



Multidisciplinary Teams and Collaboration in Child Abuse Intervention

A Selected Bibliography

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Introduction

The origins and evolution of professional teams for addressing the issue of child abuse and neglect date back at least to the 1970s. The importance of cooperation between law enforcement, social workers, and therapists was obvious. The differing perspectives on goals, procedures and responsibilities prompted development of formal relationships. Early publications are primarily descriptive, elaborating upon the need for collaboration and methods for effective function of teams. More recent publications often include research elements.

Scope

This bibliography encompasses the literature on cooperative efforts in dealing with child abuse and neglect. The scope, thus, includes collaboration among professionals in different settings and circumstances, including joint investigation practices as well as formalized multidisciplinary teams like those in children's advocacy centers (CACs). This bibliography is not a history of CACs, although much information related to their development is held in publications on the development of multidisciplinary teams.

Publications

The publications listed here are books, chapters in books, journal articles, and two dissertations. Only English language publications, 1974-present, are included. The bibliography does not include conference papers, unpublished technical reports, audiovisual materials, or ephemera.

Organization

This bibliography is arranged chronologically, from most recent to oldest publication date. When possible, the abstracts that were included with the original publication are used in this bibliography, noted as [Author Abstract]. When an original abstract was not available, abstracts were written specifically for this bibliography. A few abstracts have been included from other

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Jackson, S. L. (2012). Results from the Virginia multidisciplinary team knowledge and functioning survey: The importance of differentiating by groups affiliated with a child advocacy center. *Children and Youth Services Review* 34(7), 1243-1250.

Child Advocacy Centers (CACs) are a child-centered, multidisciplinary response to child abuse. Two important components of a CAC model include the multidisciplinary team (MDT) and case review. The purpose of this study was to assess MDT members' perceptions of the MDT and case review and to test whether there were differences by profession, status, or CAC designation. MDT members (N = 217) affiliated with a CAC in Virginia completed an online survey containing 35 items. CAC staff was more likely to identify problems associated with case review than other professional groups. Investigators perceived case review meetings as lasting too long, whereas service providers did not. Supervisors and frontline workers disagreed on the core function of a CAC, as did CAC staff and investigators/service providers. Accredited and associate CACs identified problems associated with case review, while developing CACs identified staffing issues as problematic. Research identifying the elements of “effective” MDTs and case review is needed to provide guidance to CAC directors who are most frequently in the role of managing, nurturing, and arranging training for the MDT and coordinating case review meetings. In addition, greater training for MDT members in the importance of case review and collective team identification is warranted.

Jent, J. F., Eaton, C. K., Knickerbocker, L., Lambert, W. F., Merrick, M. T., & Dandes, S. K. (2011). Multidisciplinary child protection decision making about physical abuse: Determining substantiation thresholds and biases. *Children and Youth Services Review*, 33(9), 1673-1682.

The current study examined the threshold at which multidisciplinary child protection team (CPT) professionals substantiate physical abuse allegations and the extent that they utilize potentially biased constructs in their decision making when presented with the same case evidence. State legal definitions of child maltreatment are broad. Therefore, the burden of interpretation is

largely on CPT professionals who must determine at what threshold physical acts by parents surpass corporal discipline and constitute child physical abuse. Biased or subjective decisions may be made if certain case-specific characteristics or CPT professionals' personal characteristics are used in making physical abuse determinations. Case vignettes with visual depictions of inflicted injuries were sent to CPT professionals in Florida and their substantiation decisions, personal beliefs about corporal discipline, and coercive discipline were collected. Results of the study demonstrated relatively high agreement among professionals across vignettes about what constitutes physical abuse. Further, CPT professionals strongly considered their perceptions of the severity of inflicted injuries in substantiation decisions. Although case specific characteristics did not bias decisions in a systematic way, some CPT professional characteristics influenced the substantiation of physical abuse. Practice implications and future directions of research are discussed.

Lalayants, M. (2011). Multidisciplinary clinical consultation in child protection: Contextual influences and stakeholder perceptions of best practices. Dissertation Abstracts International Section A: Humanities and Social Sciences. 2011, pp. 3040.

Presented in this study are "best practices" drawn from a multi-method examination of an innovative multidisciplinary clinical consultation program in a large, governmental child protection agency. Experiences of multiple key stakeholders (N=90) were studied through in-depth qualitative face-to-face interviews and were combined with quantitative data-mining of available consultation records (N=1,455) and ethnographic observation in order to derive organizational dimensions and practices associated with successful program implementation. Using the program development theory by Tripodi, Fellin, and Epstein (1977) and Bielawski and Epstein (1984), the study described and evaluated the evolution of the multidisciplinary clinical consultation practice through the four stages of program initiation, contact, implementation, and stabilization. More specifically, this organizational case study portrays the collaborative process between clinical consultation teams, comprised of domestic violence, substance abuse, and mental health consultants and a team coordinator, and child protective caseworkers and supervisors; knowledge integration of domestic violence, mental health, and substance abuse in child protective work; contextual, structural, and organizational differences and influences;

impact of collaboration on child protective staff and their decision-making about the cases; factors contributing to and inhibiting collaborations; strategies for overcoming the challenges in collaborations; and implications for practice. The study findings suggest that multidisciplinary collaboration is multidimensional, interactional, and developmental. Many factors contribute to shaping "best practice" in multidisciplinary collaboration in child protection. These factors are interactional in nature and may facilitate or undermine collaborative practices. Synthesizing data from the study findings, six factors were identified as most important in achieving a best practice: preplanning, commitment, communication, strong leadership, understanding the cultures of collaborating agencies, and structural supports and adequate resources for collaboration. The strategies to achieve them must include efforts at dual levels: individual and organizational. Although the data were drawn from only one program, the issues uncovered and generalizations drawn are consistent with research in other organizational environments suggesting that the types of difficulties experienced in the collaborative process may be highly transferable and strategies for improving collaborative practices may be applicable to a variety of settings.

Flåm, A. M. (2009). "I need your eyes to see myself": Multi-agency team consultation as reflecting turn taking. *Journal of Systemic Therapies*, 28(4), 72-88.

Recent research and knowledge on risks, protection, and treatment of child sexual abuse and violence is growing. It is generally accepted that extensive collaboration across services and professions is beneficial to the professionals and the clients in this area of clinical practice. Critical reviews of studies of multi-agency and multidisciplinary team approaches show that issues such as descriptions of design and structure, collaborative processes, and context-specific studies have not been addressed, and that team members often do not respect each other's knowledge contribution and do not sufficiently focus on collective performance to provide effective assistance. Conclusions have been drawn to recommend presentation of a united knowledge front to perform effective consultation. This paper presents a multi-agency and multidisciplinary team approach in cases of child sexual abuse, violence, and maltreatment—elucidating the design, context, and building blocks to promote collaborative consultation processes. Rather than to perform and deliver knowledge unity, it introduces a way to share and

form knowledge diversity, including the development of new knowledge relevant to the specific situation as well as the practice in general.

Jent, J. F., Merrick, M. T., Dandes, S. K., Lambert, W. F., Haney, M. L., & Cano, N. M. (2009). Multidisciplinary assessment of child maltreatment: A multi-site pilot descriptive analysis of the Florida Child Protection Team model. *Children and Youth Services Review, 31*(8), 896-902.

The Florida Child Protection Team (CPT) program is a statewide assessment model that was developed to provide objective multidisciplinary evaluations of complex cases of alleged child maltreatment. However, only limited research has examined the content and quality of CPT assessment practices. In fact, the limited research on the quality and content of child protection assessments in relation to child protection assessment “best practices” is a system wide problem. In the current study, we sought to systematically evaluate the assessment practices of a pilot sample of CPTs. Specifically, we were interested in gaining a better understanding of the population served by CPTs, the types of evaluations offered, the content of the assessments, clinical interpretations and findings, and recommendations. The results show areas in which CPT functions as an effective multidisciplinary assessment team and relative weaknesses in assessment practices that may require changes in CPT policy and/or additional training.

Kelly, L., Smith, N., & Gibson, S. (2009). From intervention roles to multidisciplinary practice. In T. Maschi, C. Bradley, & K. Ward (Eds.), *Forensic social work: Psychosocial and legal issues in diverse practice settings*, (pp. 51-60). New York, NY: Springer Publishing Co.

Social workers often encounter catastrophic circumstances of the human condition. Interpersonal violence, child abuse, sexual molestation, abuse and maltreatment of the elderly, suicide and attempted suicide, homicide, and addictive disorders might all be part of the daily experiences of the social work client. In forensic practice, social workers will interact with a wide variety of professionals and share responsibility to provide the client with needed services. This chapter identifies roles of forensic professionals across and within a wide range of disciplines. It introduces potential conflicts that might arise among forensic professionals, describes the skills

set necessary to successfully negotiate the conflicts, and offers an example of a successful forensic project highlighting interdisciplinary team collaboration.

Lindberg, D. M., Lindsell, C. J., & Shapiro, R. A. (2008). Variability in expert assessments of child physical abuse likelihood. *Pediatrics*, 121(4), e945-e953.

In the absence of a gold standard, clinicians and researchers often categorize their opinions of the likelihood of inflicted injury using several ordinal scales. The objective of this protocol was to determine the reliability of expert ratings using several of these scales. Participants were pediatricians with substantial academic and clinical activity in the evaluation of children with concerns for physical abuse. The facts from several cases that were referred to 1 hospital's child abuse team were abstracted and recorded as in a multidisciplinary team conference. Participants viewed the recording and rated each case using several scales of child abuse likelihood. Participants ($n = 22$) showed broad variability for most cases on all scales. Variability was lowest for cases with the highest aggregate concern for abuse. One scale that included examples of cases fitting each category and standard reporting language to summarize results showed a modest (18%–23%) decrease in variability among participants. The interpretation of the categories used by the scales was more consistent. Cases were rarely rated as “definite abuse” when likelihood was estimated at $\leq 95\%$. Only 7 of 156 cases rated $\leq 15\%$ likelihood were rated as “no reasonable concern for abuse.” Only 9 of 858 cases rated $\geq 35\%$ likelihood were rated as “reasonable concern for abuse.” Assessments of child abuse likelihood often show broad variability between experts. Although a rating scale with patient examples and standard reporting language may decrease variability, clinicians and researchers should be cautious when interpreting abuse likelihood assessments from a single expert. These data support the peer-review or multidisciplinary team approach to child abuse assessments.

Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., & Kolko, D. (2007). Child forensic interviewing in Children's Advocacy Centers: Empirical data on a practice model. *Child Abuse & Neglect*, 31(10), 1031-1052

Children's Advocacy Centers (CACs) aim to improve child forensic interviewing following allegations of child abuse by coordinating multiple investigations, providing child-friendly interviewing locations, and limiting redundant interviewing. This analysis presents one of the first rigorous evaluations of CACs' implementation of these methods. This analysis is part of a quasi-experimental study, the Multi-Site Evaluation of Children's Advocacy Centers, which evaluated four CACs relative to within-state non-CAC comparison communities. Case abstractors collected data on investigation methods in 1,069 child sexual abuse cases with forensic interviews by reviewing case records from multiple agencies. CAC cases were more likely than comparison cases to feature police involvement in CPS cases (41% vs. 15%), multidisciplinary team (MDT) interviews (28% vs. 6%), case reviews (56% vs. 7%), joint police/child protective services (CPS) investigations (81% vs. 52%) and video/audiotaping of interviews (52% vs. 17%, all these comparisons $p < .001$). CACs varied in which coordination methods they used, and some comparison communities also used certain coordination methods more than the CAC with which they were paired. Eighty-five percent of CAC interviews took place in child-friendly CAC facilities, while notable proportions of comparison interviews took place at CPS offices (22%), police facilities (18%), home (16%), or school (19%). Ninety-five percent of children had no more than two forensic interviews, and CAC and comparison differences on number of interviews were mostly non-significant. Relative to the comparison communities, these CACs appear to have increased coordination on investigations and child forensic interviewing. The CAC setting was the location for the vast majority of CAC child interviews, while comparison communities often used settings that many consider undesirable. CACs showed no advantage on reducing the number of forensic interviews, which was consistently small across the sample.

Frost, N., & Robinson, M. (2007). Joining up children's services: Safeguarding children in multidisciplinary teams. *Child Abuse Review*, 16(3), 184-199.

In this article we reflect on the complexity and the contested nature of the roles of multidisciplinary teams working with children. This is an increasingly important issue in the current

UK child welfare policy environment. The article uses the theories of Etienne Wenger to understand data gathered from five multi-disciplinary teams working with children. We explore key issues relating to location; information sharing; models of understanding; and professional identities. We hope to demonstrate that the teams addressed tensions creatively through their engagement with diversity while at the same time developing common team values. We argue that effective strategies for making multi-disciplinary teams work will combine inter-agency issues with internal team-specific aspects.

Walsh, W. A., Cross, T. P., Jones, L. M., Simone, M., & Kolko, D. J. (2007). Which sexual abuse victims receive a forensic medical examination? The impact of Children's Advocacy Centers. *Child Abuse & Neglect*, 31(10), 1053-1068.

This study examines the impact of Children's Advocacy Centers (CAC) and other factors, such as the child's age, alleged penetration, and injury on the use of forensic medical examinations as part of the response to reported child sexual abuse. This analysis is part of a quasi-experimental study, the Multi-Site Evaluation of Children's Advocacy Centers, which evaluated four CACs relative to within-state non-CAC comparison communities. Case abstractors collected data on forensic medical exams in 1,220 child sexual abuse cases through review of case records. Suspected sexual abuse victims at CACs were two times more likely to have forensic medical examinations than those seen at comparison communities, controlling for other variables. Girls, children with reported penetration, victims who were physically injured while being abused, White victims, and younger children were more likely to have exams, controlling for other variables. Non-penetration cases at CACs were four times more likely to receive exams as compared to those in comparison communities. About half of exams were conducted the same day as the reported abuse in both CAC and comparison communities. The majority of caregivers were very satisfied with the medical professional. Receipt of a medical exam was not associated with offenders being charged. Results of this study suggest that CACs are an effective tool for furthering access to forensic medical examinations for child sexual abuse victims.

Wallace, G. H., Makoroff, K. L., Malott, H. A., & Shapiro, R. A. (2007). Hospital-based multidisciplinary teams can prevent unnecessary child abuse reports and out-of-home placements. *Child Abuse & Neglect*, 31(6), 623-629.

The objective was to determine how often and for what reasons a hospital-based multidisciplinary child abuse team concluded that a report of alleged or suspected child abuse was unnecessary in young children with fractures. A retrospective review was completed of all children less than 12 months of age who, because of fractures, were referred to the hospital multidisciplinary child abuse team for consultation regarding the need to consider child abuse. The team received 99 consultations, reported 92 (93%) children as alleged or possible victims of physical abuse, and did not report 7 (7%). Age at presentation of those who were reported was 4.2 months compared to 3.0 months in the non-reported group. The average number of fractures in the reported group was 2.9 (SD 3.53) compared to 3.4 (SD 4.6) in the non-reported group. Factors that led to cases not being reported included: (a) a trauma history consistent with the fracture (n = 4), (b) a diagnosis of bone fragility secondary to genetic, nutritional or medical therapy etiologies (n = 2), and (c) iatrogenic fracture (n = 1). Seven percent of the children less than 12 months of age and with at least one fracture referred to the multidisciplinary team for evaluation of possible child abuse were not reported as alleged or suspected physical abuse. The involvement of the hospital multidisciplinary child abuse team may have prevented unnecessary investigation by the county social services agency and/or police, and possible out-of-home temporary placement.

Wolfteich, P., & Loggins, B. (2007). Evaluation of the Children's Advocacy Center Model: Efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal*, 24(4), 333-352.

This study compares the Children's Advocacy Center (CAC) model with more traditional child protection services on several important outcomes such as substantiation of abuse, arrest and prosecution of the perpetrator, the efficiency of the multidisciplinary process and child revictimization rates. One hundred and eighty-four child abuse and neglect cases from a large metropolitan area in Florida comprised the sample. Cases were selected over a five year-period from three different modes of child protection services including a CAC. Similar outcomes were found between the CAC model and the Child Protection Team (CPT), a multidisciplinary model,

which was first developed in Florida in 1978. In comparison with traditional child protective investigation, these models were associated with improved substantiation rates and investigation efficiency. Results are discussed in terms of the utility of CACs above and beyond the aspect of multidisciplinary coordination and whether the goals of the CAC model need to be redefined. Recommendations for further research in the areas of multidisciplinary team decision-making, the long-term impact of the CACs and the role of supportive professionals on the multidisciplinary team were made.

Chandler, N. (2006). Children's Advocacy Centers: Making a difference one child at a time. *Journal of Public Policy and Law*, 28, 315-337.

Powell, S. M., & Hohenhaus, S. M. (2006). Multidisciplinary team training and the art of communication. *Clinical Pediatric Emergency Medicine*, 7(4), 238-240.

Crew resource management has been effectively used for more than 20 years to reduce error and improve communication in the aviation industry. The healthcare industry began to investigate aviation crew resource management after an Institute of Medicine report recommended that medicine adopt aviation's approach to safety and error management. Effective teamwork training uses several key techniques and methods that can be used to actively engage all members of the healthcare team. This article describes these methods including briefings, checklists, and communication techniques that can foster an environment of mutual respect, particularly as they apply to "hand-offs" in care.

Sedlak, A., Schultz, D., Wells, S. J., Lyons, P., Doueck, H. J., & Gragg, F. (2006). Child protection and justice systems processing of serious child abuse and neglect cases. *Child Abuse & Neglect*, 30(6), 657-677.

The aim of this study was to examine the trajectory of cases through four systems: child protection, law enforcement, the dependency courts, and the criminal courts. This study focused on a county selected from a 41-county telephone survey conducted for the National Incidence

Study of Child Abuse and Neglect (NIS-3). For this analysis prospective samples were drawn from law enforcement (n = 225) and the county child protection (CPS) agency (n = 225) and followed through in-depth case tracking across all agencies and through both the dependency and criminal court systems. The percentage of CPS cases opened in dependency court was similar to prior studies (29%), but the acceptance and prosecution rates were much higher-- 92% of the cases referred from CPS, including many cases of physical abuse. Compared to referrals from CPS to law enforcement (93%), few cases were referred from law enforcement to CPS (17%). Anecdotally, case referral patterns appeared to be influenced by communication patterns and mutual positive regard, regardless of the collaborative protocols in place. One of the most instructive findings was the degree of difficulty in tracking cases across organizations and the types of obstacles that impeded success. Disorganization was not an issue, rather internal structures set up to facilitate intraorganizational processing were the same structures that actually impeded cross-organizational case finding. Conclusions: It is not sufficient to rely on the existence of multi-disciplinary teams or Child Advocacy Centers to ensure collaboration. More attention to daily tasks and activities as well as the nature and quality of communication is warranted. On the technical side, use of common case identifiers on cases that are cross-referred is strongly recommended. Future studies should broaden the scope of inquiry to include the consequences of all case trajectories, rather than solely focusing on the justice system. [Author Abstract]

Smith, D. W., Witte, T. H., & Fricker-Elhai, A. E. (2006). Service Outcomes in physical and sexual abuse cases: A comparison of child advocacy center-based and standard services. *Child Maltreatment, 11*(4), 354-360.

Child Advocacy Centers (CACs) were developed to improve on child abuse investigative services provided by child protective service (CPS) agencies. However, until very recently, there has been little research comparing CAC-based procedures and outcomes to those in CPS investigations not based in CACs. The current study tracked 76 child abuse cases that were reported to authorities and investigated through either a private, not-for-profit CAC or typical CPS services in a mid-south rural county. Comparisons between CAC and CPS cases were made in terms of involvement of local law enforcement in the investigation, provision of medical

exams, abuse substantiation rates, mental health referrals, prosecution referrals, and conviction rates. Analyses revealed higher rates of law enforcement involvement, medical examinations, and case substantiation in the CAC-based cases compared to the CPS cases. Despite limitations due to sample size and nonrandomization, this study found preliminary support for the assumptions underlying the establishment of CACs.

Arnold, D. H., Spiro, D. M., Nichols, M. H., & King, W. D. (2005). Availability and perceived competence of pediatricians to serve as child protection team medical consultants: A survey of practicing pediatricians. *Southern Medical Journal*, 98(4), 423-428.

The effectiveness of multidisciplinary child protection teams has been demonstrated. This study is an attempt to assess the level of this commitment and the perceived competence of primary care pediatricians to provide this service. A questionnaire survey was mailed to primary care pediatricians practicing in the state of Alabama. Among respondents who did not consider themselves competent to conduct sexual abuse or physical abuse examinations, 27% and 19%, respectively, were called on to conduct such examinations. Approximately half of respondents expressed a willingness to serve as consultants under a time commitment obligation of less than 2 hours per week or 1 day per month, and under a reimbursement provision of \$200 per examination or less. Respondents recognized a need for, and expressed a desire for, more training in this area. Primary care pediatricians are willing to serve as multidisciplinary child protection team medical consultants if provided appropriate training and support.

Bickett, J., Corey, T. S., Hunsaker, D. M., & Weakley- Jones, B. (2005). Forensic examination of pediatric patients. *Journal of the Kentucky Medical Association*, 103(9), 442-446.

In cases of suspected child abuse, a thorough history and physical exam utilizing clinical forensic principles are essential in distinguishing accidental from inflicted trauma. The Division of Clinical Forensic Medicine (CFM) incorporates a multidisciplinary team approach to the investigation of child abuse. Included are members of Child Protection Services (CPS), law enforcement, and healthcare services who aid in the evaluation of child victims of abuse. The following is a brief overview of the comprehensive discipline of CFM, which highlights "Red

Flags" for the nonforensic healthcare provider in ascertaining if a patient may be a victim of child abuse. Sexual abuse is not discussed in this limited report. [Author Abstract]

Bunting, L., & Reid, C. (2005). Reviewing child deaths – learning from the American experience. *Child Abuse Review*, 14(2), 82-96.

Current systems for investigating child deaths in England, Wales and Northern Ireland have come under intense scrutiny in recent years and questions have been raised about the accuracy of child death investigations and resulting statistics. Research has highlighted the ways in which multidisciplinary input can contribute to investigative and review processes, a perspective which is further supported by recent UK policy developments. The experience of creating multidisciplinary child death review teams (CDRTs) in America highlights the potential benefits the introduction of a similar system might have. These benefits include improved multi-agency working and communication, more effective identification of suspicious cases, a decrease in inadequate death certification and a broader and more in-depth understanding of the causes of child deaths through the systematic collection and analysis of data. While a lack of funding, regional coordination and evaluation limit the impact of American CDRTs, the positive aspects of this process make it worthwhile, and timely, to consider how such a model might fit within our own context. Current policy developments such as the Home Office review of coroner services, the Children Bill and related Department for Education and Skills (DfES) work on developing screening groups demonstrate that strides have been made in respect of introducing a multidisciplinary process. Similarly, the development of local protocols for the investigation and/or review of child deaths in England, Wales and Northern Ireland highlights an increased focus on multidisciplinary processes. However, key issues from the American experience, such as the remit of CDRTs screening panels, the need for national coordination and the importance of rigorous evaluation, can inform the development of a similar process in the UK. [Author Abstract]

Cross, T. P., Finkelhor, D., & Ormrod, R. (2005). Police involvement in Child Protective Services investigations: Literature review and secondary data analysis. *Child Maltreatment, 10*(3), 224-244.

This article examines the relationship of police and child protective services (CPS) co-involvement to the outcomes of child maltreatment investigations. It reviews practice and empirical literature and conducts a secondary analysis of a national CPS data set. Most sources argue that coordination of the two agencies improves investigations and benefits children and families. Yet, sources also report friction between these agencies, interference with each other's job, and concerns that police involvement increases child removal. In the CPS case data, allegations were more likely to be judged credible when police also investigated and families were also more likely to receive various services. For neglect cases, multidisciplinary decision making, but not police involvement per se, was linked to child removal. Across studies, police do not appear to hinder CPS effectiveness and may actually promote it. Their investigations should be coordinated in every community. [Author Abstract]

Jones, L. M., Cross, T. P., Walsh, W. A., & Simone, M. (2005). Criminal investigations of child abuse: The research behind "best practices". *Trauma, Violence, & Abuse, 6*(3), 254-268.

This article reviews the research relevant to seven practices considered by many to be among the most progressive approaches to criminal child abuse investigations: multidisciplinary team investigations, trained child forensic interviewers, videotaped interviews, specialized forensic medical examiners, victim advocacy programs, improved access to mental health treatment for victims, and Children's Advocacy Centers (CACs). The review finds that despite the popularity of these practices, little outcome research is currently available documenting their success. However, preliminary research supports many of these practices or has influenced their development. Knowledge of this research can assist investigators and policy makers who want to improve the response to victims, understand the effectiveness of particular programs, or identify where assumptions about effectiveness are not empirically supported. [Author Abstract]

Lalayants, M., & Epstein, I. (2005). Evaluating multidisciplinary child abuse and neglect teams: A research agenda. *Child Welfare Journal*, 84(4), 433-458.

A review of child welfare research literature reveals that although multidisciplinary teams are increasingly used to investigate and intervene in child abuse and neglect cases, the field does not know enough about their structural variations, implementation processes, or effectiveness. Moreover, although articles advocating multidisciplinary teams enumerate their apparent strengths, they lack attention to the teams' possible weaknesses. The article discusses implications for future evaluation studies. [Author Abstract]

Lashley, J. L. (2005, Winter). Indicators of a healthy multidisciplinary team. *Half a Nation: The Newsletter of the State & National Finding Words Courses*, 1-5.

Multidisciplinary teams have dramatically increased in number over the past five decades. In 1997, 33 states indicated that they had “statewide participation” in the multidisciplinary approach to child abuse cases and 11 other states enacted statutes allowing or encouraging multidisciplinary teams. In the state of Georgia, a Multidisciplinary Review Team & Facilitator Project was undertaken in 2002. Through site visits and surveys, themes for healthy team functioning began to appear. Sixteen themes that were identified as essential to the functioning of a healthy multidisciplinary team are presented in this article. [NCAC Abstract]

McCormack, B., Kavanagh, D., Caffrey, S., & Power, A. (2005). Investigating sexual abuse: Findings of a 15-year longitudinal study. *Journal of Applied Research in Intellectual Disabilities*, 18(3), 217-227.

Background: There is a lack of longitudinal largescale studies of sexual abuse in intellectual disability services. Such studies offer opportunities to examine patterns in disclosure, investigation and outcomes, and to report on incidence and trends. *Methods:* All allegations of sexual abuse (n = 250) involving service users as victims or perpetrators of sexual abuse over a 15-year period in a large Irish community-based service were analysed based on the data extracted from extensive contemporaneous case notes. *Results:* Victims or families were the most common concern raisers of abuse. Following multidisciplinary investigation, almost half

(47%) of all allegations of sexual abuse were confirmed (n = 118). In confirmed episodes, more than half the perpetrators were adolescents and adults with intellectual disabilities, while almost a quarter were relatives. The most common type of abuse was sexual touch, although 31% of episodes involved penetration or attempted penetration. The most common location was the family home, followed by the day service and public places. A notable feature was the variation in the incidence of abuse over the study period, largely caused by episodes of multiple abuse. Conclusions: The incidence of confirmed episodes of sexual abuse of adults with intellectual disabilities may be higher than previously estimated. There is an urgent need for statutory guidelines, which require reporting of adult abuse, and provide protection for bona fide whistle blowers, similar to existing child protection legislation. [Author Abstract]

Newman, B. S., & Dannenfelser, P. L. (2005). Children's protective services and law enforcement: Fostering partnerships in investigations of child abuse. *Journal of Child Sexual Abuse, 14*(2), 97-111.

Although collaboration in child abuse investigations has been emphasized since 1974, barriers, including role conflicts and organizational differences, have often been reported. This study describes the process of collaboration based on the perceptions of investigators working with a Child Advocacy Center. Telephone interviews were conducted with 290 child protective service workers and law enforcement officers from 28 child advocacy centers in 20 different states. Respondents identified barriers to the process of collaboration such as conflicts over case control and facilitators including co-housing and cross-training. Conditions that should contribute to successful collaboration are discussed. [Author Abstract]

Newman, B. S., Dannenfelser, P. L., & Pendleton, D. (2005). Child abuse investigations: Reasons for using Child Advocacy Centers and suggestions for improvement. *Child & Adolescent Social Work Journal, 22*(2), 165-181.

Child protective service (CPS) and child abuse law enforcement (LE) investigators have been required by the majority of states to work together when investigating criminal cases of child abuse. Child Advocacy Centers (CACs) and other' multidisciplinary models of collaboration have developed across the United States to meet these requirements. This study surveyed 290

CPS and LE investigators who use a CAC in their investigations of criminal cases of child abuse. Reasons given for using, centers, include legal or administrative mandate and protocol, child appropriate environment, support, referrals, capacity for medical exams, expertise of center interviewers and access to video and audio technology. Respondents also identified ways that centers could be more helpful. [Author Abstract]

Garrett, P.M. (2004). Talking child protection: The police and social workers 'working together'. *Journal of Social Work*, 4(1), 77-97.

In the United Kingdom, following the death of Victoria Climbié, child protection procedures are currently being reviewed once again. At the core of child protection activity is the police/social work relationship and the notion of 'working together' to respond to child abuse. However, there is often a failure to interrogate what rhetorical assertions about multi-disciplinary working actually amount to in terms of the micro-politics of 'joined up' endeavours. This police/social relationship needs to be analysed because of specific issues related to child protection, but also because of the creation of multi-disciplinary youth offending teams and the more encompassing popularity, within the policy discourse of New Labour, of 'joined up' approaches to the delivery of child welfare services. Findings: Interviews conducted with police officers and social workers in three different locations illuminate how they view their roles. Respondents reveal the tensions in 'working together' and a police tendency to perceive themselves as the 'lead agency'. In addition, issues bound up with recruitment and selection are significant. Within joint police/social work specialist units, there is a blurring of the social work role. Applications: It is argued that joint working between social workers and police officers needs to be subject to reflexive scrutiny. Perhaps, in the past, aspects of policing have been inadequately examined in social work education and training. The creation of a new social work degree may provide, however, an opportunity to address this issue. More generally, it should allow course participants the space to comprehend critically other 'disciplines' and the social processes that 'disciplines' and the social processes that underpin joint working paradigms. [Author Abstract]

Glick, N .P., Lating, J. M., & Kotchick, B. (2004). Child sexual abuse evaluations in an emergency room: An overview and suggestions for a multidisciplinary approach. *International Journal of Emergency Mental Health*, 6(3), 111-120.

The physical and emotional distress associated with child sexual abuse may be compounded when the professional response in the emergency room(ER) to this critical incident is not well planned, comprehensive, and multidisciplinary. The purpose of this article is to provide an overview of the literature on emergency room (ER) evaluations of child sexual abuse and to provide recommendations for a multidisciplinary team approach to conducting these evaluations that includes physicians, nurses, mental health workers, and law enforcement officers. [Author Abstract]

Jackson, S. L. (2004). A USA national survey of program services provided by child advocacy centers. *Child Abuse & Neglect*, 28(4), 411-421.

Objective: Child Advocacy Centers (CACs) are designed to improve the community collaborative response to child sexual abuse and the criminal justice processing of child sexual abuse cases. CACs, in existence for 16 years, now have standards for membership developed by the National Children's Alliance (NCA) that include nine core components. And yet no systematic examination of the CAC model exists. The purpose of this paper was to assess the variations within these core components as they exist in the field. *Method:* Using a stratified random sampling design, 117 CAC directors were interviewed using a semi-structured interview that was based on the NCA's standards for membership. The eight core components of the CAC model examined in this study include: a child-friendly facility, a multidisciplinary team, an investigative child interview, a medical examination of the child, provision of mental health services, victim advocacy, case review, and case tracking. *Results:* Results reveal the CAC model has been widely adopted by both member and nonmember centers, although variations in implementation exist. *Conclusions:* Future developments in the CAC model must include evaluation of the model. [Author Abstract]

Lewis, O., Sargent, J., Chaffin, M., Friedrich, W. N., Cunningham, N., Cantor, P., Coffey, P. S., Villani, S., Beard, P. R., Clifft, M. A., & Greenspun, D. (2004). Progress report on the development of child abuse prevention, identification, and treatment systems in Eastern Europe. *Child Abuse & Neglect*, 28(1), 93-111.

Problem: After the Soviet Union dissolved in 1989, it became apparent that there was little recognition of the problems of child abuse and neglect, professionally, legally, or societally. There were no effective systems or laws in place to deal with these problems. *Method:* Beginning in 1995 the Children's Mental Health Alliance, in conjunction with the Open Society Institute began conducting trainings in Eastern Europe [Journal of the American Academy of Child Adolescent Psychiatry 39 (2000) 660]. Originally 18 countries from the Baltics to the Balkans participated. A program was elaborated which would proceed in several stages: (1) training mental health professionals to deal with child abuse and neglect (CAN); (2) teaching multidisciplinary team work and fostering the development of multidisciplinary NGOs focused on CAN; (3) promoting the self-sufficiency of these NGO's which would then facilitate social and legal reform and increase public awareness of the problem. Specific methods included multinational trainings, assignment of mentors to the developing teams who maintained weekly contact with the teams and made yearly site visits to their countries, and overseeing project grants from OSI. *Results:* NGO's had been established and registered in 11 countries, many establishing a network of programs within their countries. By 2000, over 3800 mental health professional had been trained, either directly by the program or by the trainees of the program. By the end of 2000, over 17,000 other professionals (lawyers, police, judges, educators, other physicians, etc.) had been trained by the network. *Conclusion:* While more work needs to be in this region, the teams in 11 countries have made solid starts. [Author Abstract]

Cantor, P., Lewis, O., & Houser, J. (2003). Trauma, uncontrollable events, and the challenge of meeting the needs of children and families. *International Journal of Mental Health*, 32(1), 54-66.

The authors describe the work of the Children's Mental Health Alliance (CMHA) in establishing community-based, mental health interventions in two diverse settings. The first setting was post-Soviet Eastern Europe, and a multiyear, multistage project was created to educate mental health and allied professionals and establish community-based, multidisciplinary teams to treat and

prevent child abuse and neglect. The second setting was post- September 11, 2001, in New York City in which CMHA conducted, in collaboration with the New York City Board of Education, a needs assessment study and went on to organize crisis training for all New York City Board of Education superintendents, district offices, and twelve school district crisis teams. CMHA subsequently went on to elaborate a model comprehensive school reform and mental health program. Lessons learned from establishing community-based intervention in these diverse settings are discussed. [Author Abstract]

Lidchi, V. G. (2003). Cross cultural transferability in child protection: Challenges and opportunities. *Child Abuse Review*, 12(4), 238-250.

The paper uses the experience of working in Bolivia in the field of child protection to discuss the usage of international contributions and cooperation in the implementation of child protection measures. The challenges and opportunities involved in the implementation of child protection policy and practice in Bolivia are discussed in the context of the realities faced in many countries of South America. The paper describes how a systemic approach was used to provoke change, to maximize the effectiveness of what resources and capabilities already existed and to promote continuing improvement in multidisciplinary cooperation. Where resources are not available for an integrated multisectorial approach dedicated to child abuse and neglect (CAN), leadership and capacity-building in this way may be used to enable practitioners to transform the challenges of implementation into opportunities for learning and better practice. [Author Abstract]

Spath, R. (2003). Child protection professionals identifying domestic violence indicators: Implications for social work education. *Journal of Social Work Education*, 39(3), 497-516.

This article presents findings from a study of three professional groups most frequently involved in child maltreatment cases: child protection social workers, district attorney social workers, and police detectives. The survey instrument examined the identification and concordance level of domestic violence indicators. Numerous research studies over the last several decades have reported a connection between domestic violence and child maltreatment within families. This

study expands on the approach used in previous studies, collecting demographic data from agency records as well as survey data on domestic violence indicators from three different child protection professionals. In particular, forensic social workers in the field of child maltreatment prosecution may identify domestic violence indicators, but forensic social workers are often not included in the research examining the co-occurrence of domestic violence in cases of child maltreatment. Analysis of the research findings suggest varying differences across the 3 groups surveyed. The article author discusses the importance of social work education in training professionals on domestic violence theories and assessment tools, and developing systems to assess for and address domestic violence issues, multidisciplinary approaches, and ethical practices for sharing client information. [Author Abstract]

Stanley, N. (2003). Initial responses to the Green Paper. *Child Abuse Review*, 12(5), 274-278.

This editorial discusses the Green Paper *Every Child Matters* (Her Majesty's Government, 2003). It recognizes that child protection work involves making high-risk decisions, often on the basis of partial or incomplete information, in situations where fear is frequently the predominant emotion. The Green Paper's discussion of alternative approaches to child protection, which includes a range of supportive interventions focused on parents and families, is insightful, but according to the author, stops short of a broader, more community-based approach. Nonetheless, *Every Child Matters* is applauded for proposing a range of multidisciplinary teams aimed at assessment and early intervention. [NCAC Abstract]

Sudderth, L. K. (2003). An uphill climb: The challenge of collaboration in response to family violence in a rural area. *Journal of Aggression, Maltreatment & Trauma*, 8(4), 17-39.

The Community Partnership Team (CPT) was created to more effectively address the problems of child sexual victimization and domestic violence in the rural, northeast corner of Connecticut. A multidisciplinary team was formed to improve collaboration between agencies serving victims of violence. Observations of meetings and confidential interviews suggested that most participants felt quite positively about the process; however, serious conflicts emerged between

agencies serving different types of victims. Results indicated that it is important to identify barriers to collaboration, to recognize and use differences to build relationships across agencies, and to maintain a formal mechanism for resolving conflict. [Author Abstract]

Bell, L. (2001). Patterns of interaction in multidisciplinary child protection teams in New Jersey. *Child Abuse & Neglect*, 25(1), 65-80.

The objective of this study was to gain an understanding of how multidisciplinary team members in child protection worked together within the team, meeting to provide assessments of, and services to, children and families. *Method:* Fifteen multidisciplinary child-protection teams in New Jersey were observed during one meeting of each team. The interaction among team members was recorded and analyzed using a structured observation method, Bales' Interaction Process Analysis. *Results:* There was a wide variation in participation among team members, with some contributing nothing to the meeting and others contributing a great deal. In some teams, participation by members was more equal than others. Some professional groups and agencies contributed very little to any meeting while others contributed a great deal to many meetings. *Conclusions:* Professionals are members of multidisciplinary teams because they are expected to contribute to the investigation of child maltreatment cases and to the planning for further work with cases. However, the findings from this study suggest that there is a considerable degree of inequality in levels of participation in multidisciplinary meetings. It is particularly noticeable that staff from the prosecutor's offices participate in every meeting and either the agency as a whole or individual members of it dominate many of the meetings. [Author Abstract]

Jacobson, M. (2001). Child sexual abuse and the multidisciplinary team approach: Contradictions in practice. *Childhood*, 8(2), 231-250.

This article uses the multidisciplinary team approach to child sexual abuse as a generative site for research and explores the ways in which shifting meanings of childhood and constructions of sexually abused children and the structuring of team practice poses problems for multidisciplinary team members. It argues that understanding child sexual abuse and developing

community-based practice approaches must be informed by broader perspectives. Linkages are drawn between the multidisciplinary team approach and the "businessing" of human services. A model of critical practice is suggested as a framework for considering new translations of practice with sexually abused children. [Author Abstract]

Bross, D. C., Ballo, N., & Korfmacher, J. (2000). Client evaluation of a consultation team on crimes against children. *Child Abuse & Neglect*, 24(1), 71-84.

Objective: Cases of child abuse filed in court as crimes against children represent a small percentage of the total numbers of children maltreated. However, studying crimes of maltreatment against children is important for individual victims and their families, and for theory and policy in order to assure that these cases are managed as well as possible. Forensic consultation teams can perform several functions related to child abuse crimes: provide multidisciplinary expertise in the evaluation of maltreatment cases, offer a method for allocating resources between cases managed by the criminal justice and child protection systems, and provide important research and teaching opportunities. This study reviews the role played by multidisciplinary team consultations based on the perception of client professionals whose agencies pay for an outside consulting forensic team. *Method:* Professionals referring to a forensic team for consultative assistance were asked to evaluate the service during telephone interviews, responding to both structured and unstructured questions. *Results:* Responding professionals (N=18) stated that the team increased their confidence that the approach being taken to a case was correct (94%), that missing expertise was provided (100%), that progress was made in cases that might otherwise not have been made (55%), and that ambiguity was reduced (in 83% of referred cases). Using the team sometimes caused delays. Some delays were unacceptable administrative delays while others were considered necessary to assure completeness of the evaluation. *Conclusion:* The use of the team did not result in resolution of all of the cases referred, but referral to the team consistently provided closure for referring professionals. In one-third of the cases studied, if it had not been for the START consultation the cases would not have proceeded to an appropriate criminal or civil resolution. [Author Abstract]

Ells, M. (2000). *Forming a multidisciplinary team to investigate child abuse*. (Portable guides to investigating child abuse. NCJ 170020). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

To promote coordination and teamwork needed to ensure such a response and minimize additional trauma to children, a growing number of jurisdictions have established multidisciplinary teams composed of professionals from law enforcement, child protective services, prosecution, medicine, counseling, and related fields. This guide explains the benefits that an MDT offers and provides advice on forming and operating an effective team. Diverse MDT models are described and keys to making the team a success, such as confidentiality policies, conflict resolution practices, and periodic review, are discussed. [NCAC Abstract]

Faller, K. C. (2000). Child sexual abuse: A case study in community collaboration. *Child Abuse & Neglect*, 24(9), 1215-1225.

Objective: This is an exploratory study that describes the process and outcomes of a Midwestern US community's approach to case management of child sexual abuse. *Method:* Data were abstracted from 323 criminal court files. Specific information gathered included child and suspect demographic data, law enforcement and CPS involvement, child disclosure patterns and caretaker responses, offender confession, offender plea, trial and child testimony information, and sentences received by offenders. Both case process and outcome variables were examined. *Results:* In this community, criminal court records reflect a sex offense confession rate of 64% and a sex offense plea rate of 70%. Only 15 cases went to trial and in six the offender was convicted. *Conclusion:* Communities can achieve successful outcomes when criminal prosecution of sexual abuse is sought, but the child's testimony is not necessarily the centerpiece of a successful case. In this study, desired outcomes were a consequence of the collaborative efforts of law enforcement, CPS, and the prosecutor's office, which resulted in a high confession and plea rate. [Author Abstract]

Mills, L., Friend, C., Conroy, K., Fleck-Henderson, A., & Krug, S., Magen, R. H., Thomas, R. L., & Trudeau, J. H. (2000). Child protection and domestic violence: Training, practice, and policy issues. *Children & Youth Services Review*, 22(5), 315-332.

This article traces the experiences of four of the five Department of Health and Human Services (DHHS) recipients who received funding to provide domestic violence training to child welfare agencies in four areas of the United States.¹ The article begins with the developing research that documents the connection between child abuse and domestic violence and explores the fertile ground for tensions between battered women and their advocates and child protective service (CPS) workers. The article also presents findings from the experiences of the DHHS funded programs, their accomplishments, and the obstacles they faced in integrating domestic violence into child welfare practice with the ultimate goal of protecting the mother-child unit. Finally, it concludes with practice and policy recommendations for researchers and practitioners who are working at the intersection of these abuses. [Author Abstract]

Wasserman, E.B. (2000). Multidisciplinary teams and child protection teams. Oklahoma City, OK: Center on Child Abuse & Neglect, University of Oklahoma Health Sciences Center.

Prepared primarily for guidance in developing services in Indian Country, this publication discusses the common goal and overlapping function of multidisciplinary teams and child protection teams. It distinguishes between multidisciplinary teams, which focus primarily on investigation and criminal prosecution of child abuse cases, and child protection teams, which focus on protecting children from maltreatment, typically through civil action, offering examples and guidance in the activities and responsibilities of each in effectively addressing the problem of child abuse within the context of local circumstances and in tribal courts. [NCAC Abstract]

Available via the Internet at <http://ccan.ouhsc.edu/nativeamerican.asp>

Wasserman, E. B., Cain, T. & Bubar, R. (2000). Children's Advocacy Centers in Indian Country. Oklahoma City, OK: Center on Child Abuse & Neglect, University of Oklahoma Health Sciences Center.

This publication describes the multidisciplinary team approach upon which Children's Advocacy Centers (CACs) are founded and discusses their implementation in Indian country. The unique needs of tribal CACs and translation of the CAC multidisciplinary model into culturally appropriate forms are among the topics addressed. [NCAC Abstract] Available via the Internet at <http://ccan.ouhsc.edu/nativeamerican.asp>

Bell, L., & Feldman, L. (1999). A comparison of multidisciplinary groups in the UK and New Jersey. *Child Abuse Review*, 8(5), 314-324.

During the past 30 years in both the United Kingdom and the United States there has been an increasing emphasis on the need for the agencies, disciplines and professions who are involved in investigating child abuse allegations and in protecting children from abuse to work together, to cooperate with each other and to coordinate their responses. One way of achieving this has been through the use of multi-disciplinary groups. This paper will describe the initial findings from a study which aimed to examine and compare the working of two such groups, namely, case conferences in the UK and multi-disciplinary teams in one state in the United States, New Jersey. The findings from the study show that while there are some similarities between the two types of multi-disciplinary groups, there are also significant differences in functions, membership, structure of meetings and chairing. However, the major difference that emerges is the more prominent role of representatives from the legal system in New Jersey's multi-disciplinary teams compared with UK case conferences. [Author Abstract]

Faller, K. C. (1999). Child abuse and divorce: Competing priorities and agendas and practical suggestions. *Journal of Aggression, Maltreatment & Trauma*, 2(2), 165-194.

This article addresses the problem of divorce situations in which there are also allegations of abuse. Its goal is to provide guidance for professionals evaluating these cases. It describes the challenges peculiar to cases where divorce and abuse allegations coexist, relevant research

findings, and potential sources of bias. The article suggests a multidisciplinary approach may be the optimal strategy for evaluating these cases. Specific guidelines for evaluation and decision-making are provided. [Author Abstract]

Lynch, M. A., & Browne, K. D. (1999). Thinking and working together to safeguard children. *Child Abuse Review*, 8(5), 297-300.

This section discusses the papers featured in volume 8 of "Child Abuse Review" in 2001 and the Guidance "Working Together to Safeguard Children," published in 1999, which seeks to reinforce the principles that the responsibility for promoting the well-being of children and protecting them from harm must be shared across all agencies and professional groups in Great Britain. The aim of the guidance is to provide a national framework upon which local child protection procedures should be built. It stresses the links with social exclusion, domestic violence, parental mental illness and substance abuse. This document also takes into account measures to prevent unsuitable people from working with children which are to be introduced in the Protection of Children Act 1999. Guidance is provided on investigating allegations of abuse by professionals, carers and volunteers, in children's homes for example, and considers perpetrators who act alone or in organized groups. The paper by Egan-Sage and Carpenter looks at a large number of referrals to a Social Service Department in the early 1990s. The second paper looks at the differences in Multidisciplinary working in Great Britain and New Jersey. [EBSCO Abstract]

Maine State Department of Human Services. Bureau of Child and Family Services Child Abuse Action Network. (1999). *Multidisciplinary decision-making model for child abuse in Maine*. 2nd ed. Augusta, ME: The Department.

Guidelines for best practices in decision-making regarding child abuse and neglect cases in Maine are outlined in this manual. The manual describes a multidisciplinary model for decisions that promote collaboration between all professionals involved with abused and neglected children, including child protective services, children's services, courts, law enforcement officials, educators, medical professionals, and mental health and domestic violence

professionals. Standards and protocols are provided for each discipline for the major points in the decision-making process (reporting, investigation, assessment and treatment, court, and prevention). The guidelines address standards for mandatory reporters, a multidisciplinary response to child abuse and neglect, testifying in court, professional burnout and survival, risk assessment, interagency cooperation agreements, conducting joint investigations, service agreements, medical diagnostic protocol, medical prevention, and the relationship between domestic violence and child protection. [CWIGL Abstract] Retrieved 2 August 2006 from the web site of the University of Southern Maine, Institute for Public Sector Innovation at <http://www.maineaan.usm.maine.edu/Manual/TOC%20Manual.htm>

Onyskiw, J. E., Harrison, M. J., Spady, D., & McConnan, L. (1999). Formative evaluation of a collaborative community-based child abuse prevention project. *Child Abuse & Neglect*, 23(11), 1069-1081.

Together for Kids is a child abuse prevention project that serves children and families in two neighboring communities in a mid-sized Canadian city. The project, a collaborative endeavor of various agencies in the health, social services, and law enforcement sectors, focuses on preventing child abuse and neglect through family support and programming. This article presents the results of a formative evaluation of the project focusing on client and team member views on project implementation. *Method:* The evaluation strategy was primarily qualitative. In-person interviews following a semistructured format were conducted with 17 clients and 10 team members by an external evaluator. In addition, a review of all client records was conducted. *Results:* The community-based approach, the multidisciplinary composition of the team, the ability to seek services when needed, the immediacy of the response time and the availability of support during stressful times were all aspects of the project that clients found beneficial. The most beneficial aspect of the project, however, was the informal support received from team members who were accepting, non-threatening, and non-judgmental. Team members found the collaborative approach made access to services easier for clients, particularly for those who were more socially isolated. *Conclusions:* Multidisciplinary, community-based models of service delivery contribute to a more effective and compassionate response to vulnerable families. Attention to the variables identified as important aspects of the project from the clients'

perspective in this evaluation may assist others in developing similar programs. [Author Abstract]

Pasqualone, G. A., & Fitzgerald, S. M. (1999). Munchausen by Proxy Syndrome: The forensic challenge of recognition, diagnosis, and reporting. *Critical Care Nursing Quarterly*, 22(1), 52-64.

Munchausen by Proxy Syndrome (MBPS) is a rare form of abuse in which a caregiver fabricates or produces symptoms of an illness in a child, elder, or disabled person. The deception is usually repeated on numerous occasions, resulting in many hospitalizations, considerable morbidity, and sometimes death. MBPS is a factitious disorder in which caregivers injure their victims in order to gain sympathy or attention for themselves. It was named after Baron Karl von Munchausen, the 18th century cavalry officer who returned home from war and told embellished tales of his adventures. MBPS is a very horrifying circumstance of abuse. Unwillingness or the inability to recognize this abuse deprives the victim of the opportunity to be shielded from future harm. There is a need for strategic protocols and a multidisciplinary approach to this baffling problem. Discussing the clinical profile of the perpetrator, the victim, and the family may help nurses distinguish medical fact from fiction. [Author Abstract]

Perlis Marx, S. (1999). Victim recantation in child sexual abuse cases: A team approach to prevention, investigation, and trial. *Journal of Aggression, Maltreatment & Trauma*, 2(2), 105-140.

This article explores the reasons for victim recantation in child sexual abuse cases, problems that surface with a recantation, and practical steps multidisciplinary professionals can take to prevent the recantation of truthful allegations. Secondly, the article discusses the roles of investigative team members in the investigation and evaluation of a victim's recantation and in the trial which may follow. Finally, the article addresses possible final outcomes of criminal court intervention and the team's role in continued support for the child. [Author Abstract]

Skaiff, L. F. (1998). Child maltreatment coordinating committees for effective service delivery. *Child Welfare*, 67(3), 217-230.

Previous research suggests the importance of multidisciplinary, interagency approaches in creating effective and efficient community service delivery systems for the prevention of child maltreatment. Despite both federal and state mandates for communitywide approaches to service coordination, however, multidisciplinary approaches have generally been untested or underutilized. This article reports a study of the most common mechanism—the community coordinating committee--and offers recommendations to help communities determine readiness for coordinating committee formation, most appropriate committee type and focus, and most effective operating conditions. [Author Abstract]

Helfer, M. E., Kempe, R. S., & Krugman, R. D. (1997). *The battered child (5th ed.)*. Chicago: University of Chicago Press.

This comprehensive volume contains chapters by professionals in such diverse fields as pediatrics, psychiatry, legal studies, and social work, offering a multidisciplinary discussion of the multidisciplinary approach to addressing the issue of child maltreatment. Part I provides an historical overview of child abuse and neglect as well as background material on the cultural, psychiatric, social, economic, and legal contexts of child maltreatment. Part II discusses the processes of assessing cases of physical, emotional, and sexual abuse and neglect from the unique perspectives of all the professionals involved, including teachers, pediatricians, and social workers. Part III describes intervention and treatment, focusing on legal issues, investigative procedures, and therapeutic processes. Part IV addresses prevention and policy issues. [NCAC Abstract]

Kolbo, J. R., & Strong, E. (1997). Multidisciplinary team approaches to the investigation and resolution of child abuse and neglect: A national survey. *Child Maltreatment*, 2(1), 61-72.

Many benefits have been attributed to multidisciplinary team (MDT) approaches used in the investigation and resolution of child abuse and neglect. Yet more than a decade has passed since

the nature and characteristics of MDTs have been examined. Findings presented in this article suggest that MDTs vary according to configuration, legislation, function, composition, and training. Current approaches are distinctive when compared with approaches found in previous national surveys. Specifically, the past 10 years have been characterized by the creation of a variety of MDT configurations, a dramatic expansion of legislation permitting or mandating MDT use, an increased diversity of MDT functions, a broader spectrum of discipline representation on MDTs, and an augmented use of training to implement and maintain MDTs. Results described here enable comparison with previous national surveys to shed light on the evolution of MDT system design and to suggest an agenda for future research. [Author Abstract]

Sheppard, D. I., & Zangrillo, P. (1996). *Improving joint investigations of child abuse: A summary report*. Washington, DC: Police Foundation.

This report examines the research conducted by the Police Foundation and American Public Welfare Association to determine how investigators from law enforcement and child protective services can improve joint investigations of child abuse. The three components of the study were: (1) national surveys to identify the types of child maltreatment cases that were most likely to be investigated jointly and to assess the benefits of and barriers to effective implementation, (2) case studies to identify approaches that facilitate joint investigations, and (3) models developed for communities to use in designing joint investigation programs. Results from the national surveys indicate that, although joint investigations of child maltreatment allegations were fairly common, there was a need for improved joint investigation programs. The authors list the ten recommendations resulting from the case studies. Three joint investigation programs models are described: one model that uses existing resources, the multidisciplinary interview center model, and the child advocacy center model. A list of joint investigation training resources is also included. [CWIGL Abstract]

Westman, J. C. (1996). The child advocacy team in child abuse and neglect matters. *Child Psychiatry & Human Development*, 26(4), 221-234.

The Child Advocacy Team is a means of counteracting the fragmentation and lack of continuity of professional and volunteer services for children and their families in child abuse and neglect cases. The experience of the University of Wisconsin Child Advocacy Service is used to illustrate the formation, operation, and efficacy of the Child Advocacy Team. [Author Abstract]

New York State Department of Social Services. (1995). *Study of multidisciplinary approaches to child abuse investigations in New York state*. Albany, NY: The Department.

This study examined the level of coordination of local, multidisciplinary child sexual abuse investigation teams in New York State. Representatives of local departments of social services (46 respondents), District Attorney's Offices (62 respondents), police (51 respondents), victim advocacy organizations (39 respondents), medical providers (35 respondents), and mental health providers (65 respondents) participated in a survey that requested information about interview process, interdisciplinary group functions, written agreements and protocols, training, and services for child victims and families. Despite state laws requiring that the Department of Social Services have an agreement regarding child abuse investigations, only 48 percent of district attorneys and 73 percent of departments of social services reported such an agreement. Joint interviews by child protective services and police are conducted all of the time in 19 percent of the counties. Fifty-eight percent of the counties reported that they conduct joint investigations most of the time. The most common reason for not conducting a joint investigation was the lack of staff available immediately. The majority of jurisdictions have an organized group of professionals that meets to coordinate investigations. Most of these groups meet monthly. Common functions include interdisciplinary coordination and information sharing. [CWIGL Abstract]

Sheppard, D. I., & Zangrillo, P. (1995). *A study to improve law enforcement - child protective services investigations of reported child maltreatment: Final report*. Washington, DC: Police Foundation.

This final report describes a research project that determined how law enforcement and child protection services (CPS) investigators can cooperate with each other to improve joint child abuse case investigations. Section 1 discusses the roles of CPS and law enforcement personnel in child abuse investigations, outlines reasons for promoting joint investigations, presents project goals, and provides an overview of the project. Section 2 explains the methodology used to conduct the law enforcement and CPS surveys, focusing on the samples, the approach to data analysis, and the subgrouping variables used in the analysis. Sections 3 and 4 present major findings from the law enforcement and CPS surveys, respectively. Findings focus on the volume and types of child maltreatment cases jointly investigated and the interagency agreements governing joint investigations. Section 5 reports on findings from a combined law enforcement-CPS survey sample. Findings deal with the types of child maltreatment cases jointly investigated and barriers to and the helpfulness of joint investigations. Section 6 describes the methodology used in the case studies research and the findings from this research. Findings are discussed in terms of the development of joint investigation programs, agreements and criteria for joint investigations, joint investigation activities, the personal attitudes and orientations of investigative staff, and investigative training. Section 7 describes the joint investigation models developed as a result of the findings of the research projects, focusing on their unique and common elements. Guidelines on planning for and implementing these joint program models are provided. Appendixes present copies of the law enforcement and CPS survey instruments, summarize individual case studies, and identify investigation training resources. [CWIGL Abstract]

Tjaden, P. G., & Anhalt, J. (1995). *The impact of joint law enforcement - child protective services investigations in child abuse cases*. Denver, CO: Center for Policy Research.

This article summarizes the findings of a study comparing the prevalence and effectiveness of independent child protective services investigations and joint law enforcement-child protective services investigations in cases of suspected child abuse. Using information extracted from child

protective services, police, and criminal court records in five jurisdictions, the study found that caseworkers and police officers conducted joint investigations in 53 percent of the 1,828 cases in the sample. Four case characteristics have significant power to predict the occurrence of a joint investigation: a law enforcement reporter; emergency medical treatment to the victim at the time of the report; allegations of serious abuse; and allegations of sexual abuse. Compared to independent investigations, joint investigations take longer and are more thorough than independent investigations. They also result in significantly more protective custody placements, perpetrator departures from the home, perpetrator confessions, victim corroborations, substantiated reports, dependency filings, and criminal prosecutions. [Author Abstract]

Deblinger, E., & Heflin, A. H. (1994). Child sexual abuse. In F. M. Dattilio & A. M. Freeman, (Eds.), *Cognitive-behavioral strategies in crisis intervention* (pp. 177-199). New York: Guilford.

This chapter is written to provide professionals with some of the information that is needed to respond effectively to the crisis of a child sexual abuse disclosure. The chapter is divided into three parts. In the first part, information is provided regarding the phenomenon of child sexual abuse, professional responses to abuse, recognition and reporting of abuse, and the subsequent investigations. In the second portion of the chapter, a guide to practice is offered, which provides suggestions for the clinician faced with assisting the child and his/her family through the crisis of a child sexual abuse disclosure. Finally, in the third section of the chapter, a case study is provided, which illustrates the process of responding to clients who are in the midst of the crisis of a disclosure of child sexual abuse. [Author Abstract]

Elliott, D. M., & Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. *Behavioral Sciences & the Law*, 12(3), 261-277.

This study examines the results of forensic evaluations of 399 children between the ages of 8 and 15 who were seen at an urban evaluation center regarding allegations of sexual abuse. Data collected included demographic, family environment, and abuse variables, outcome of a multidisciplinary forensic evaluation, and psychological distress as measured by the Trauma

Symptom Checklist for Children (TSCC; Briere, in press). Children were grouped according to the outcome of the evaluation: nonabused, abused-disclosing, and abused-nondisclosing (composed of children for whom there abused). A number of variables predicted group membership, including subject race, sex, cognitive delays, mother's belief or disbelief in the allegation, and psychological distress. Sexually abused children who disclosed abuse reported particularly high levels of distress, abused but nondisclosing children reported the lowest levels, and nonabused children reported intermediate symptom levels. The data are discussed in terms of the role of denial, maternal support, and symptomatology in forensic evaluations. [Author Abstract]

Fargason, C. A., Barnes, D., Schneider, D., & Galloway, B. W. (1994). Enhancing multi-agency collaboration in the management of child sexual abuse. *Child Abuse & Neglect*, 18(10), 859-869.

Conflict naturally occurs when multiple organizations with different mandates interact to deliver services to children who have been sexually abused. In this article, the authors review the underlying sources of conflict that impair interorganization functioning, and dysfunctional techniques used to manage such conflict. As an alternative to dysfunctional conflict management strategies, the authors develop a model for managing conflict which builds on concepts from the operations and negotiations literature. The approach the authors advocate involves the three steps of problem characterization, acknowledgement of relevant goals and interests, and negotiation when interests are in conflict. The benefit of this approach, and difficulties encountered when employing it, are discussed. [Author Abstract]

Frothingham, T. E. (1994). The British case conference in child sexual abuse: Another model for America. *Child Abuse and Neglect*, 18(1), 103-106.

In 1990, [the author] had an opportunity to observe the civic response to child sexual abuse in Leeds, England. During this time, [he] also attended the British Case Conference and found it to be a central event in the development of diagnosing and treating child abuse, especially sexual abuse. The purpose of this report is to describe this multidisciplinary, multiagency procedure that

is used throughout Britain, and to offer opinions on its strengths and weaknesses. [Author Abstract]

Pence, D., & Wilson, C. (1994). *Team investigation of child sexual abuse: The uneasy alliance*. Thousand Oaks, CA: Sage Publications.

No single agency can adequately respond to all the circumstances and needs of abused children and their caregivers. This book focuses on how to multidisciplinary teams for investigation. It examines how law enforcement officers, child protection workers, prosecutors, medical professionals, and mental health clinicians can collaborate for fact finding, child protection, and criminal prosecution. The book addresses investigative interviewing, investigative protocol, preparation for the child interview, the child interview process, corroborating interviews, and interviewing of the suspect. The practical aspects of team-building, the roles and responsibilities of the team members, and decision making processes are also discussed. [NCAC Abstract]

Pence, D., & Wilson, C. (1994). Reporting and investigating child sexual abuse. *The Future of Children*, 4(2), 70-83.

This article describes the process for reporting and investigating child sexual abuse cases. Reporting mandates are discussed, as well as several concerns and criticisms about how these are implemented. The article also discusses a number of key issues related to the investigation of claims. The authors recommend greater use of multidisciplinary investigative teams and the development of comprehensive investigative protocols. Specific controversies, such as those concerning the use of videotaping, anatomical dolls, and validation tests, are also addressed. [Author Abstract]

Goldstein, J., & Griffin, E. (1993). The use of a physician-social worker team in the evaluation of child sexual abuse. *Journal of Child Sexual Abuse*, 2(2), 85-93.

This article discusses experience establishing and implementing over a five-year period a physician social worker team for the evidentiary evaluation of child sexual abuse. As the number

of cases increases, the complexity of the cases increases as well, along with the pressures and challenges involved in performing such evaluations. A strong interdisciplinary evidentiary team assures that information pertaining to history and physical examination are linked, emphasizes healing for the child and family through comprehensive evaluation, and provides support for team members. [NCAC Abstract]

Kellogg, N. D., Chapa, M. J., Metcalf, P., Trotta, M., & Rodriguez, D. (1993). Medical/social evaluation model: A combined investigative and therapeutic approach to childhood sexual abuse. *Journal of Child Sexual Abuse*, 2(4), 1-17.

The increasing reports of childhood sexual abuse have resulted in heightened awareness and response from communities. Concomitantly, many communities have established multidisciplinary cooperation between various agencies to maximize the investigative efforts and minimize the psychological and physical trauma to the child. The degree of cooperation and collaboration between investigative entities such as physicians, child protective services, law enforcement and legal representatives and therapeutic services such as counselors, psychologists, and advocates, has varied widely. The Medical/Social Evaluation model described in this article is a merger of therapeutic (social workers) and investigative (pediatricians) efforts for victims of sexual abuse and their families. This model has resulted in significant advantages, including more comprehensive and complete information regarding the abuse, the child, and the family's reactions. Through this merger, the child's psychological processing and resolution of the abuse experience is optimized and integrated with the medical interview and examination. Such a model or variations thereof, should be considered in communities developing or implementing a multidisciplinary approach to child sexual abuse. [Author Abstract]

Ghuman, J. K. (1993). An integrated model for intervention with infants, preschool, children, and their maltreating parents. *Infant Mental Health Journal*, 14(2), 147-165.

Presents a center-based, intensive model of intervention for multiproblem, maltreating families. Service delivery systems for maltreating parents need to be comprehensive, integrated, and coordinated in order to address the ecological, developmental, and psychotherapeutic needs of

maltreating families. This article presents a center-based, intensive model of intervention for multi problem, maltreating families. The program described addresses the needs of the entire family: incorporates the evaluation and treatment of the child's, as well as the parent's, development: and provides services in a multifamily group milieu. The following interventions are integrated in the treatment approach: (1) family milieu approach. (2) assistance with functioning of the "parental ego," (3) traditional therapies, and (4) developmental-structuralist approach to parent-child interaction. Challenges encountered and solutions employed in working with maltreating families are discussed. A detailed case study is presented to illustrate the types of interventions used. [Author Abstract]

Miller, L. B., Fisher, T., & Sinclair, I. (1993). Decisions to register children as at risk of abuse. *Social Work & Social Sciences Review*, 4(2), 101-118.

This article describes research into the process by which departments in a local English authority referred children suspected of being abused. Cases were reviewed in a multidisciplinary case conference that considered possible instances of abuse and decided whether children should be placed on a child protection register. The extent to which decisions were influenced by local policies and personal opinions, rather than by an official definition of abuse, was examined. Data from 817 children referred over a 12 month period were analyzed. The authors discuss the many variables, from the characteristics of the child to organizational and procedural issues. [NCAC Abstract]

Jaudes, P. K., & Martone, M. (1992). Interdisciplinary evaluations of alleged sexual abuse cases. *Pediatrics*, 89(6 Pt 2), 1164-8.

Children who are alleged to have been sexually abused often go through grueling interrogations to relate their experiences to adults and, even then, most are not viewed as reliable sources of information. The Victim Sensitive Interviewing Program (VSIP) was initiated to decrease the number of interviews endured by a child who allegedly had been sexually abused. The program brought together the disciplines involved in the evaluation of these cases: hospital-based social worker and pediatrician, state child protective agency worker, police, and assistant state's

attorney. This team established a protocol for an investigative interview to be conducted by a team member. Pre-VSIP sexual abuse evaluations from 1985 and 1986 (38) were compared with VSIP evaluations (226) from 1987 and 1988. There was no significant difference between the two groups in relation to gender or age of victim, physical symptoms, physical findings, sexually transmitted diseases present, age of perpetrator, or length of stay in hospital. However, there were significant differences between the two groups in (1) number of interviews, 11% pre-VSIP vs 79% VSIP receiving only one interview (P less than .001); (2) number of interviewers, 24% pre-VSIP vs 88% VSIP were interviewed by only one interviewer (P less than .001); (3) indicated cases of sexual abuse, 68% pre-VSIP vs 88% VSIP (P less than .006); (4) identification of the perpetrator, 71% pre-VSIP vs 85% VSIP (P less than .035); and (5) charges pressed if perpetrator identified, 33% pre-VSIP vs 60% VSIP (P less than .010). It is concluded that interdisciplinary evaluations of alleged sexual abuse in children not only decreased the number of interviews a child must undergo but also increased the likelihood of indicated cases, identification of the perpetrator, and charges being pressed. Therefore, it is strongly recommended that interdisciplinary teams be formed to assess alleged sexual abuse in children. [Author Abstract]

Recommendations for the 21st century. (1991). *Child Abuse & Neglect*, 15(Suppl. 1), 39-50.

The recommendations of 10 working groups meeting at a conference are presented here. Five of the groups discussed the topic areas of physical and sexual abuse, and the other five groups discussed the topic areas of emotional abuse and neglect. Each of the ten groups consisted of professionals from a variety of disciplines and from a variety of geographic backgrounds. Their task was to address the discipline areas of mental health, law and law enforcement, medicine and nursing, social work, and education or prevention and community advocacy, identifying those areas in which each of these disciplines was doing well and which should be preserved into the 21st century and those areas that were not going well which should be changed, expanded or developed for the 21st century. [NCAC Abstract]

Baglow, L. J. (1990). A multidimensional model for treatment of child abuse: A framework for cooperation. *Child Abuse & Neglect*, 14(3), 387-395.

This article presents a model of child abuse treatment that allows practitioners to consider in a systematic way the problems that arise when different agencies need to work together on complex child abuse cases. The paper proposes five stages through which such cases routinely progress: interagency cross referral, joint case conference, allocation of treatment responsibilities, simultaneous treatment, and formal joint periodic reassessment. It argues that the problems at these five stages are major contributors to treatment breakdown. The clinician who analyzes the dynamics at each stage is better equipped to control the treatment process than the clinician who restricts his or her attention to dynamics that are occurring within one agency.

[Author Abstract]

Basharov, D. J. (1990). Combating child abuse: Guidelines for cooperation between law enforcement Multidisciplinary Teams in Child Abuse Interventions *and child protective services*. Washington, DC: American Enterprise Institute for Public Policy Research.

There is a growing recognition that law enforcement agencies must play a crucial role in protecting abused and neglected children. At the same time, there is uncertainty about the best way for law enforcement agencies to use their legal powers and operational capabilities to protect endangered children. This report describes how law enforcement agencies and child protective services can cooperate in community child protection efforts. [NCAC Abstract]

Kays, D. E. (1990). Coordination of child sexual abuse programs. In M. Rothery & G. Cameron (Eds.), *Child maltreatment: Expanding our concept of helping* (pp.247-257). Mahwah, NJ: Lawrence Erlbaum Associates.

Responding to a problem of the magnitude of child sexual abuse demands the effort and energy of many agencies that have a responsibility for abused children and their families. It requires the cooperative and coordinated approach of child welfare services, medical services, mental health services, the police, the court system, and the educational systems. Although professionals agree that no one agency has all the answers, it is equally clear that these agencies at times have difficulty developing the necessary coordination. Agencies are reluctant to work together, and

when they attempt to do so, differing philosophies and professional attitudes about the problem compound the difficulties of their task. This chapter discusses the types of difficulties that may be encountered and the need for effective collaboration. [NCAC Abstract]

Rogan, M. S. (1990). The multidisciplinary team approach to child abuse and neglect. In S.M. Stith & M. Williams (Eds.), *Violence hits home: Comprehensive treatment approaches to domestic violence* (pp. 105-114). New York: Springer.

This chapter presents a history of the multidisciplinary team approach to child abuse and neglect beginning with the Child Abuse Prevention and Treatment Act of 1974, which created the National Center on Child Abuse and Neglect. Multidisciplinary teams were developed as a means coordinating services, sharing professional knowledge, improving services to the family, supporting casework staff, and helping resolve problems that arise. The chapter describes the selection and roles of team members and the team coordinator, and issues of confidentiality, case referral, and evaluation. A brief scenario is included that illustrates a typical child sexual abuse team meeting. [NCAC Abstract]

Sullivan, R., & Clancy, T. (1990). An experimental evaluation of interdisciplinary training in intervention with sexually abused adolescents. *Health & Social Work, 15*(3), 207-214.

In recent years, the problem of child sexual abuse has dramatically challenged the capacity of any single profession or agency to intervene effectively in this complex medical, legal, and social problem. Frequently, both civil and criminal jurisdictions are invoked when reports of child sexual abuse are filed. Protective services, public health, and law enforcement authorities may all be involved from the earliest stages of an investigation to determine the child victim's need for protection, to meet medical and psychosocial treatment needs, and to establish the elements of a crime. Experts consistently affirm the importance of interdisciplinary collaboration in responding to child abuse. Shared training among the professionals who provide services to the same population is one means of enhancing collaboration and coordinated approaches to intervention. Interdisciplinary training was found to enhance requisite skills in this area. The experimental evaluation of a brief, state-wide, in-service training program found significant improvement in

posttest knowledge of relevant indicators and interviewing skills and an increase in the number of cases identified and reported. [NCAC Abstract]

Vondra, J. I. (1990). Sociological and ecological factors. In R. T. Ammerman & M. Hersen (Eds.), *Children at risk: An evaluation of factors contributing to child abuse and neglect* (pp. 149-170). NY: Springer.

This book chapter discusses the “ecology” of child abuse – the multiple factors that contribute to dysfunctional parenting, the pattern of chronic emotional maltreatment and neglect of the emotional and physical needs of the developing infant, child or teen. The author elaborates on the etiology of maltreatment as an interaction of individual and environmental characteristics, and proposes that a full range of services is required to address the diverse problems and needs in order to assure child safety and help the family become more effective. [NCAC Abstract]

Lazlo, A. T., & Romano, L. J. (1989). *Child sexual assault: confronting the crisis*. Alexandria, VA: National Sheriffs' Association, Research and Development Division.

This is a two-document set that addresses child sexual abuse in child care settings. Volume 1 in the set describes the national model reporting and investigation guidelines for child sexual assault in out-of-home child care setting. Volume 2 is a trainers' guide for multidisciplinary team investigations of child sexual assault in out-of-home child care settings. [NCAC Abstract]

Smith, B. E. (1989). The multidisciplinary team approach to investigating out-of-home child sexual abuse cases. *Response to the Victimization of Women & Children*, 12(3), 10-12.

This article presents findings from a study of six multidisciplinary child sexual abuse teams in US cities. Based upon site visits and interviews with team members (including police, prosecutors, and child protection staff), the article describes different types of multidisciplinary team approaches for child sexual abuse cases. [NCAC Abstract]

Bross, D. C., Krugman, R. D., Lenherr, M. R., Rosenberg, D. A., & Schmitt, B. D. (Eds.). (1988). *The new child protection team handbook*. New York: Garland.

This substantial volume, updated twice since its initial publication in 1978, collects chapters by the authors and many other experts on issues and practices pertaining to developing and sustaining effective multidisciplinary teams for child protection work. Principal subjects of discussion include organization of teams in hospitals, cities and rural areas; diagnostic tasks in cases of sexual and physical abuse, as well as family functioning; the relationship and function of teams in the legal system; and specialized teams. [NCAC Abstract]

Deveney, W. J. (1988). *A likely story: Practical reasoning in multidisciplinary team investigations of child sexual abuse cases*. Doctoral dissertation. Boston, MA: Boston University. (May be ordered from University Microfilms, UMI No. 8810908)

This is a study of the social construction of the 'facts' of child sexual abuse by members of multidisciplinary investigation teams. The study identifies the methods used by attorneys, caseworkers, therapists, and other parties to produce and interpret case data, and otherwise 'reasonthrough' their decisions to substantiate (confirm) and prosecute sexual abuse cases. The study describes the situated interactions and conventions of discourse through which investigations are accomplished. The primary data are transcribed conversations between members of multidisciplinary teams as they discuss case referrals, interview child victims, make decisions about the protective and legal status of the case, and present their findings to parents or guardians. The secondary data are 'official' documents (statutes, regulations, proposals, and policy manuals) that authorize and otherwise structure team interventions. The analysis draws on various communication paradigms, but the basic approach is that of ethnomethodology. The study examines in some detail the background codes, or 'knowledge structures', that derive from the political economy of child welfare and that members use as interpretive resources for assigning meaning during case investigations. In describing the discursive form of each stage of case assembly, the study also identifies members methods for categorizing motives and actions, establishing the child's credibility as a witness, and preserving a 'trouble free' legal account. [Author Abstract]

Gwynn, P. (1988). Investigating child abuse: The Bexley project. *Issues in Criminological & Legal Psychology*, 13, 62-66.

This article discusses the efforts of the Metropolitan Police and the London Borough of Bexley Social Services to develop joint investigation procedures of sexual abuse. Techniques described include the use of sexually accurate dolls, and the use of video-taping of interviews with victimized children. The author concludes that the procedures and techniques used appear to be effective. [NCAC Abstract]

Hall, N. (1988). Working with parents who abuse their children: An interdisciplinary approach in a multiethnic society. *AEP (Association of Educational Psychologists)*, 4(3), 131-140.

The author presents a model of assessment and intervention in which a multidisciplinary team can better understand and address abusive parenting. This behavioral approach, which incorporates some cognitive therapies and family therapies, aims at development of a permanent plan for abused children that maintains the family unit if possible. Includes discussion of diversity issues. [NCAC Abstract]

Causby, A., Barber, S., & Sharpe, L. (1987). Initial investigation of sexual abuse. *Adoption & Fostering*, 11(1), 18-19.

This article proposes an initial strategy meeting in addition to usual child sex abuse investigation procedures as a way of reducing confusion and tension among professionals, minimizing conflict for the child, and thus improving the investigation process. Multidisciplinary strategy meetings, involving a social worker, police officers, and perhaps other professionals, are more likely to reveal the needs of the child and the family, and lead make for more effective interventions. [NCAC Abstract]

Duncan, L. (1987). The preparation of counselors to treat sexual abuse. *TACD Journal*, 15(1), 61-69.

The author proposes a multi-agency community approach, involving law enforcement and educational, mental health, and child protection services, is necessary to address child abuse. The article discusses issues related to courtroom testimony and the need for a clear definition of child abuse. It also defines behaviors and causation, and considers the dynamics of inducement, sexual interaction, secrecy, disclosure, and family denial. [NCAC Abstract]

Lyon, E., & Kouloumpos-Lenares, K. (1987). Clinician and state children's services worker collaboration in treating sexual abuse. *Child Welfare*, 66(6), 517-527.

This article discusses the successes and difficulties encountered during a three year collaborative effort among clinicians and state child services personnel treating child victims of sexual abuse. The authors summarize the characteristics of the victims (e.g., 73% were less than 12 yrs old, 79% were female) and the treatment they received. It is suggested that the diverse needs of sexually abused children and their families would be most effectively met through a community-based interagency team. [NCAC Abstract]

Pawl, J. H. (1987). Infant mental health and child abuse and neglect: Reflections from an infant mental practitioner. *Zero to Three*, 7(4), 1-9.

Based on case studies that illustrate the experiences of an infant-parent program, its collaboration with the Department of Social Services, and the problems faced by both social service departments and the legal system in attempting to protect children, the author concludes that formal dialogue is needed between the professionals involved in infant mental health, judicial procedure, and child abuse to better integrate the disciplines, to clarify professional roles, and to help establish clearer presentation of the issues to the courts. [NCAC Abstract]

Small, R. H. (1987). Psychiatric consultation to community-based military child protection teams. *Military Medicine*, 152(5), 223-227.

This article proposes that a multidisciplinary child protection team (CPT) composed of health care specialists, legal authorities, and representatives from community social service agencies, is one of the most important ways for improving child maltreatment assessment and intervention in both civilian and military settings. Issues related to personnel, services and resources often present obstacles for communities. The author suggests that psychiatric consultation can aid community-based military CPTs. [NCAC Abstract]

Wagner, W. G. (1987). Child sexual abuse: A multidisciplinary approach to case management. *Journal of Counseling & Development*, 65(8), 435- 439.

Treatment for child victims of sexual abuse is a complex and sometimes lengthy process involving members of numerous social service agencies. Coordination of services can be accomplished through the use of a multidisciplinary team approach to case management. The author provides information about the roles of various team members as well as suggestions for organizing a child sexual abuse multidisciplinary team. In this article I describe the role and function of various team members, particularly those in disciplines outside of the counseling profession. Recommendations are made regarding the formation professionals will adopt the approach in their work with sexually abused children. [Author Abstract]

Cramer, R. E. (1986). A community approach to child sexual abuse: The role of the office of the district attorney. *Response to the Victimization of Women & Children*, 9(4), 10-13.

The operation at the District Attorney's Office in Madison County, Alabama, is described as a model of a community approach to the problem of child sexual abuse. Nearly 50 percent of such cases are referred for prosecution in Madison County and nearly 100 percent of these result in guilty pleas or convictions. Monthly review meetings between the prosecutor's office and child protective services are a key component of the program. Another essential is the Children's Advocacy Center. At the Center, trained professionals representing protective services and law enforcement conduct interviews with the children. The Center is decorated to appeal to the child

and is equipped for videotaping interviews. If appropriate, therapy can be initiated at the Center. Any introduction of a child to a professional occurs at the Center. Each case has a victim-witness coordinator from the District Attorney's Office to provide consistency and coherent case management. This approach has been so successful that it has been replicated in 20 other communities. [CWIGL Abstract]

Byles, J. A. (1985). Problems in interagency collaboration: Lessons from a project that failed. *Child Abuse & Neglect*, 9(4), 549-554.

Several institutions (e.g., child welfare, police, court, health, education, social service) are necessarily involved in the management of child abuse in all communities. The need for better cooperation among them has been acknowledged; inquests into child deaths resulting from abuse have often attributed some blame to faulty communication and/or poor cooperation between the institutions. The Community Child Abuse Team (CCAT) Project was designed by these same institutions in Hamilton, Ontario to maximize interagency collaboration. The hypothesis, that this "interagency collaboration" model would provide more efficient and effective services to abused children and their families, was never tested. During its 30 months of operation the CCAT program never materialized as planned and funding was terminated. This paper describes selected problems and issues that arose during the struggle to implement the project. The central problematic issue was control. Those responsible for the project lacked the power to insist that the design be adhered to during the initial stage. [Author Abstract]

Cramer, R. E. (1985). The district attorney as a mobilizer in a community approach to child sexual abuse. *University of Miami Law Review*, 40, 209-216.

Although child sexual abuse is not a new problem, until recently, prosecutors had not examined its complex relationship to the criminal justice system. It is a problem that requires a shift in the way the criminal justice system responds to child sexual abuse and the way it interacts with other systems. As the chief law enforcement officers in their communities, prosecutors are in an excellent position to mobilize agencies and professionals to make needed changes and to encourage implementation of a multidisciplinary approach to the problem. A task force convened

to address the problem formed a multidisciplinary, child-focused program – the Children’s Advocacy Center. [NCAC Abstract]

Gordon, G. (1985). Multi-disciplinary approach to family growth. *Early Child Development & Care*, 22(1), 37-52.

Describes the outreach services of an urban family health and social service organization catering to lowincome young childbearing families in East Harlem, New York. Using an innovative multidisciplinary model, the organization's primary emphasis is on working with families in their own homes and eventually moving out into the community. [Author Abstract]

Hochstadt, N., & Harwicke, N. J. (1985). How effective is the multidisciplinary approach? A follow-up study. *Child Abuse & Neglect*, 9(3), 365-372.

The multidisciplinary approach to diagnose, evaluate, and plan the treatment of victims of child abuse and neglect has been widely advocated and adopted by hospitals and community-based protective service teams. Despite the increasing prevalence of this approach, few if any studies have looked at its effectiveness. In the current study the effectiveness of the multidisciplinary approach was assessed by looking at the number of recommended services obtained by a sample of 180 children one year after evaluation by a multidisciplinary team. The results indicate that a large percentage of services recommended by the multidisciplinary team were obtained. This compares with the very low probability of service acquisition reported in samples of abused and neglected children identified by CPS teams but not having access to a multidisciplinary evaluation. The multidisciplinary team plays a central role in acquiring the services needed to reduce the deficits and sequelae suffered by the victims of child abuse and neglect. [Author Abstract]

Johnson, C. F. (1985). Medical aspects of child abuse and neglect. In C. M. Mouzakitis, & R. Barghese (Eds.), *Social work treatment with abuse neglected children* (pp. 127-147). Springfield, IL: Charles C. Thomas Pub.

This chapter discusses the physician's role in determining whether child maltreatment has occurred. It follows the diagnostic process within the context of medical risk factors for abuse, and it considers the complex issues involved in differentiating organic from nonorganic child maltreatment conditions. The author explains the need for cooperation among health, social services, and other professionals in addressing the issues. [NCAC Abstract]

Mouzakitis, C. M., & Goldstein, S. C. (1985). A multidisciplinary approach to treating child neglect. *Social Casework*, 66(4), 218-224.

Although the multidisciplinary team approach is useful in treating child abuse and neglect, it is underutilized in the first instance and rarely employed in the second. The authors discuss the rationale, process, function, and effectiveness of such a team in dealing with child neglect.

[Author Abstract]

Total, N. L., & Wilson-Coker, P. (1985). The use of interdisciplinary teams. In C.M. Mouzakitis, & R. Varghese (Eds.), *Social work treatment with abused and neglected children* (pp. 320-340). Springfield, IL: Charles C. Thomas Pub.

This chapter discusses the role of interdisciplinary teams in addressing child abuse and neglect cases, describes the membership and functioning of interdisciplinary teams as appropriate to their setting, and explains some of the difficulties that can undermine the team's effectiveness.

[NCAC Abstract]

Kovitz, K. E., Dougan, P., Riese, R. & Brummitt, J. R. (1984). Multidisciplinary team functioning. *Child Abuse & Neglect*, 8(3), 353-360.

This paper advocates the need to move beyond interdisciplinary team composition as a minimum criterion for multidisciplinary functioning in child abuse treatment. Recent developments within the field reflect the practice of shared professional responsibility for detection, case management

and treatment. Adherence to this particular model for intervention requires cooperative service planning and implementation as task related functions. Implicitly, this model also carries the potential to incorporate the supportive functioning essential to effective group process. However, explicit attention to the dynamics and process of small groups has been neglected in prescriptive accounts of multidisciplinary child abuse team organization. The present paper therefore focuses upon the maintenance and enhancement aspects of multidisciplinary group functioning. First, the development and philosophy of service for the Alberta Children's Hospital Child Abuse Program are reviewed. Second, composition of the team, its mandate for service, and the population it serves are briefly described. Third, the conceptual framework within which the program functions is outlined. Strategies for effective group functioning are presented and the difficulties encountered with this model are highlighted. Finally, recommendations are offered for planning and implementing a multidisciplinary child abuse team and for maintaining its effective group functioning. [Author Abstract]

Rotatori, A. F., Steckler, S., Fox, R., & Green, H. (1984). A multidisciplinary approach to assessing the abused youngster. *Early Child Development & Care*, 14(1-2), 93-108.

This article discusses issues related to assessment in child abuse cases and outlines a multidisciplinary approach for gathering information from a variety of professionals. It posits that the information should be aggregated by one person, who would devise the appropriate response for the child. The authors review techniques for gathering the various types of useful information, including social, medical, educational, intellectual, and personality data, and for developing interventions based upon that information. [NCAC Abstract]

Pelton, C. L. (1983). Family protection team. *Conciliation Courts Review*, 21(1), 87-94.

This article discusses the need for a coordinated multidisciplinary team in every community comprised of medical, social service, legal, mental health and court personnel. They must be prepared to formulate ideas, educate and share ideas across interagency boundaries so as to best insure and protect the family, while assuring individual and family need treatment. The article

describes a rural team organized with these criteria, through the combined efforts of several agencies and professionals, for the purpose of assisting in the process of reporting, investigating, prosecuting, treating and preventing family violence, particularly child abuse and neglect.

[NCAC Abstract]

Ayoub, C., & Jacewitz, M. (1982). Families at risk of poor parenting: A model for service delivery, assessment, and intervention. *Child Abuse & Neglect*, 6(3), 351-358.

The At Risk Parent Child Program is a multidisciplinary network agency designed for the secondary prevention of poor parenting and the extremes of child abuse and neglect. This model system of service delivery emphasizes (1) the coordination of existing community resources to access a target population of families at risk of parenting problems, (2) the provision of multiple special services in a neutral location (ambulatory pediatric clinic), and (3) the importance of intensive individual contact with a clinical professional who serves as primary therapist, social advocate and service coordinator for client families. Identification and assessment of families is best done during prenatal and perinatal periods. Both formal and informal procedures for screening for risk factors are described, and a simple set of at risk criteria for use by hospital nursing staff is provided. Preventive intervention strategies include special medical, psychological, social and developmental services, offered in an inpatient; outpatient, or in-home setting. Matching family needs to modality and setting of treatment is a major program concern. All direct services to at risk families are supplied by professionals employed within existing local agencies (hospital, public health department, state guidance center, and medical school pediatric clinic). Multiple agency involvement allows a broad-based screening capacity which allows thousands of families routine access to program services. The administrative center of the network stands as an independent, community funded core which coordinates and monitors direct clinical services, and provides local political advocacy for families at risk of parenting problems. [Author Abstract]

Ayoub, C., & Jacewitz, M. (1982). Families at risk of poor parenting: A descriptive study of sixty at risk families in a model prevention program. *Child Abuse & Neglect*, 6(4), 413-422.

Sixty families assessed to be at risk of poor parenting were the subject of this study. These families were participants in a model multidisciplinary program designed for the secondary prevention of poor parenting and the extremes of child abuse and neglect. The model program consists of special medical, psychological, social and developmental services to families on an inpatient, outpatient, and in home basis. Demographic information on these 60 families was tabulated. Each family was given a monthly rating on a simple measure of family function. Ratings over time were observed, and families were characterized in terms of a family rating vector (up, up-plateau, plateau, fluctuating, and down). Families were also described in terms of the constellation of problems brought to the therapy situation. Problem lists for each family were subjected to factor analysis. Five factor constructs which made clinical sense emerged from the analysis. Each factor could be labeled as a "family type." These types were: (I) Abusive Family, (II) Neglectful or Antisocial Family. (III) Family with an Emotionally Unstable Parent, (IV) Family with Cultural or Intellectual Limitation, and (V) Family with Child-Rearing Difficulties. Approximately 20% of these families did not fit the typology. Families were then divided into two groups--those who were relatively long-term, ongoing recipients of services, and those who left the program in the observation interval. Families were categorized according to family function rating vector and "family type." It was noted among long-term families, measured improvement in family function was most evident in families with transient situational crisis (who did not fit the typology) and those with intellectual and cultural deficits (Type IV). Among the families who dropped from the program, 15% were no longer at risk. Sixty-three percent of the remaining families were not improving. These techniques may be useful in determining which at risk families are more successful candidates for prevention efforts. [Author Abstract]

Anderson, L. M., & Shafer, G. (1979). The character disordered family: A community treatment model for family sexual abuse. *American Journal of Orthopsychiatry*, 49(3), 436-445.

A collaborative approach to treating sexually abusive families is described, in which such families are viewed as analogous to "character-disordered" individuals. This model, unlike

traditional voluntary treatment models, assumes that effective intervention requires authoritative control and careful coordination of all professional activity. Phases of treatment are outlined and a case history is presented. [Author Abstract]

Houston, T. R. (1977). Special analysis study: Multidisciplinary teams in child abuse and neglect prevention programs.

The composition, size, and function of 15 multidisciplinary teams providing comprehensive prevention and treatment services in child abuse and neglect were studied at centers designated for demonstration of such services by NCCAN. Social work, mental health services, medicine, nursing, law, and homemaking were disciplines most often represented. Unit cost indicators showed the cost efficiency of such teams to be impressive. Advantages of multidisciplinary teams appeared to outweigh operational problems in their use. A broad spectrum of prevention and treatment strategies can be provided by multidisciplinary teams. [CWIGL Abstract]

Elkind, J. S., Berson, A. & Edwin, D. (1977). Current realities haunting advocates of abused children. *Social Casework*, 58(9), 527-531.

This article describes a team approach to dealing with child abuse by organizing, maintaining, and coordinating the various required professional services. Communication and collaboration among agencies and professionals may be undermined by misconceptions and unfamiliarity with the perspectives and activities of others. The authors recommend a single agency responsible for primary treatment, which would coordinate the services of all other involved agencies. [NCAC Abstract]

Fontana, V. J. (1976). Child abuse in megalopolis. *New York State Journal of Medicine*, 76(11), 1799-1802.

This article discusses an interdisciplinary approach to child abuse in disadvantaged populations of large cities. Environmental factors such as strains created by social and/or cultural deprivation, depression, and anger are seen as contributing to child maltreatment. It is the

responsibility of the health care system to provide services that enable parents to provide sufficient care for normal growth and development of children. This responsibility is compromised by funding problems. The program described includes (a) a multidisciplinary team of professionals and nonprofessionals; (b) surrogate mothers or lay therapists; (c) a hotline service for crises; (d) in resident facilities for mothers and children; (e) a Halfway House; and (f) an out-patient program. [NCAC Abstract]

Fontana, V. J., & Robison, E. (1976). A multidisciplinary approach to the treatment of child abuse. *Pediatrics*, 57(5), 760-764.

A multidisciplinary team of professionals and paraprofessionals provides an innovative therapeutic approach for the treatment of child abuse and neglect among a deprived and disadvantaged population of abusing mothers. The therapeutic approach stresses residential care for mother and child, behavior modification through corrective child care experiences, personality modifications through individual and group therapy, and environmental and social changes through staff assistance and education. [Author Abstract]

Wolkenstein, A. S. (1976). Evolution of a program for the management of child abuse. *Social Casework*, 57(5), 309-316.

An analysis of the program of the Advisory Committee on Child Welfare of Milwaukee Children's Hospital provides the basis for a discussion of community management and legal determinations involved with child abuse and neglect. Three categories of the phenomenon are characteristically seen: (1) conditions that definitely indicate child battering, severe neglect, or failure to thrive; (2) suspected abuse; and (3) undetermined cases in which there is a conflict between the parent's right to discipline and the child's right to be cared for properly. Increasing recognition of the child abuse problem prompted establishment of a committee to develop policies and coordinate action in dealing with child abuse cases at the Milwaukee Children's Hospital in 1965. The Committee has grown over the years and now serves not only as a coordinating and referral agency for physicians of the Hospital, but also provides diagnostic evaluation and therapy programming for the cases referred to it, and works closely with the

courts, protective services, and other agencies involved with the cases. A child is kept in his own home if at all possible. A legal determination with medical involvement through a committee such as the Advisory Committee of Milwaukee Children's Hospital should come before psychosocial assessment. A community should have specialized units and programs for child abuse and neglect, and consideration should be made for the channeling of cases into a family court. Appointment of a guardian ad litem for the child should be considered. An overall coordinating counsel position should be established to monitor the programs and financing should be allocated only to programs which will meet the need for combined community activity. [CWIGL Abstract]

Paulson, M. J. (1975). Child trauma intervention: A community response to family violence. *Journal of Clinical Child Psychology*, 4(3), 26-29.

This article examines a number of treatment modalities and proposes action plans for early identification and treatment of high risk and abusive parents. An integrated, multidisciplinary, community based program for intervention and treatment must involve law enforcement agencies and the courts, as well as a multi-agency regional center to deploy community resources, including educational and training programs for professionals and paraprofessionals, classes on parenting for high-risk families, and therapeutic services for children and parents.

[NCAC Abstract]

Barnes, G. B., Chabon, R., & Hertzberg, L. (1974). Team treatment for abusive families. *Social Casework*, 55(10), 600-611.

The Sinai Hospital (Baltimore) Child Abuse Team consists of 2 full-time community aides, a half-time nurse, a consulting pediatrician, a consulting psychiatrist, a full-time social worker, and a full-time secretary. The community aides are paraprofessionals who play key roles with referred families. They function as empathetic listeners and behavior models to the abusive parents. The social worker is the team coordinator and primary therapist for family members as well as supervisor and liaison person with community agencies and the juvenile court system.

The pediatrician provides medical evaluation and care, and the psychiatrist provides consultation

to the social worker and defines the psychodynamics of each family at the start of treatment. Two cases illustrative of the team's functioning are presented. The team is deemed to function well, but is limited by financial shortages. [Author Abstract]

Chabon, R. S. Barnes, G. B., & Hertzberg, L. J. (1973). The problem of child abuse: A community hospital approach. *Maryland State Medical Journal*, 22(10), 50-55.

After a review of the history of child abuse and an outline of the general medical aspects of the problem, the Sinai Hospital Child Abuse Program in Baltimore is described. Development of the program grew out of reduced effectiveness of public agencies to handle the problem, and from the desire to provide therapeutic care for the children and their families rather than being involved in investigatory and custodial areas. The multidisciplinary approach is used, with a team consisting of a pediatrician, social worker, nurse, psychiatrist, and community aide. The role of the aide is to act as a good friend and behavioral model for the abusive parents. The worker is the administrative coordinator, the family therapist for the parent(s), and supervisor for the aide. The pediatrician is the medical evaluator, and the nurse functions as a liaison with various clinics and social agencies. The psychiatrist provides consultation to the worker, interviews the parents, and evaluates the psychodynamics of the situation. In 30 families for which the team has provided services the potential for child abuse was deemed markedly reduced particularly as no further incidents of abuse had occurred. Further expansion of the project is anticipated. [Author Abstract]