



Child Gender and Age Distribution

To determine whether gender and age distribution vary between sexual abuse cases and general cases of abuse, a detailed examination of each variable was conducted across all states included within the study. In exploring the gender differences between Sexual Abuse Cases and General Abuse Cases in this sample, Figure 6 reveals that while the gender balance remains neutral for general cases of abuse (physical, psychological, neglect, etc.) the differences in

sexual abuse cases are distinctive. The findings show that for all comparable states the percentage of female victims of sexual abuse when compared against male victims is over 70% for all states included within this study.

Figure 6: Child Gender for Sexual Abuse and General Abuse Cases, 2008

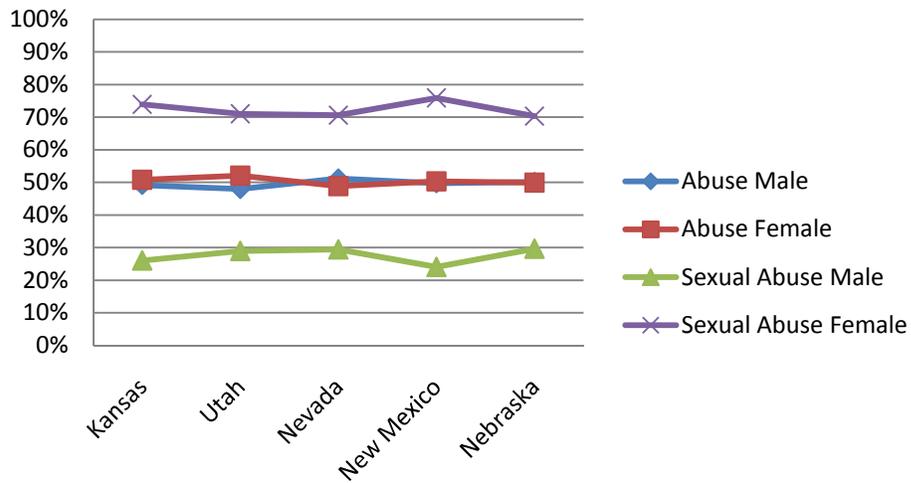
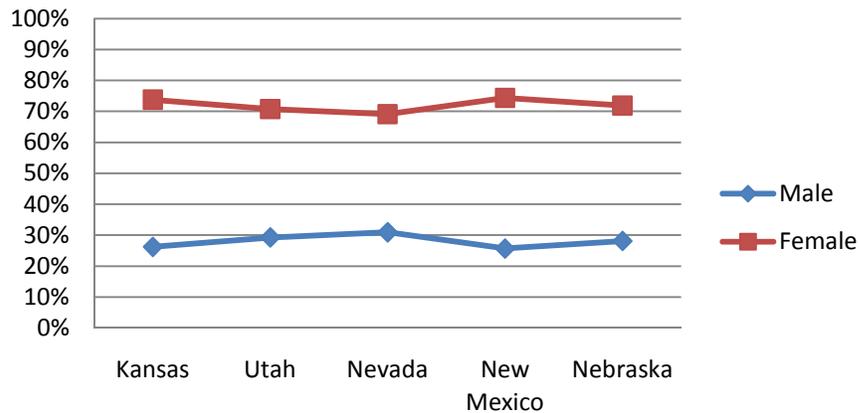


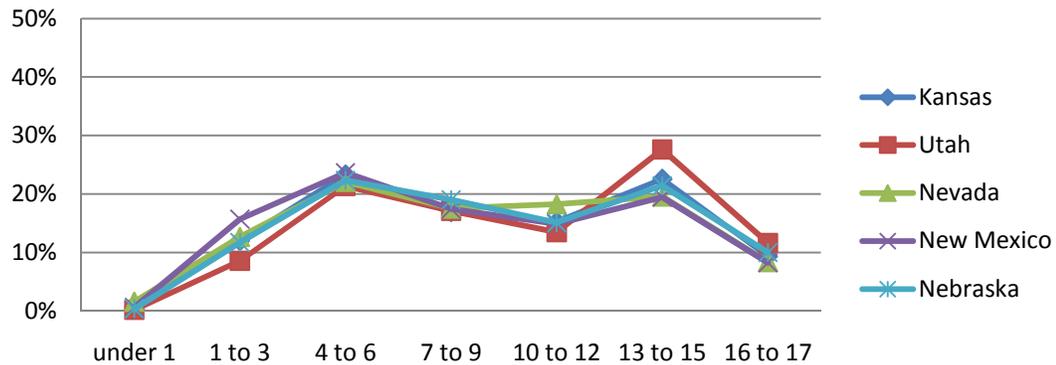
Figure 7 represents the average percentage of male and female victims between the years of 2006 to 2008 and suggests that the number of female victims of sexual abuse appear to be consistently higher than that of male victims.

Figure 7: Average Gender for Sexual Abuse Victims for 2006-2008



In order to determine the age(s) at which a child was most at risk for sexual abuse, Figure 8 compares the age at reported abuse across all five states under study with the goal of discerning any pattern for age of abuse rates within this sample. Figure 8, demonstrates that (with the exception of a spike in Utah at age 13 to 15) the age at which most sexual abuse cases are reported to have occurred are for children between the age of 4 and 6 years old, ranging from 21.4% (Utah) to 23.7% (New Mexico). Further, Figure 8 illustrates that the second most common age range in which children are most at risk for abuse is between the age of 13 to 15 years old, ranging from 19.5% (New Mexico) to 27.6% (Utah).

Figure 8: Age at Reported Onset of Sexual Abuse, 2008



Child Race and Ethnicity Distribution

Table 1 examined the percentage of known racial identity for the victims included within this study. Table 1 illustrates that while the majority of respondents for all states identified their race as White, Utah had the highest concentration of White respondents (92.4%) and Nevada had the lowest concentration of White respondents (81.5%) when compared to the other states in the study. In addition, the table illustrates that the second most common racial response identified was Black or African American for Kansas, Utah, Nevada and Nebraska, while New Mexico's second most frequently represented race is American Indian or Alaskan Native. While each state varies in their representation of the remaining races, and nearly all states have a relatively low representation of Hawaiian or Pacific Islander victims, Nebraska had zero respondents indicate their race as Hawaiian or Pacific Islander.

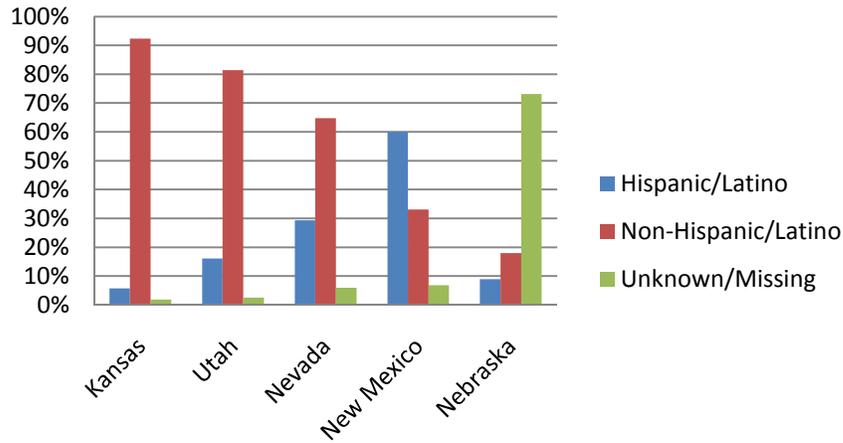
Table 1

Percentage Profile of Race by State

	KS	UT	NV	NM	NE
White	84.5%	92.4%	81.5%	89.1%	87.8%
American Indian/Alaskan Native	1.2%	2.6%	1.6%	6.5%	3.5%
Asian	0.3%	0.8%	2.1%	0.7%	0.5%
Black/African American	13.7%	3.2%	13.2%	3.6%	8.1%
Hawaiian or Pacific Islander	0.3%	1.0%	1.6%	0.2%	0.0%

Figure 9 examined whether victims identified their ethnicity as either Hispanic/Latino or Non-Hispanic/Latino and also includes those cases identified as Unknown or Missing. The figure shows that with the exception of New Mexico (with 60.1% respondents indicating they are Hispanic or Latino) the remaining states have more non-Hispanic respondents than those that identified their ethnicity as Hispanic. The figure also illustrates the significant difference in unknown or missing cases between Nebraska and the remaining states in the study. While Kansas, Utah, Nevada and New Mexico have less than seven percent of their cases identified as unknown or missing, Nebraska has 73.1 % of their cases identified as unknown/missing.

Figure 9: Ethnicity by State, 2008



Prior Victimization of Sexual Abuse

Table 2 examines the rate of prior victimization for sexual abuse cases. The table illustrates that Nevada (23.7%), New Mexico (22.7%) and Nebraska (25.2%) have similar percentages of prior victimization. However, in examining the rates of Kansas and Utah that data reveals that Utah has a relatively higher percentage of prior victimization at 38.6% while Kansas has a relatively lower rate of 14.5% than the other states within the study.

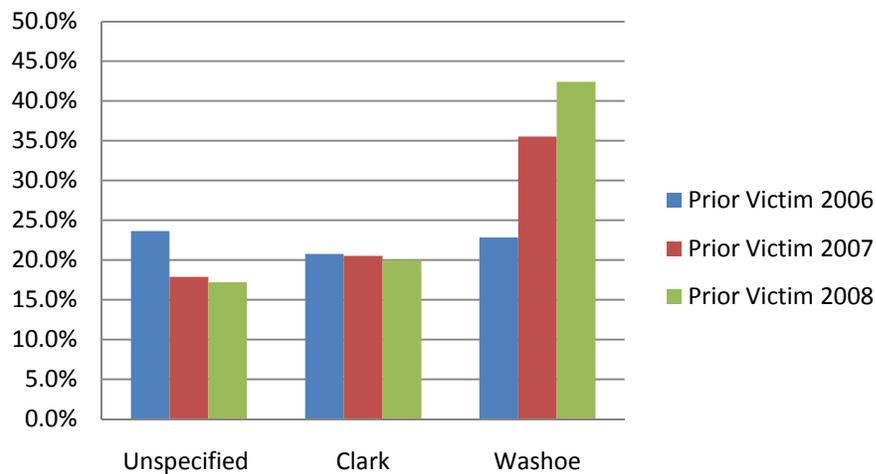
Table 2

Prior Victimization for Sexual Abuse Allegations, 2008

State	Yes	No
Kansas	14.5%	85.5%
Utah	38.6%	61.4%
Nevada	23.2%	76.8%
New Mexico	22.7%	77.3%
Nebraska	25.2%	74.8%

Based on the fact that there is only one accredited Child Advocacy Center located in the state of Nevada (based in Clark County, Nevada), Figure 10 examines the difference in prior victimization for counties within Nevada to determine if any difference exists. The counties were divided into three categories including the two largest counties (Clark and Washoe) and the grouping of all other counties into the category of Unspecified County. Figure 10 illustrates that while there appears to be a relative decline in the percentage of prior victimizations for the years of 2006 through 2008 for Clark County and Unspecified County, Washoe has demonstrated a significant increase each year (from 22.9 to 42.4%) of victims with a history of abuse.

Figure 10: Prior Victimization in Nevada Counties

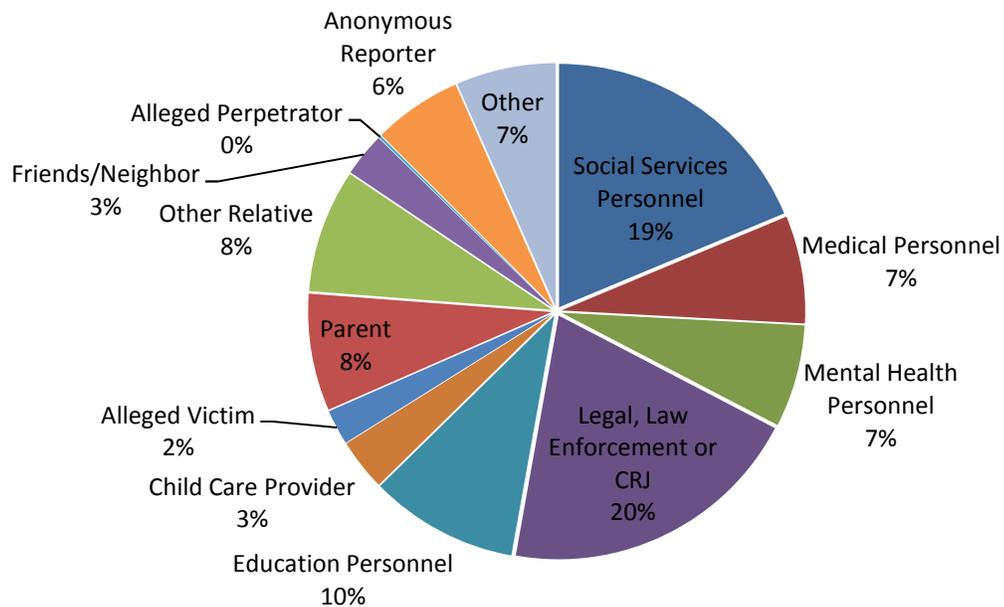


Report Source for Sexual Abuse Allegations

In order to determine the most common avenue(s) in which sexual abuse allegations are brought to the attention of CPS officials, Figure 11 compiles the total percent of all report sources across the five states included in the sample.

The figure illustrates that on average the most common source for sexual abuse allegations are brought forth through Legal, Law Enforcement or the Criminal Justice System followed by Social Services. The figure also illustrates that the least common report sources come from the alleged perpetrators with less than 1% and the alleged victims with 2% of the total reports.

Figure 11: Report Source for Sexual Abuse Allegations



Given the uniqueness of each state's reporting trends, services and policies, table 3 examines the report sources at an individual state level. The table demonstrates the difference in the avenues in which sexual abuse allegations are reported by each state. The table reveals that Kansas has the highest percentage of reports originating through social service personnel (28.8%) and parents (10.3%), however also has the lowest percent of reports through law enforcement, legal or criminal justice personnel (14.1%), mental

health personnel (1.2%), alleged victim (0%) and other relatives (4.2%) when compared with the other states.

Table 3 also reveals that while Utah has the highest percentage of reports originating from Law Enforcement, Legal and Criminal Justice Personnel (26.3%) and other relative reports (12.6%) they have the lowest percentage of medical personnel (6.0%) and anonymous reports (0%). Further, while Nevada has the second highest percent of Law Enforcement, Legal or Criminal Justice personnel (18.9%) reports they have the highest percent of reports from Educational Personnel (16.4%). Table 3 also reveals that New Mexico has a distinctly different pattern of report sources. New Mexico has the lowest percentage of reports (when compared with the other states) coming from Social Services Personnel (5.4%), Child Care Providers (0.3%), Friends or Neighbors (0.3%), however has the highest percent of reports originating from Medical Personnel (9.1%), Alleged Perpetrators (0.6%) and Anonymous Reports (24.7%). While more closely related to the other states, Nebraska had notably the highest percent of reports from Mental Health Personnel (14.4%), Child Care Providers (5.1%), Alleged Victims (12.6%), and Friends or Neighbors (4.5%), however had notably the lowest percent of reports originating from parents (0.2%).

Table 3

Sexual Abuse Allegation Report Source Percentage by State

Report Source	KS	UT	NV	NM	NE
Social Services Personnel	28.8	17.9	17.4	5.4	14.6
Medical Personnel	7.9	6.0	7.3	9.1	7.6
Mental Health Personnel	1.2	6.7	9.2	6.2	14.4
Legal, Law Enforcement or CRJ	14.1	26.3	18.9	17.8	16.1
Education Personnel	11.0	7.0	16.4	12.1	9.5
Child Care Provider	4.0	3.5	2.5	0.3	5.1
Alleged Victim	0.0	0.8	0.7	0.1	12.6
Parent	10.3	8.7	10.0	7.3	0.2
Other Relative	4.2	12.6	5.0	6.1	6.5
Friends/Neighbor	1.7	3.4	3.8	0.3	4.5
Alleged Perpetrator	0.0	0.2	0.0	0.6	0.1
Anonymous Reporter	8.0	0.0	6.2	24.7	5.6
Other	8.8	6.9	2.3	10.0	3.2

Report Disposition

While many reports of abuse are brought to the attentions of Law Enforcement and Child Protections Services, not all cases result in substantiation (finding that abuse was in fact present). While for most states within the study the number of unsubstantiated cases far outnumber the substantiated cases, Utah is the only state within the study where the percentage of substantiated sexual abuse cases are consistently higher than those cases where no abuse was found (unsubstantiated). Figure 12 demonstrates the percentage of substantiated versus unsubstantiated sexual abuse cases from 2006 to 2008 for all states under study. The figure illustrates that while there are minor changes in the rates of substantiation for Kansas (20.7% to 25%), Nevada (20.5% to 26.2%), New Mexico (21.8% to 25.1%) and Nebraska (22.3% to 33.6%); Utah (50.5% to

53.1%) remained the leader in the percent of substantiated cases for all three years .

Figure 12: Average Percent of Substantiated and Unsubstantiated Sexual Abuse Cases, 2006-2008

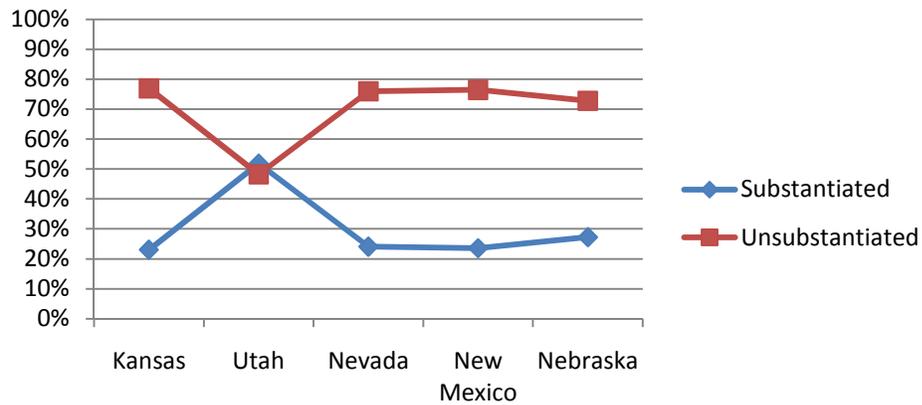
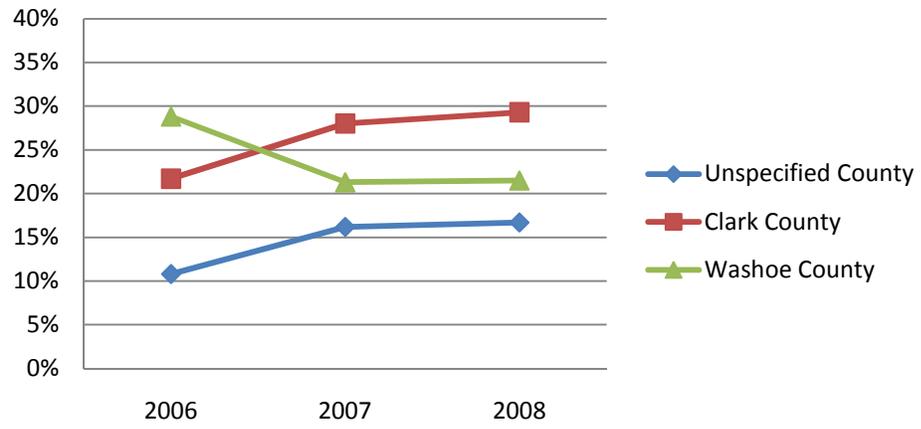


Figure 13 also demonstrates the difference in the percent of sexual abuse cases that are substantiated at the Nevada county level. The figure shows that while Clark County and Unspecified Counties have seen a relative increase in substantiation each year, Washoe County has seen a relative decrease in substantiation each year. However, it is possible that the increase in substantiation for Unspecified Counties is due in part to the benefits those counties are receiving from Clark County's CAC.

Figure 13: Percent of Substantiated Sexual Abuse Reports by Nevada County
2006-2008



CHAPTER 4

FINDINGS OF THE STUDY

The first analyses conducted were to determine if race or ethnicity varied significantly by state. A One-way ANOVA was conducted to determine if any racial category differed significantly by each state. Table 4 illustrates the valid percent of racial distribution by state as well as the F-value indicating the lack of significant impact of race by each state. Each analyses of race across all states was significant at the $p < .001$ significance level.

Table 4

Race and Ethnicity by State

	Nevada	New Mexico	Nebraska	Kansas	Utah	F-Value
White	84.6%	86.8%	70.5%	86.7%	91.5%	146.56*
American Indian or Alaskan Native	1.6%	6.3%	2.8%	1.2%	2.5%	116.04*
Black or African American	13.7%	3.5%	6.5%	14.1%	3.2%	143.01*
Asian	2.2%	0.7%	0.4%	0.3%	0.8%	125.44*
Hawaiian or Other Pacific Islander	1.7%	0.2%	**	0.3%	1.0%	126.78*
Hispanic	29.3%	60.1%	8.9%	5.8%	16.1%	4040.18*

Note: Findings marked by () are significant at the $p < .001$*

*** Indicates that there were no cases that indicated that race/ethnicity*

Table 5 presents a correlation matrix examining whether report disposition, gender, age, prior victimization and the states of interest varied significantly. The table illustrates that the majority of variables are significantly related at the 0.01 level of significance. Given the various breakdowns of report disposition given in the data, report dispositions was re-coded and simplified into the variable Disposition (substantiated or not substantiated). However, to ensure accuracy of the recoded variable, both the original and modified variables were included in the matrix. The table shows that even with the recode the case dispositions remained significant at the $p < .001$ level.

Table 5

Disposition, Age, Sex, and Victimization Correlation across all states of interest

	Report Disposition	Disposition	Child Age	Child Sex	Prior Victim	States of Interest
Report Disposition	1	-.989**	-.027**	-.074**	.060**	-.049**
Sig. (2-tailed)		.000	.003	.000	.000	.000
Disposition		1	.033**	.076**	-.065**	.058**
Sig. (2-tailed)			.000	.000	.000	.000
Child Age			1	.076**	-.002	.040**
Sig. (2-tailed)				.000	.807	.000
Child Sex				1	-.006	.011
Sig. (2-tailed)					.485	.233
Prior Victim					1	-.034**
Sig. (2-tailed)						.000
States of Interest						1
Sig. (2-tailed)						

** Correlation is significant at the 0.01 level (2-tailed).

Note: Report Dispositions range from 1 (substantiated) to 6 (non substantiated)

Disposition is either 0 (non substantiated) or 1 (substantiated)

States of Interest is coded Nevada =0 all other states =1

Report Dispositions

Table 5 reveals statistical significance at the $p < .01$ level across all variables examined with nearly every variable (with exception of child age at report) being significant at the $p < .001$ level of significance. When looking at child age and report disposition, the findings suggest that as the child's age goes down the likelihood of a case resulting in non substantiation increases, thus the younger the child's age the less likely that abuse will be substantiated. The table also shows, that when looking at child gender, while there is a relatively weak relationship between the report dispositions of male and female victims, the relationship between the two variables are significant at the $p < .001$ level. In addition, when examining report disposition against prior victimization the data reveals that cases are more likely to result in un-substantiation when the victim was also previous victimized. Despite the relatively weak correlation strength, all variables were nonetheless significant at the $p < .01$ level of significance.

Child Sex, Age and Prior Victimization

Consistent with what was expected due to the larger number of female versus male victims of sexual abuse, the data found that child sex and age were significantly related. The findings suggest that as the age of the victim increases the likelihood of the victim being male decreases. However, when examining prior victimization with child sex and age, there was no statistically significant relationship. This finding suggests that there is no discernable relationship between a child's age or sex and the likelihood of them having been previously victimized.

States of Interest

In order to examine the differences across all states of interest, Table 5 also compared report disposition, child age, child sex and prior victimization to uncover any significant relationships. Table 5 shows a statistically significant relationship between report disposition, child age and prior victimization and all states examined in this study. While still statistical significance the relatively weak relationships are likely a result of the large sample size (of 12,017 sexual abuse cases across all five states). However, the data does suggest that based on the coding of Nevada =0 and all other states=1 cases are more likely to be substantiated in other states than in Nevada. Further the data suggests that victims are more likely to have also been previously victimized in other states when compared to those in Nevada.

State Sexual Abuse Rates

Table 6 illustrates the sexual abuse rates for all states included within the study. The table shows that Utah has the highest rate of childhood sexual abuse at 5.7 per 1,000 children followed by Nebraska (4.2 per 1,000) and New Mexico (4.1 per 1,000). In addition it also demonstrates that Nevada has the lowest sexual abuse rates (1.8 per 1,000) across all states included within the study.

Table 6

2008 State Sexual Abuse Rates per 1,000 children

	Child Population	Sexual Abuse Cases	Sexual Abuse Rate
Kansas	700485	2875	4.1
Utah	849635	4866	5.7
Nevada	667801	1235	1.8
New Mexico	502450	1177	2.3
Nebraska	446995	1865	4.2

Nevada County Correlations and Abuse Rates

Table 7 shows the childhood sexual abuse rate for Nevada counties. Nevada counties were broken down into three categories including Nevada's two largest counties (Clark County and Washoe County) and then based on the relatively low population size and absence of any type of CAC, the remaining Nevada counties were grouped into the category Unspecified Counties. The population data was obtained from the 2009 census data, given the unavailability of 2008 county population breakdown. However, given the relatively low population increase between the two years (less than a 47,000 person increase across the entire state) there is no reason to suggest that the rates would be significantly impacted by this population change. The table demonstrates that when added together, the Unspecified counties category has highest rate of sexual abuse followed by Washoe, with Clark County falling slightly under the overall state rate.

Table 7

Sexual Abuse Rates for Nevada Counties per 1,000 children

	Child Population*	Sexual Abuse Cases	Sexual Abuse Rate
Clark County	500445	857	1.7
Washoe County	101216	198	2.0
Unknown County	78657	180	2.3
State Rate	680318	1235	1.8

** Population data was obtained from the 2009 census data, as 2008 county population breakdown is no longer available.*

Tables 8, 9 and 10 show the correlation of report disposition, age, gender and prior victimization across those same Nevada counties.

Clark County

Table 8 shows the correlation of report disposition, age, child sex, and prior victimization for Clark County, Nevada. The data shows that a statistically significant relationship exists when examining report disposition with age and prior victimization but not child sex. Similar to the multi-state correlation the analyses on child age also demonstrates a negative correlation suggesting that as age decreases the likelihood of a case resulting in substantiation also decreases. However, contrary to the multi-state correlation, prior victimization and report disposition had a negative correlation, suggesting that more cases where a victim has been previously abused will result in substantiation than those where the victim was not previously victimized.

Table 8

Clark County, Nevada Correlation

Table 8: Clark County, Nevada Correlation

	Report Disposition	Child Age	Child Sex	Prior Victim
Report Disposition	1	-.159**	-.059	-.071*
Sig. (2-tailed)		.000	.084	.037
Child Age		1	.094**	.035
Sig. (2-tailed)			.006	.309
Child Sex			1	-.022
Sig. (2-tailed)				.517
Prior Victim				1
Sig. (2-tailed)				

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Note: Report Dispositions range from 1 (substantiated) to 6 (non substantiated)

Washoe County

Table 9 examined the relationship between report disposition, child age, child sex and prior victimization for those cases in Washoe County, Nevada. The analyses found a significant relationship between report disposition and child age, but not child sex or prior victimization. The findings suggest that, comparable to the Clark County and the multi-state analyses, as age decreases less cases result in substantiation. The analyses found that there is no between a child’s age or prior victimizations and report disposition. In addition, the analyses did not identify any other correlations between child age and sex or prior victimization and sex or age.

Table 9

Washoe, Nevada Correlation

	Report Disposition	Child Age	Child Sex	Prior Victim
Report Disposition	1	-.223**	-.070	.123
Sig. (2-tailed)		.002	.324	.084
Child Age		1	-.011	-.085
Sig. (2-tailed)			.873	.233
Child Sex			1	.068
Sig. (2-tailed)				.339
Prior Victim				1
Sig. (2-tailed)				

***.* Correlation is significant at the 0.01 level (2-tailed).

Note: Report Dispositions range from 1 (substantiated) to 6 (non substantiated)

Unspecified Counties, Nevada

The final county analyses for Nevada included all of the remaining counties located within Nevada for a total of 180 sexual abuse allegations. The analyses found no relationship between report disposition, child age, child sex, or prior victimization for all cases analyzed.

Table 10

Unspecified County, Nevada Correlation

	Report Disposition	Child Age	Child Sex	Prior Victim
Report Disposition	1	-0.104	-0.125	0.033
Sig. (2-tailed)		0.165	0.094	0.661
Child Age		1	0.036	0.027
Sig. (2-tailed)			0.632	0.717
Child Sex			1	-0.069
Sig. (2-tailed)				0.36
Prior Victim				1
Sig. (2-tailed)				

Note: Report Dispositions range from 1 (substantiated) to 6 (non substantiated)

Nevada County Multi-Variable Correlation

Table 11 presents a correlation matrix examining whether report disposition, child age at report, gender and prior victimization vary when compared by Nevada County. Similar to table 5, the results suggest that report disposition is significantly related to the child’s age, gender and county of report. However, in contrast prior victimization is no longer significantly related to report disposition when examined at the Nevada county level. Table 11 also demonstrates that while child age and child gender are still significantly related, prior victimization is only significant when correlated with CAC County. Coded Clark (0) and all other counties (1), the data suggests that cases are significantly more likely to be substantiated in Clark County than any other county in the state.

Table 11

Nevada County Multi-Variable Correlation

	Report Disposition	Disposition	Child Age	Child Sex	Prior Victim	CAC County
Report Disposition	1	-.999**	-.165**	-.066*	-.031	.106**
Sig. (2-tailed)		.000	.000	.019	.284	.000
Disposition		1	.164**	.067*	.033	-.110**
Sig. (2-tailed)			.000	.018	.245	.000
Child Age			1	.073*	.017	-.038
Sig. (2-tailed)				.010	.562	.182
Child Sex				1	-.017	.024
Sig. (2-tailed)					.548	.408
Prior Victim					1	-.114**
Sig. (2-tailed)						.000
CAC County						1
Sig. (2-tailed)						

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Note: Report Dispositions range from 1 (substantiated) to 6 (non substantiated)

Disposition is either 0 (non substantiated) or 1 (substantiated)

States of Interest is coded Nevada =0 all other states =1

CAC Saturation

Table 12 examined whether the presence of CACs (saturation effect) has an impact on report disposition and prior victimization. A One-way ANOVA was conducted to determine if the number of CACs (either Accredited or Associate) significantly impact case disposition and prior victimization. The table illustrates that CAC saturation and both variables are significantly related. The findings show that in regard to report disposition, Nevada (which has one CAC) varied significantly from all other states. New Mexico and Nebraska (which each have 7

CACs) varied significantly from Utah (which has 14 CACs), but not Kansas (which has 11 CACs). In addition, results showed that Kansas also varied significantly from Utah when examining CAC saturation effects on report disposition.

While table 12 demonstrates a slight difference in findings on the effect of CAC saturation and prior victimization, results were still statistically significant in evident areas. While ANOVA testing did not show a significant difference between the effect of CAC saturation and prior victimization between having one CAC (Nevada) and seven CACs (New Mexico and Nebraska) it demonstrates statistical significance when compared to having 11 CACs (Kansas) and 14 CACs (Utah). Post-hoc analyses for individual questions were done using the least-significant difference (LSD) method and the groups did not differ significantly from each other however, each differed from the group.

Table 12

CAC Saturation Effect on Report Disposition and Prior Victimization

	Nevada (1 CAC)	New Mexico (7 CACs)	Nebraska (7 CACs)	Kansas (11 CACs)	Utah (14 CACs)	F-Value
Report Disposition ^{1,2,3}	26.1%	24.3%	23.6%	20.7%	50.8%	301.25 * ^{1,2,3}
Prior Victimization ^{2,3,4}	23.2%	22.7%	25.2%	14.5%	38.6%	199.31 * ^{2,3,4}

Note: Findings marked by () are significant at the p< .001. 1Nevada varied significantly from all other states.*

²New Mexico and Nebraska varied significantly from Utah but not from Kansas or each other.

³Kansas varied significantly from Utah. 4Nevada varied significantly from Kansas and Utah but not from New Mexico or Nebraska. Report Dispositions range from 1 (substantiated) to 6 (non substantiated)

Disposition is either 0 (non substantiated) or 1 (substantiated)

States of Interest is coded Nevada =0 all other states =1

CHAPTER 5

DISCUSSION, CONCLUSION AND LIMITATIONS

Discussion

The purpose of this research was to determine if there were any differences between Nevada and states similar in demographics when examining the sexual abuse of children. This research also sought to discover whether Nevada's lack of abundant CAC presence had a negative impact on sexual abuse rates, case dispositions and prior victimization. It also sought to compare counties within Nevada.

The research revealed that the number of CACs has a statistically significant impact on report disposition, but found no evidence to support CAC saturation and sexual abuse rates. When examining the sexual abuse demographics, it was clear that Nevada had the lowest rate of abuse when compared with the other states under study and was one of the states with the lowest number of sexual abuse allegations brought to authorities. However, Finkelhor and Jones (2004) offer caution in examining abuse rates, suggesting that the decline in cases as well as proportionality of offenders could be in large part due to Child Protection Agencies' exclusion of cases not involving caretakers of the victim, especially in the instances of those cases involving the sexual abuse of child by a non primary caregiver. As a state policy Nevada reports only familial sexual abuse, a state policy, so it may not be a complete picture of the true abuse rates.

In contrast to Nevada, Utah had notably the highest rates of sexual abuse as well as prior victimization when compared to the other states in the study. However, Utah also differed significantly in case disposition with over 50% of their cases resulting in substantiation over a three year period, substantiating 20-30% more cases than all other states in the study. It is clear that Utah is making children a different priority than Nevada, and the saturation rate of 14 CACs for a population similar to ours is a dramatic difference. It is also possible that their higher rates could simply reflect a greater awareness of the issues as well as greater efficiency in solving and addressing abuse, suggesting that better awareness and reporting could likely lead to the increased reporting of crimes.

Given the research suggesting the positive effects CACs have on report disposition, this research also examined report disposition across variables that are likely to impact disposition outcomes including age, sex, and prior victimization status. The findings from this research support previous research, suggesting a significant relationship between a victim's age, sex, and prior victimization status on report disposition. As expected the findings also supported the fact that gender and age are also significantly related, as there are clear patterns for an increased risk for abused children based on age and gender with the majority of sexual abuse victims being female across all states included in the study.

Nevada is the only state within the study to have only one accredited CAC to serve the entire state. Based on this finding this research also examined the differences in abuse substantiation between Nevada counties. The counties

were simplified into Clark (the only county housing a CAC), Washoe and Unspecified (consisting of all remaining Nevada counties). The findings suggest that while Nevada has the highest total number of sexual abuse allegations; it is also significantly higher in population than all other counties combined. Clark County (along with Unspecified Counties) have seen a relative increase in cases resulting in substantiation compared to Washoe county (Nevada's second largest county) which has seen a relative decrease in the substantiation of cases. In addition, Clark and Unspecified counties have seen a relative decrease in prior victimization for sexual abuse cases while Washoe has seen a relative increase each year since 2006. Finally, in comparing Nevada counties this research examined the difference in standardized abuse rates and found that Clark County had the lowest rate of sexual abuse when compared against the other counties and the state rate. These findings together suggest that despite the fact that Clark County makes up over 70% of the state's total population it is demonstrating a measurable improvement over the remaining counties.

CACs are designed to facilitate in the successful prosecution of offenders through multiagency collaboration. The findings from this research found support that CAC saturation has a statistically significant impact on both case disposition and prior victimization at the highest level of significance of $p < .001$. Prior research has also shown that CACs improve both case disposition as well as satisfaction with the legal process for families supported through CACs (Jones et al., 2010). Further, we can assume that Nevada's lack of CACs means that fewer families feel supported as they go through their time of crisis since those facilities

have such a substantial impact on those families. Despite the fact that CACs have been identified as best practices and a quarter of Nevada's population is under the age of 18, the state has still chosen not make any legislative changes to ensure consistent funding towards supporting the most vulnerable children. Whereas other states have 7, 11 or 14 sites for multi disciplinary teams, Nevada has only been able to fund one (without any legislative guarantees for financial support each year). Not only does this decision reduce efficiency throughout the un-served counties, it leads to waste and a duplication of efforts, something we cannot afford in this time of fiscal restraint (National Children's Alliance, 2009).

Given the logic behind routine activities theory it would suggest that by eliminating the motivated offender and/or increasing the abilities of a capable guardian that we should see a difference in prior victimizations between those states with CACs and those without. While all of the states included within this study housed at least one CAC the state saturation of those CAC differed. When comparing prior victimization the findings from this research found some support for that theory. While the research did not find a statistical relationship between all states under study and victimization, the research did find a notable difference in the percentage of prior victimization between the states. In the interest of examining Nevada's stance, the research found that while Nevada (23.2%) did not have the lowest percentage (14.5%) of prior victimization it was also not the highest (38.6%), despite the fact that it has the least amount of CACs.

One of fundamental purposes of this research was to discover if CACs themselves have an impact on prior victimization and report disposition. The

research from this report found a positive statistically significant correlation between the amount of CAC located within a state on report disposition and prior victimization. Further, findings suggest that children are often more likely to be abused when they are younger and that after the onset of abuse younger victims have an increased potential for the exposure to new or continued abuse. These findings together support that given CACs positive impact on these variables, it would seem imperative to increase CAC saturation as method for both reducing prior victimization as well as increasing case substantiation.

Limitations

Despite the abundance of statistical data utilized in this study, several limitations still remain. While the data were pulled from and standardized by the National Child Abuse and Neglect Data System (NCANDS), there remain some inconsistencies with reporting. While the NCANDA includes various categorical responses reported by each state, the states themselves differ in the manner in which they report abuse. For example, while Utah had the most child sexual abuse allegation it also includes all data by any sexual abuse perpetrator where Nevada's CPS agencies primarily report only those sexual abuse cases perpetrated by guardians. According to the Child Maltreatment Report for 2008 less than 28% of all sexual abuse was committed at the hands of a parent or guardian (U.S. Department of Health and Human Services, 2010). These findings suggest that the manner in which each state reports could have a significant impact on the findings.

In addition, given the research presented in the literature review of this report, supporting the fact that on an individual level, both non-offending guardians and abused children find positive results in the assessment of CAC, this research lacks any qualitative analyses on CAC effectiveness addressing individual satisfaction by residents of each state.

Further this research did not control for any other factors that might impact case substantiation, sexual abuse rate or prior victimization such as community awareness programs, individual county initiatives/programs or alternative programs not regulated by the NCA. However, based on previous research and the data analyses used within this report it is still most likely that the results found in this research were in fact the result of CAC presence.

Finally, one of the most unavoidable limitations lies within the reporting of CSA. Given the various norms between cultures and families, it is likely that a large number of sexual abuses go unreported each year. Further, given the fact that advancements in the protection of children from sexual abuse has only begun to pick up momentum it is likely that we will see an increase in reporting as resources, technology and funding continue to increase in the effort to protect children from abuse.

Conclusion

Despite the limitations of this study, the findings lend support for the continued and increased efforts in protecting children through the use of CACs. While Nevada has made a significant stride in the adoption of their first CAC in Clark County, it is still among one of the lowest represented states in the country

and this research supports the findings that there is a positive relationship in the increased presence of CACs. Despite the fact that Clark county represents most of Nevada's population the findings from this study suggest that Washoe county could also benefit from the presence of a CAC as their substantiation rates continue to decline and prior victimization increase.

Research on the sexual abuse of children has come a long way from decades ago when blame was placed on the child suggesting that they asked for the abuse and for those (including the government) who would turn a deaf ear to those children that were being repeatedly abused at the hands of their guardians. Child sexual abuse has proven to be a serious concern with effects that can last a lifetime for those that are abused. Nevada has shown a significant deficit in the efforts at providing services (specifically CACs) to abused children by not at least keeping up with our neighbors and the majority of other states throughout the country. Given CACs monumental efforts in improving the events following abuse (interview, examination, prosecution, referral to appropriate resources, etc.) we are failing our children in Nevada by not having more CACs and using methods identified as best practices.

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