

Report for the Royal Commission into
Institutional Responses to Child Sexual Abuse

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A SYSTEMATIC REVIEW OF THE EFFICACY OF SPECIALIST POLICE INVESTIGATIVE UNITS IN RESPONDING TO CHILD SEXUAL ABUSE

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**A systematic review of the efficacy of specialist
police investigative units in responding to
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**Royal Commission into Institutional Responses to
Child Sexual Abuse**

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Preface

On Friday, 11 January 2013, the Governor-General appointed a six-member Royal Commission to inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse.

The Royal Commission is tasked with investigating where systems have failed to protect children, and making recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.

The Royal Commission has developed a comprehensive research program to support its work, and to inform its findings and recommendations. The program focuses on eight themes:

1. Why does child sexual abuse occur in institutions?
2. How can child sexual abuse in institutions be prevented?
3. How can child sexual abuse be better identified?
4. How should institutions respond when child sexual abuse has occurred?
5. How should government and statutory authorities respond?
6. What are the treatment and support needs of victims/survivors and their families?
7. What is the history of particular institutions of interest?
8. How do we ensure the Royal Commission has a positive impact?

This research report falls within themes five and six.

The research program means the Royal Commission can:

- obtain relevant background information
- fill key evidence gaps
- explore what is known and what works
- develop recommendations that are informed by evidence, can be implemented, and respond to contemporary issues.

For more on this program, visit www.childabuseroyalcommission.gov.au/research.

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Glossary

Specialist units

| Acronym | Specialist unit |
|-----------|---|
| CAC | Child Advocacy Center (USA) |
| CAAC | Child Abuse Assessment Center (USA) |
| CJC | Children's Justice Centre |
| CPS | Child protection services |
| CPU | Child Protection Unit |
| ISVA | Independent sexual violence advisor |
| JIRT | Joint Investigative Response Team |
| RIU | Rape Investigation Unit |
| SART | Sexual Assault Response Team |
| SIT | Sapphire Investigation Team |
| SOCIT-MDC | Sexual Offence and Child Abuse Investigation Team Multi-Disciplinary Centre |
| SOIT | Sexual Offence Investigation Officer |
| STOP | STOP Violence Against Women |

Other terms

| Term | Definition |
|---|--|
| Historical complaint | An adult reporting childhood sexual abuse. |
| Police-only specialist unit | A unit where police officers are co-located to perform the primary role of investigating sexual abuse or assault. |
| Joint-investigation specialist response | A unit where police and child protection officers are co-located to perform the primary role of investigating sexual abuse or assault. |
| Multi-agency centre | A unit where police and at least two other agencies are co-located to perform the primary role of providing a co-ordinated response to sexual abuse or assault. The combination of agencies varies in each centre but may include child protection, counselling, medical and forensic, child interviewing, victim advocate and prosecution services. |
| Substantiated | When allegations of abuse are confirmed or supported by evidence sufficient for statutory intervention by CPS. |
| Generalisability | Refers to the extent to which study findings can be extended to other circumstances (for example, to other jurisdictions or models of specialist units). |

Executive summary

Aim of the review

Investigating allegations of sexual abuse against children is a highly complex task that requires a specialist response from police. One way policing organisations have responded to this need is to establish specialist investigative units, where a team of police officers are co-located, sometimes with other agencies, to perform the primary role of investigating sexual abuse cases. Given the influx of these units, it is prudent to critically evaluate their efficacy to determine whether this is the best and most cost-effective response for victims of child sexual abuse. To date, no one has conducted a systematic and holistic review of the efficacy of this system.

This report was commissioned by Australia's Royal Commission into Institutional Responses to Child Sexual Abuse, to provide a comprehensive, systematic review of the international literature, critically evaluating:

- what is known about the efficacy of specialist police investigative units compared to traditional responses
- what features of specialist units might determine their effectiveness.

Review method

The scope of the review included police specialist investigative units that respond to child complainants of sexual abuse and, given that many complainants do not report childhood sexual abuse until they are adults, those units that respond to adults reporting past sexual assault committed against them. It began with a systematic review of academic and grey literature on specialist unit responses to sexual abuse from English-speaking countries. A search of online databases resulted in a total of 27 articles that met the inclusion criteria for the systematic review. The sample included 16 articles that directly compare specialist units and traditional responses, and 11 articles without a direct comparison. Altogether, the 27 articles related to 11 different specialist units from Australia, the United Kingdom and the USA.

Key findings

Overall, 23 out of 27 evaluations of the specialist investigative units found that these units resulted in a more effective police response than traditional approaches. This improvement was reflected in the four main categories measured in these evaluations: victim satisfaction, professional stakeholder satisfaction, investigative process and investigation outcomes. Special units either improved outcomes in these measures or left them unchanged (that is, they did not have negative consequences).

Inadequacies in the design of these evaluations made it difficult to draw clear conclusions about the efficacy of specialist units. The direct comparison studies only related to four of the 11 different specialist units, all of which were multi-agency centres. This small number makes it impossible to delineate which features of the specialist units make them more or less effective. The features of each unit and the measures of each evaluation varied: some involved multi-agency responses while

others involved a police-only specialist response; there were different levels of training, types of co-location, and referral processes.

Victim satisfaction

Qualitative surveys and interviews with adult victims and the families of child victims suggest that these participants were more satisfied with a specialist unit than a traditional response. Studies examining child satisfaction are too few to draw any conclusions about this group. The specialist units recorded higher victim participation levels compared to traditional responses, but findings as to how this affected reporting rates to police were unclear. Positive results from specialist unit involvement included the victim feeling valued by police, having greater privacy and having improved access to services. However, some victims were still concerned about negative police attitudes and lengthy delays in investigations.

Professional stakeholder satisfaction

Qualitative surveys and interviews suggest that professional stakeholders strongly support specialist units as opposed to a more traditional response. Professional stakeholders mostly cited improved response effectiveness and increased job satisfaction as the main benefits. They supported the need to co-locate agencies and a deliver service by way of a collaborative approach between agencies.

Investigative process

Cases involving specialist units reported higher rates of police, Child Protective Services (CPS) and medical service involvement compared to cases dealt with via traditional responses. The extent of delays in investigation times did not change, but professional stakeholders suggested that specialist unit involvement improved the timeliness and ease with which victims were able to access services. There is insufficient research to conclusively determine the influence of specialist units on the quality of investigation.

Investigation outcomes

Specialist units recorded higher arrest rates and numbers of charges compared to traditional responses. However, there was not enough evidence to draw any conclusions about how specialist units influence prosecution and conviction rates, or sentence length.

Challenges

Across all studies reviewed, four common themes consistently arose regarding the challenges inhibiting the effectiveness of specialist units: (1) insufficient resources (including staffing) to meet the high workload; (2) inadequate quality of leadership, management and personnel; (3) insufficient training for unit staff; and (4) ineffective multi-agency collaboration.

Conclusion

This systematic review provides an evidence base to suggest that specialist units, especially in the form of multi-agency centres, can improve police responsiveness to complainants who allege child sexual abuse. However, a more systematic and

robust evaluation of the efficacy of specialist units is required to determine the extent to which they improve the quality of investigations and prosecutions in these cases, and to identify the features that make these units effective.

1. Introduction

Police who investigate allegations of sexual abuse against children need specialist skills to effectively perform this highly complex task. Their investigations are often hampered by a scarcity of evidence, especially due to the absence of independent eyewitnesses and physical evidence.¹ Police therefore need a high level of skill in optimising all evidence-gathering opportunities, including the skills to elicit the most detailed, reliable and evidentially relevant account from the main source of evidence: the complainant.²

Police must also have the skills required to address the multi-faceted needs of the child and adult complainants of the abuse, whether these needs are pre-existing (for example, the developmental and linguistic needs of children) or resulting from the abuse (for example, the long-term impacts of the offending on an adult's psychological wellbeing).³

Adding to these complexities, police investigators must have the right knowledge and attitudes to overcome biases that exist due to widespread misconceptions about child witnesses and complaints of sexual abuse. These biases can lead to unfair negative judgements about the complainant's reliability and credibility.⁴

Policing organisations can address the need for a specialist response to child sexual abuse in many ways – for example, by changing the investigation process, structure or method. One approach police services have adopted is to form specialist units where officers work from the same location, sometimes with other professional response services, for the primary purpose of investigating these cases.

These units have proliferated since the 1990s.⁵ Different models of specialist police units have been proposed, with varying features in terms of the physical location, the type of specialist training for investigators, and the processes for referring the complainant to other professional agencies. Sometimes they are police-only specialists units, or they may be co-located with one or more other agencies – including child protection, medical, forensic, counselling, victim advocacy and prosecution services – to provide a co-ordinated response to sexual abuse. The latter are known as joint investigative responses (when solely co-located with child protection services) or multi-agency centres (with co-located with two or more agencies).

Given the influx of specialist investigative units, it is prudent to critically review this particular type of specialisation to ascertain if it is the best and most cost-effective way to address the needs of victims of child sexual abuse. To date, no one has conducted a systematic review of the research that examines the efficacy of specialist investigative units in responding to child sexual abuse. Given this gap in

¹ Australian Bureau of Statistics [ABS], 2002; ABS, 2004; Lievore, 2003.

² Lamb et al., 2008; Powell & Snow, 2007; Westera et al. (in press).

³ See Beitchman et al., 1992; Browne & Finkelhor, 1986.

⁴ Davies & Rogers, 2009; Jamel et al., 2008; Sleath & Bull, 2012.

⁵ National Children's Alliance, 2014. For example, in the United States between 1992 and 2014, the number of accredited multi-agency response units for child abuse grew from 22 to more than 500.

research, Australia's Royal Commission into Institutional Responses to Child Sexual Abuse commissioned this report.

This comprehensive systematic review of the international literature was tasked with critically evaluating:

- what is known about the efficacy of specialist police investigative units when compared to traditional responses
- what features of specialist units might determine their effectiveness.

The scope of the review encompassed all available and relevant research examining the efficacy of specialist police investigative units in responding to sexual abuse or assault reported by child and adult complainants.⁶

This report:

- outlines the method used for this systematic review (Section 2)
- describes the models of the different specialist investigative units evaluated (Section 3)
- provides an overview of the research design in the studies reviewed (Section 4)
- reviews the evidence about the value of these units (Section 5)
- reviews common themes arising from the literature regarding the challenges to delivering an effective specialist unit response (Section 6)
- concludes with suggestions for how to enhance the effectiveness of these units in the future (Section 7).

⁶ The Royal Commission is concerned with sexual abuse against children that occurs within an institutional setting, but it became clear during this literature review that there was no research on the effectiveness of specialist units in this context. The study instead adopted more inclusive criteria by reviewing specialist investigative units that respond to child or adult complainants of sexual assault more generally. Although investigating sexual abuse in an institutional setting is likely to have some unique challenges (see Daly, 2014), the findings from this broader range of specialist units are likely to apply generally to institutional cases, which are a subset of these responses.

2. Method

The systematic review of academic and grey literature on specialist responses to sexual abuse used the following databases and search terms:

- Academic databases:
 - PsycINFO
 - LexisNexis
 - Scopus
 - Informit
 - Google Scholar
 - EBSCOhost

- Search terms:
 - sexual assault
 - sexual abuse
 - child abuse
 - rape
 - specialist response
 - multi-agency
 - best practice
 - evaluation
 - efficacy
 - effectiveness
 - improvement
 - change
 - criminal investigation
 - police

- Additional search terms added during the literature search to find publications related to specific responses:
 - institutional abuse
 - historical abuse
 - adult complainant of child sexual abuse
 - names of the jurisdictions of specialist responses, such as the Sexual Offence and Child Abuse Investigation Team Multi-Disciplinary Centre (SOCIT-MDC).

The above terms were also run on the Google search engine to identify relevant grey literature – including government reports and evaluations – on specialist responses to sexual abuse. Finally, articles were sourced from the reference lists of relevant review articles.

All articles were screened for relevance to the aims of the systematic review. The screening process involved reading the titles and abstracts of the articles to determine relevance based on specific inclusion and exclusion criteria.

A predetermined list of criteria was developed prior to searching the literature, and was expanded during the screening process as follows:

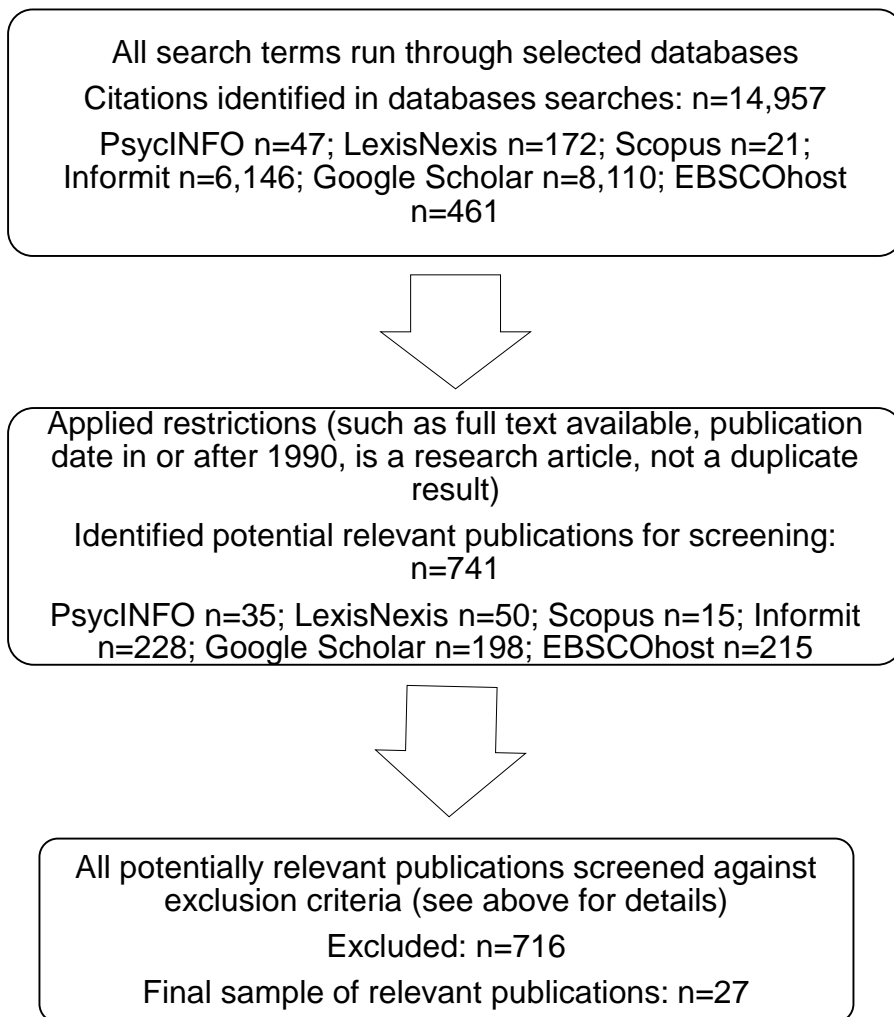
- Inclusion criteria:
 - peer-reviewed publications and government reports
 - published, with the full text available
 - publication date during or after 1990
 - relates to the efficacy of specialist investigative units in response to child abuse and adult complainants of sexual abuse (irrespective of whether the abuse occurred as a child or adult).

- Exclusion criteria:
 - publication date before 1990
 - descriptive or opinion-based (not a research article)
 - examines specialist responses
 - targeted at domestic or family violence
 - independent of police (including Sexual Assault Referral Centres in the UK, and Sexual Assault Nurse Examiners in the US)
 - focused on distinct populations (such as prison inmates and cultural minorities)
 - examines measures of the specialist response unrelated to victim and professional stakeholder experiences, or to the investigative process and outcomes (for example, studies that examined the design, structure and functioning of the response, or health-related outcomes).

Figure 1 represents the results of the search process, which was conducted in three stages.

- The first stage involved the initial search of each database using the search terms, which yielded 14,957 publications across the selected databases.
- The second stage involved applying restrictions to the results in each database. The restrictions were based on the inclusion and exclusion criteria listed above, and determined by the options available in the database (for example, some databases offered options to restrict results by whether the full text was available, while others did not).
- The third stage involved screening the restricted articles according to the inclusion and exclusion criteria, based on relevance to the aims of the systematic review.

Figure 1: *Overview of systematic review search process and results*



The search strategy yielded 27 relevant articles. Of these, 16 met the higher research standard of providing a direct comparison between specialist units and traditional responses.

3. Description of the specialist investigative units

Overall, the articles examined in this review related to 11 different specialist investigative units across Australia, the US and the UK. Table 1 lists these units, their abbreviated names and how they were evaluated. It also illustrates the scarcity of research examining the efficacy of specialist units using a direct comparison to a control group. A majority of the studies examined CACs⁷ in the US, and SOCIT-MDCs in Victoria, Australia. The only other units that have been evaluated using a direct comparison control group are the US CAACs and SARTs.

Table 1 also lists the type of specialist units and the populations they target. Five of the units (CAC, CAAC, CJC, CPU and JIRT) targeted only child victims; two (RIUs and STOP) targeted only adult victims; and four (SOCIT-MDC, SOIT, SIT and SART) targeted both child and adult victims. Only one unit, the SOCIT-MDC, specifically stated that the target population included historical complaints (that is, adults reporting sexual abuse that occurred when they were children). It was impossible to ascertain if all specialist units specifically included institutional abuse complainants in the target population.⁸

The majority (seven) of the 11 specialist units were multi-agency centres: CAC, CAAC, CJC, RIU, STOP, SOCIT-MDC and SART. These centres involved collaboration by various relevant agencies, including police, forensic interview specialists, CPS, prosecutors, medical and forensic examiners, counsellors and mental health professionals. In five of the multi-agency centres (CAAC, CJC, RIU, SOCIT-MDC and SART), co-location of all relevant service providers was the norm, while two multi-agency responses (CAC and STOP) provided different services and used varying levels of co-location from site to site. The physical location of the multi-agency responses varied markedly, from independent nondescript buildings (SOCIT-MDC, for example) to police stations, child protection buildings and hospital buildings (such as SART and CAC).

Two of the remaining four specialist units (CPU and JIRT) involved joint responses by police and child protection agencies. These units had different co-location arrangements, either at the police station or within a child protection department. The final two specialist units were police-only units, housing only police workers of various ranks (from investigators to senior management).

The various units provided different levels of specialist staff training. Only five (JIRT, RIU, SOIT, SIT and SOCIT-MDC) mentioned specialist police training as a component of the specialist response. A further two (CAC and CAAC) had specially trained forensic or child interviewers located at the specialist unit. The majority of articles did not provide sufficient detail to ascertain the level of staff training, and whether or not the training was at a specialist level. For example, JIRTs trained officers in joint investigation, but there was no distinction as to whether the training

⁷ For ease of reading, agencies are hereafter referred to using the abbreviations set out in Table 1.

⁸ Studies involving adult sexual assault complainants are included in the review, irrespective of whether they specifically target historical complaints of childhood sexual abuse. The needs of adult complainants reporting recent and historic offences – and the challenges associated with eliciting their evidence – are similar across contemporaneous and historical cases (Daly, 2014).

was for specialists in child interviewing or sexual abuse. Furthermore, some units combined specialist and non-specialist staff – for example, the CAC response includes specialist forensic interviewers but not specialist police officers.

Table 1: Specialist unit models

| Response | Abbreviation | State, Country | Description | Target population | | | Unit type | | |
|--|--------------|----------------------------|---|-------------------|-------|----------|-------------|-------|--------------|
| | | | | Child | Adult | Historic | Police only | Joint | Multi-agency |
| Joint Investigative Response Team | JIRT | New South Wales, Australia | A joint police and CPS response to allegations of child abuse. | √ | × | × | × | √ | × |
| Sexual Offence and Child Abuse Investigation Teams Multi Disciplinary Centre | SOCIT-MDC | Victoria, Australia | A multi-disciplinary co-located unit involving police, CPS, forensic medical officers and counsellors, designed as a one-stop shop for victims of sexual abuse. | √ | √ | √ | × | × | √ |
| Child Advocacy Center | CAC | Widespread, USA | A multi-disciplinary response to physical and sexual child abuse, typically including police, child forensic interviewers, CPS, medical services, counsellors, victim advocates and prosecutors. The focus is on providing support and advocacy for the child and their family. | √ | × | × | × | × | √ |
| Child Abuse Assessment Center | CAAC | Widespread, USA | A multi-disciplinary response to physical and sexual child abuse, involving child forensic interviewers, police and CPS. The focus is on determining whether the abuse occurred. | √ | × | × | × | × | √ |
| Children's Justice Centers | CJC | National, USA | A multi-disciplinary response to sexual child abuse, typically including police, child CPS, victim advocates and forensic medical services. | √ | × | × | × | × | √ |
| STOP Violence Against Women | STOP | Widespread, USA | Funding to promote changes to the system by improving responses to female victims of domestic violence and sexual assault. There is a focus on collaborative responses from victim services, including police, prosecutors, and mental and medical health providers. | × | √ | Unknown | × | × | √ |
| Sexual Assault Response Team | SART | Nine states, USA | A multi-disciplinary, co-located unit involving police, prosecutors, victim advocates and forensic medical examiners, who respond to sexual abuse complaints. | √ | √ | Unknown | × | × | √ |
| Child Protection Unit | CPU | England and Wales, UK | A joint response to child abuse complainants by police and CPS. | √ | × | × | × | √ | × |

| | | | | | | | | | |
|-----------------------------------|------|-----------------------|--|---|---|---------|---|---|---|
| Rape Investigation Unit | RIU | South England, UK | A pilot multi-agency co-located unit involving police, sexual violence advisors, investigative teams and prosecutors, responding to adult victims of sexual assault and rape. | × | ✓ | Unknown | × | × | ✓ |
| Sexual Offence Investigation Team | SOIT | England and Wales, UK | Dedicated teams of police investigators trained in caring for victims of sexual offences, who coordinate services for the victim and take their initial statement. | ✓ | ✓ | Unknown | ✓ | × | × |
| Sapphire Investigation Team | SIT | England and Wales, UK | A specialist police unit responding to rape and serious sexual offences (not committed in familial relationships). These units include detective investigators and victim care officers. | ✓ | ✓ | Unknown | ✓ | × | × |

4. Overview of the research design used in the studies

This section discusses the research design of the studies, and their limitations. The studies used a combination of qualitative and quantitative methods. Table 2 summarises the strengths and limitations of these methods⁹, while Table 3 presents the study designs and outcome measures for each specialist response. See Appendix C for a detailed overview of the method, findings and limitations of each study in this systematic review.

Table 2: *Strengths and limitations of the research methods*

| Method | Strengths | Limitations |
|--|--|---|
| Qualitative analysis of surveys and interviews | <ul style="list-style-type: none"> • In-depth analysis of complex ideas and experiences • Data gathered at the individual level • Fewer restrictions and assumptions on the data • Conclusions derived from the data | <ul style="list-style-type: none"> • Limited generalisability • Data analysed subjectively |
| Quantitative analysis of case outcomes | <ul style="list-style-type: none"> • Enables analysis of large samples of data • Allows hypotheses to be empirically tested • Allows direct comparisons between groups | <ul style="list-style-type: none"> • Problems with missing or irregular data • Does not allow analysis at the case or individual level • Limited to testing hypotheses |

Major limitations in the research hinder the ability to draw any firm conclusions about the efficacy of specialist units. Only a small number of studies were conducted on a small number of units, making it difficult to generalise the findings of these studies across all jurisdictions and specialist unit models. The majority of studies examined only two multi-agency centres: nearly half (12) of the studies looked at the US CAC, and five focused on the SOCIT-MDC in Victoria.

Looking at the studies overall, it is impossible to determine exactly what features of a specialist unit make it more or less effective. There are three main reasons for this challenge. First, each specialist unit had different features to their response, so it is difficult to isolate which features were related to any changes in outcomes. Second, different studies used different approaches and measures to evaluate the efficacy of outcomes, which prevents a direct comparison between units. Third, other criminal justice activities – such as legislative and legal procedure reforms – may have been implemented alongside these specialist units, which could also have contributed to any variation in response efficacy.¹⁰

There are other limitations to this research. Direct comparison studies – those that compare specialist units to a comparison group (for example, an investigative response that was not a specialist unit) – are more informative in terms of ascertaining the efficacy of specialist units.

⁹ Atieno, 2009.

¹⁰ For example, Success Works, 2011.

Table 3: Summary of study designs and outcome measures by specialist units

| Response | Studies with direct comparison | Direct comparison group used | Studies without direct comparison | Outcome measures |
|------------|--------------------------------|---|-----------------------------------|---|
| JIRT | 0 | N/A | 1 | <ul style="list-style-type: none"> Quality of briefs of evidence Staff satisfaction and experiences Case outcomes (arrest, prosecution and conviction) Timeliness of response and investigation Rate of referral between professionals Collaboration between professionals |
| SOCIT-MDC* | 3 | <ul style="list-style-type: none"> Independent service delivery by different agencies. SOCIT officers conducted victim liaison and interviews, and detectives from general crime or Sexual Crimes Squad conducted investigations. | 2 | <ul style="list-style-type: none"> Police attitudes toward victims Victim satisfaction and experiences Timeliness of response and investigation Quality of briefs of evidence Staff satisfaction and experiences Case outcomes (arrest, prosecution and conviction) Rate of referral between professionals Rate of victim reporting and engagement with the legal system Collaboration between professionals |
| CAC* | 10 | <ul style="list-style-type: none"> Children interviewed by non-specialists. Independent service delivery by different agencies. | 2 | <ul style="list-style-type: none"> Case outcomes (arrest, prosecution and conviction) Collaboration between professionals Rate of referral between professionals Victim and family satisfaction and experiences Rate of case substantiations Staff satisfaction and experiences Cost–benefit comparison Timeliness of response and investigation |
| CAAC* | 1 | <ul style="list-style-type: none"> Children interviewed by non-specialists. | 0 | <ul style="list-style-type: none"> Case outcomes (arrest, prosecution, conviction and sentence) |

| | | | | |
|-------|---|--|---|--|
| | | <ul style="list-style-type: none"> Independent service delivery by different agencies. | | |
| CJC* | 0 | N/A | 1 | <ul style="list-style-type: none"> Victim and family satisfaction and experiences Collaboration between professionals Staff satisfaction and experiences |
| STOP* | 0 | N/A | 1 | <ul style="list-style-type: none"> Victim and family satisfaction and experiences Quality of briefs of evidence Case outcomes (arrest, prosecution, conviction and sentence) |
| SART* | 2 | <ul style="list-style-type: none"> Non-specialist forensic medical examination of victims. Independent service delivery by different agencies. | 0 | <ul style="list-style-type: none"> Case outcomes (arrest, prosecution, conviction and sentence) Rate of victim engagement in legal system |
| CPU | 0 | N/A | 1 | <ul style="list-style-type: none"> Staff satisfaction and experiences |
| RIU* | 0 | N/A | 1 | <ul style="list-style-type: none"> Collaboration between professionals Rate of victim engagement in legal system Staff satisfaction and experiences Case outcomes (arrest, prosecution and conviction) |
| SOIT | 0 | N/A | 1 | <ul style="list-style-type: none"> Victim satisfaction and experiences Staff satisfaction and experiences |
| SIT | 0 | N/A | 1 | <ul style="list-style-type: none"> Case outcomes (charge) Timeliness of response and investigation Victim satisfaction and experiences Staff satisfaction and experiences Rate of case substantiation by victims. |

*Multi-agency centres

When a study does not have a comparison group (as was the case for 11 out of the 27 studies in this review), it is not possible to determine if the specialist unit was associated with increased, negligible or reduced efficacy.¹¹

Of note, all 16 direct comparison studies looked at multi-agency centres, making it impossible to draw any firm conclusion about the relative efficacy of joint investigation teams or police-only specialist units. Furthermore, the direct comparison studies related to only four out of seven multi-agency centres; a majority related to CACs (10 studies), and the remainder related to SOCIT-MDCs (three studies), SARTs (two studies) and CAACs (one study).

The direct comparison studies relied on interviews with victims and professional stakeholders about their perceptions of both systems operating in parallel at different sites in one region (in the case of SOCIT-MDCs), or quantitative analyses of case outcomes in the same region before and after the unit was established (in the case of CACs). As such, the findings of these studies may be particular to those units and the type of comparison conducted. Adding to these analytical problems, some studies did not match the comparison group with the specialist unit for response size or officer experience¹², so these factors could also have contributed to identified improvements in efficacy. When drawing conclusions from the research findings, it is also important to note what the comparison consists of – for example, police operating with or without CPS, or even CPS operating alone.

Another general limitation of this research is that the studies all used retrospective rather than prospective evaluations.¹³ This type of retrospective research design often leads to incomplete or missing data that limits the reliability of the findings.¹⁴ This approach often means that data from multiple agencies or sources (CPS, police and the courts, for example) is required to draw a complete picture, but these databases are seldom linked up, or they use different identifiers and coding schemes to statistically capture case information.

The samples in the studies were often too small for the findings to be generalised across specialist units. Almost half of the studies had small sample sizes for the interviews and surveys with victims¹⁵ and professional stakeholders¹⁶, or they analysed only a small number of cases or selected case types – for example, single-victim and perpetrator cases.¹⁷ Finally, the research was limited to publications available in the public domain. Organisations evaluating their own specialist responses may have no reason to publish the findings if the evaluation was conducted for the sole purpose of informing internal practices.

¹¹ See, for example, New South Wales Department of Community Services (NSW DCS), NSW Health & NSW Police, 2002; Sanford, 2000; van Staden & Lawrence, 2010.

¹² For example, studies on the CAC by Cross et al., 2007 and Walsh et al., 2007.

¹³ Bradford, 2005; Cross et al., 2007; Jenson et al., 1996; NSW DCS et al., 2002; Nugent-Borakove et al., 2006; Smith et al., 2006; Success Works, 2011; Taylor et al., 2012; Walsh et al., 2007; Wolfeich & Loggins, 2007.

¹⁴ Leach, Baksheev & Powell, 2015.

¹⁵ NSW DCS, 2002; Powell & Cauchi, 2013.

¹⁶ Darwinkel et al., 2013; Garrett, 2004; Sanford, 2000; Success Works, 2011.

¹⁷ Joa & Goldberg, 2004; Miller & Rubin, 2009; Smith et al., 2006; Walsh et al., 2008; Wilson & Klein, 2005; Wolfeich & Loggins, 2007.

5. What can these studies tell us about the value of having specialist investigative units?

Despite the limitations of the studies reviewed, clear themes emerged that make it possible to draw some conclusions. Nearly all of the studies (23 out of 27) found that the specialist units had a positive impact on police responses when compared to a traditional approach. The experiences of adult complainants and the families of child victims were more positive (or at least were not worse) when they dealt with specialist units compared to when their complaints were subject to traditional responses. Professional stakeholders supported the specialist unit approach, and had positive experiences working in the specialist units compared to when they were exposed to traditional responses. In terms of inter-agency collaboration, training and cost–benefit analysis, specialist investigations also offered better or the same results as traditional responses. Similarly, case outcomes – including the quality of the case files, rates of arrest, rates of prosecution and conviction, and sentence length – also improved (or at least did not diminish) with the specialist units compared to the traditional responses.

The remainder of this section presents a more detailed summary and critical discussion of the research findings with regard to the value of specialist units. This value was measured by victim satisfaction, professional stakeholder satisfaction, the investigation process and investigation outcomes.

5.1 Victim satisfaction

Researchers have used qualitative methods to examine victim satisfaction with the specialist units. Thirteen studies interviewed and presented questionnaires to victims, their families and professional stakeholders (including the police, counsellors and ISVAs) to assess victim experiences and satisfaction with the system.

These studies were conducted at two police-only units (SOIT and SIT), four multi-agency units (SOCIT-MDC, CAC, CJC and RIU) and one joint investigation unit (JIRT).¹⁸ Another two studies, at the SART and CAC, examined case file data relating to the level of victim reporting and engagement in the legal system.¹⁹ Together, seven studies directly compared a specialist unit to a traditional response.²⁰

Overall, the research shows improved victim satisfaction and engagement at multi-agency and joint specialist units when compared with their experiences of traditional responses. However, findings about levels of victim reporting and withdrawal were mixed. The themes of the findings are discussed in detail in the following three sections: adult victims' self-reports; child victims' and their families' self-reports; and levels of reporting and withdrawal.

¹⁸ See Jones et al., 2007; Powell & Cauchi, 2013; Powell & Wright, 2012; van Staden & Lawrence, 2010; Walsh et al., 2007.

¹⁹ Cross et al., 2008; Nugent-Borakove et al., 2006.

²⁰ Cross et al., 2008; Jones et al., 2007; Nugent-Borakove et al., 2006; Powell & Cauchi, 2013; Powell & Wright, 2012; Success Works, 2011; Walsh et al., 2007.

5.1.1 Adult victims' self-reports

Direct comparison research on adult victim satisfaction was only conducted at one multi-agency centre: SOCIT-MDC. The SOCIT-MDC brings together a combined victim-liaison and criminal investigator detective, and relevant co-located agencies including police, child protection, forensic medical and counselling services. In comparison, the traditional response model involved interviewers (who were members of the police force but did not necessarily have criminal investigator training) and independently located service providers.

The sample of victims from the SOCIT-MDC reported offences under the specialist multi-agency model, and may or may not have had previous experiences reporting under the traditional model. All victims who reported to the comparison site reported to the police only, and attended other service providers in isolation.

Interviews with victims who reported to the SOCIT-MDC indicated significantly higher levels of satisfaction with service delivery: 93 per cent satisfaction, compared to just 56 per cent satisfaction with the traditional response.²¹ When discussing satisfaction, victims discussed themes such as being treated as a valued complainant; the privacy and anonymity of reporting at a site where sexual abuse was attached to stigma; consistency in service providers; receiving a timely response to the initial report and during the investigation; and being updated on the progress of their case.²² These themes supported the aim of the model: to provide a more victim-centred response.

Some victims who attended the SOCIT-MDC reported negative experiences due to police attitudes. Specifically, in both interviews and surveys, victims reported feeling that the police did not believe or support them.²³ Some victims also complained about lengthy delays during the investigation process, and not being informed of the progress or legal status of their case.²⁴

Victims who reported to the SOCIT-MDC identified a number of benefits as a result of the co-located multi-agency response. They felt that the structure increased the ease of access to services and support²⁵, and reported that it reduced the stress and practical challenges (such as travel time) associated with attending multiple service locations.²⁶ Co-location also allowed victims to see a counsellor and talk informally with police about their options and the criminal justice process during the same visit, which eased victims' negative preconceptions about police, and concerns that they would not be believed.²⁷

Only two other studies, both focusing on police-only specialist units at the SOIT and SIT in England and Wales, examined adult victims' experiences and satisfaction with specialist responses.²⁸ Adult victims reported mostly positive experiences with police, and were satisfied with the level of victim care they received. Specifically, the

²¹ Powell & Cauchi, 2013.

²² Powell & Cauchi, 2013; Taylor et al., 2012.

²³ Powell & Cauchi, 2013; Taylor et al. 2012.

²⁴ Powell & Cauchi, 2013; Success Works, 2011.

²⁵ Success Works, 2011.

²⁶ Powell & Cauchi, 2013.

²⁷ Powell & Cauchi, 2013.

²⁸ Angiolini, 2015; Metropolitan Police Authority, 2002.

majority (70 per cent) of complainants at the SIT reported being very satisfied with the officer who undertook the investigation.²⁹ Despite this, some victims still reported feeling that the police did not believe them, or that they were not kept informed of the legal status of their case.³⁰ These negative perceptions are consistent with those reported by some victims who attended the SOCIT-MDC.

5.1.2 Child victims' and their families' self-reports

Only three studies examined child victims' perceptions of specialist units – two from a multi-agency centre (CAC and CJC) and one from a joint response team (JIRT). The only studies to include a comparison were those examining the CAC, which compared the CAC to a police investigation and/or a child protection investigation. For these studies, researchers interviewed or surveyed child victims about their experiences with the specialist response process.³¹ A survey of child victims at the CAC showed that children's satisfaction levels with the interviewing process were high and did not differ statistically, irrespective of whether they attended a specialist unit or received the traditional response.³² For example, irrespective of response type, only 20 per cent of children felt scared during the interview, 19 per cent felt that the interviewer did not explain things well, 11 per cent felt the interviewer did not understand children, and 33 per cent felt they had to explain themselves too many times. The findings suggest that the minority of children were dissatisfied with the interpersonal elements of the interviews.

The other two studies did not have a comparison group, so although the findings demonstrate that child victims had a positive experience, it is impossible to determine if the specialist unit response made a difference. Furthermore, both studies are more than 10 years old, which potentially compromises their validity.

At the CJC multi-agency centre, 88 per cent of children felt good or very good about the interview, and 92 per cent reported that the interview environment was good or very good.³³ Findings from the JIRT suggested that child victims were concerned with the interpersonal aspects of the interviews, such as who interviewed them and whether or not they felt comfortable during the interview.³⁴

All four studies that examined the perceptions of caregivers and families of child victims were from the CAC and CJC multi-agency centres, and showed high levels of satisfaction with specialist units.³⁵ At the CAC, 70 per cent of complainants' families reported a high level of satisfaction with the investigation response and interview (3 to 4 on a scale of 1 to 4), compared with just 54 per cent for those who experienced the traditional response – a statistically significant difference.³⁶ Caregiver and family satisfaction ratings at the CAC and CJC were associated with the level of support from investigators; the feeling that they were being listened to; having a greater sense of comfort and safety during interviews; the child receiving a medical exam; and the allegations being substantiated by child protection.³⁷ Similarly, at the CAC,

²⁹ Angiolini, 2015.

³⁰ Angiolini, 2015.

³¹ Jenson et al., 1996; Jones et al., 2007; NSW DCS et al., 2002.

³² Jones et al., 2007.

³³ Jenson et al., 1996.

³⁴ NSW DCS et al., 2002.

³⁵ Cross et al., 2008; Jenson et al., 1996; Jones et al., 2007; Walsh et al., 2007.

³⁶ Cross et al., 2008.

³⁷ Cross et al., 2008; Jenson et al., 1996; Jones et al., 2007.

the majority (68 per cent) of service providers suggested that the specialist response empowered the victim and family, although there was no control group for comparison.³⁸

5.1.3 Levels of reporting and withdrawal

Levels of victim reporting and withdrawal were examined at four different multi-agency centres (SOCIT-MDC, SART, RIU and CAC). The findings of these studies – which used a mixture of quantitative and qualitative methods – are unclear. The level of victim participation at the SART was higher than that of the police-only investigation, as determined by police and prosecution data on whether or not the victim made an official statement, testified at court, gave a victim impact statement and had contact with the prosecutor. These findings were statistically significant: 1.3 compared to 0.9 on a scale of 0 to 4.³⁹ Qualitative research found that professional stakeholders (police, ISVAs and CPS lawyers) at the multi-agency RIU perceived an increase in victim engagement due to the earlier involvement of prosecutors and faster investigations before case decisions were made.⁴⁰

An analysis of police data at the SOCIT-MDC found that reporting rates were unchanged when comparing the multi-agency response to the response by isolated service providers.⁴¹ However, the rate of victims withdrawing their cases, which had been steadily increasing over previous years, reduced substantially for the year following the implementation of the SOCIT-MDC. Interviews with service providers suggested they perceived that victim reporting rates had also improved over those of the traditional response model.⁴²

Nevertheless, professional stakeholders (including police, child forensic interviewers, child protection officers, counsellors, prosecutors and forensic medical staff) at the JIRT and SOCIT-MDC commented on the tendency of police to dissuade victims from continuing with the legal process when discussing with the victim their options for proceeding with a formal report.⁴³ They perceived that police personnel persuaded victims to withdraw their case out of laziness or unwillingness to investigate the case, or a desire to protect victims (particularly vulnerable witnesses) from the harshness of the court system.

The lack of a comparison group with these two studies makes it impossible to tell if these experiences differed to those of more traditional responses. However, the JIRT study was conducted 10 years earlier than the SOCIT-MDC study, and the two units are located in different Australian jurisdictions, which suggests that the experiences may be a widespread and ongoing problem.

Professional stakeholders associated with different units expressed some concerns about victim engagement and understanding of the roles of the different agencies in co-located multi-agency units. Service providers (including police, child protection officers, counsellors and forensic medical staff) at the SOCIT-MDC and CAC suggested that victims may be confused by the overlap and roles of different agencies; for example, the overlap of child abuse investigations conducted by police

³⁸ Sanford, 2000.

³⁹ Nugent-Borakove et al., 2006.

⁴⁰ van Staden & Lawrence, 2010.

⁴¹ Success Works, 2011.

⁴² Powell & Wright, 2012.

⁴³ NSW DCS et al., 2002; Taylor et al., 2012.

and those conducted by CPS.⁴⁴ In contrast, professional stakeholders from RIU (police, ISVAs and CPS lawyers) were concerned that having a dedicated victim liaison role could cause victims to rely too heavily on one person.⁴⁵

5.1.4 Summary

Overall, the findings suggest some improvement in victim satisfaction and participation levels when reporting sexual abuse to specialist units – particularly the multi-agency centres – rather than to traditional responses. However, the findings may not be generalisable, due to the small sample sizes and because the majority of studies related to the SOCIT-MDC, which has the unique characteristic of combining the role of victim liaison and criminal investigator in one detective.⁴⁶ Furthermore, it is impossible to isolate which features of specialist units contribute to these findings. Victims may be unaware of the changes in the sexual abuse response system, and most likely only have experience reporting under one model of service delivery – the specialist unit or the traditional approach. The limited comparisons of the different features of the specialist units make it impossible to draw any conclusions about the efficacy of the specific features of these units.

5.2 Stakeholder satisfaction

Researchers have used qualitative methods to examine stakeholder satisfaction and experiences at the joint and multi-agency specialist response units. Seven studies, each focusing on a different specialist unit, interviewed or surveyed professional stakeholders – including police personnel, social workers, prosecutors, and health and forensic staff – who were involved in providing the response.⁴⁷ Only the SOCIT-MDC study had a comparison group that allowed professional stakeholders' perceptions of specialist units to be compared to the response of isolated agencies.⁴⁸ The sample of professionals at the SOCIT-MDC was heterogeneous, including those who had experience in the traditional (isolated response) model and those who had not. The findings of this study showed that professional stakeholders (police, child protection, forensic medical and health staff) strongly supported the multi-agency model. They perceived various benefits, including that it provided a holistic response to victims, and improving legal outcomes and victim satisfaction.⁴⁹ These participants also reported improved satisfaction with their work and with the efficacy of the response provided, and that the level of collaboration was higher than that of the traditional response.

Stakeholders at the joint and multi-agency CPU, RIU, SOCIT-MDC and CAC specialist units (including police personnel, child forensic interviewers, child protection officers, counsellors, victim advocates, prosecutors and forensic medical staff) also strongly supported the co-location and collaborative approach to service delivery as a way to improve the timeliness of the response and make it easier for

⁴⁴ Powell & Wright, 2012; Sanford, 2000.

⁴⁵ van Staden & Lawrence, 2010.

⁴⁶ Powell & Cauchi, 2013; Powell & Wright, 2012; Success Works, 2011; Taylor et al., 2012.

⁴⁷ Garrett, 2004; Jenson et al., 1996; NSW DCS et al., 2002; Powell & Wright, 2012; Sanford, 2000; van Staden & Lawrence, 2010; Zweig & Burt, 2003.

⁴⁸ Powell & Wright, 2012.

⁴⁹ Powell & Wright, 2012.

victims to access services.⁵⁰ Interviews and surveys showed that staff at the JIRT, SOCIT-MDC and STOP – including police personnel, child protection officers, counsellors, and forensic medical staff – were satisfied with the level of collaboration and information sharing between agencies.⁵¹ Professional stakeholders from the multi-agency CJC – including police, child protection, victim advocacy and forensic medical staff – rated their satisfaction with the unit as very high: 5 to 6.7 on a scale from 1 to 7.⁵² The satisfaction rating was based on perceived improvements in the efficiency of the investigation, the level of professional communication, the availability of case information, the provision of therapeutic services, the avoided duplication of services, and the level of trauma to and protection for the child.

Interviews revealed that about half of the police and child protection officers at the JIRT were satisfied with their work; they commented on their role in making the world a safer place for children, providing a community service and facilitating a positive collaboration between agencies.⁵³ Professionals at the multi-agency SOCIT-MDC (police and child protection officers, counsellors and forensic medical staff) also commented on the high level of professional satisfaction associated with their role when compared to that experienced in an isolated agency response.⁵⁴

One study surveyed the public's perceptions of a combined service delivery model for child abuse, based on the CAC specialist multi-agency response. This study directly compared the perceived benefits of the combined model with a traditional response model of isolated police and/or child protection investigation.⁵⁵ The public placed a higher subjective value on the combined service delivery model – that is, they were willing to pay more tax dollars, to a level of statistical significance – than it cost to actually run such a unit. They placed significant value on the perceived effectiveness of the response in investigating, prosecuting and convicting the offender in child sexual abuse cases, and in providing a more child- and family-friendly response to complainants.

Overall, the research spanning over 15 years demonstrates positive support for specialist multi-agency centres and joint investigation units, in terms of the quality of service provided and job satisfaction. However, the generalisability of the findings across all specialist units is questionable, since only one study on the multi-agency SOCIT-MDC⁵⁶ included an isolated agency response as a comparison group. In the research without comparison groups, there is a potential for response bias, since the professional stakeholders participating in the research are aware of the changes associated with the specialist units and are likely to be invested in reporting positive changes.⁵⁷

⁵⁰ Garrett, 2004; Powell & Wright, 2012; Sanford, 2000; van Staden & Lawrence, 2010.

⁵¹ NSW DCS et al., 2002; Powell & Wright, 2012; Zweig & Burt, 2003.

⁵² Jenson et al., 1996.

⁵³ NSW DCS et al., 2002.

⁵⁴ Powell & Wright, 2012.

⁵⁵ Shadoin et al., 2006.

⁵⁶ Powell & Wright, 2012.

⁵⁷ Garrett, 2004; Jenson et al., 1996; NSW DCS et al., 2002; Sanford, 2000; van Staden & Lawrence, 2010; Zweig & Burt, 2003.

5.3 Investigation process

In 13 studies, researchers have used a variety of methods to examine how having joint and multi-agency specialist units influences the investigation process. Four studies (on the SOCIT-MDC and RIU) used interviews and questionnaires with professional stakeholders⁵⁸; five studies (all on the CAC) examined case file data⁵⁹; and the remaining four studies (on the JIRT, SOCIT-MDC, CAC and CJC) used a combination of approaches, including interviews, surveys and case file analysis.⁶⁰ Eight of the studies (relating to the SOCIT-MDC and CAC) had a direct comparison or a control group, allowing for a comparison between the investigation process at the specialist unit and the more traditional responses.⁶¹

Overall, the research findings are mixed, but suggest that specialist units do improve the investigation process to some extent when compared with traditional responses. This section discusses the themes of the findings relating to the investigation process in five sections: inter-agency collaboration; investigator training; interviewing facilities; investigation efficiency and quality; and cost.

5.3.1 Inter-agency collaboration

The research shows positive improvement in inter-agency collaboration and involvement in cases at the specialist units compared to those handled using traditional responses. However, the research also identified several challenges to effective collaboration between agencies, such as overlap and conflict in work roles (as described in detail in section 6.4).

Only the multi-agency CAC conducted quantitative research about the influence of the specialist unit – compared to police and/or child protection investigation – on rates of collaboration, referrals and services provided. This research found a number of positive and statistically significant findings. A majority (75 per cent) of child sexual abuse investigations at the CAC involved formal coordination between various agencies, particularly police and child protection.⁶² At the CAC, 71 per cent of cases involved police investigation, compared to just 33 per cent of cases reported under traditional child protection response models.⁶³ Victims reporting to the CAC were also more likely (72 per cent) to receive a referral to mental health services, compared with those reporting under the traditional response model (31 per cent).⁶⁴ Victims in 57 per cent of cases at the CAC received a medical exam, compared with just 13 per cent who reported their experience under the traditional child protection response model.⁶⁵ The rate of medical examinations was highest (95 per cent) when the CAC was housed within a hospital, compared with those located in a police, child protection or other independent building, where only 37–49 per cent of cases

⁵⁸ Darwinkel et al., 2013; Powell & Wright, 2012; Success Works, 2011; van Staden & Lawrence, 2010.

⁵⁹ Cross et al., 2007; Cross et al., 2008; Smith et al., 2006; Walsh et al., 2008; Wolfteich & Loggins, 2007.

⁶⁰ NSW DCS et al., 2002; Taylor et al., 2012; Walsh et al., 2007; Jenson et al., 1996.

⁶¹ Powell & Wright, 2012; Success Works, 2011; Cross et al., 2007; Cross et al., 2008; Smith et al., 2006; Walsh et al., 2007; Walsh et al., 2008; Wolfteich & Loggins, 2007.

⁶² Cross et al., 2007.

⁶³ Smith et al., 2006.

⁶⁴ Cross et al., 2008.

⁶⁵ Smith et al., 2006.

involved a medical examination.⁶⁶ Child placements by CPS also increased under the multi-agency model; significantly more children were removed from their home after reporting to the CAC (17 per cent) compared to those who reported under the traditional response model (14 per cent).⁶⁷ The involvement and activities of the police, child protection, health and medical services all increased with multi-agency co-location.

The majority of the qualitative studies suggest professional stakeholders (including police, child forensic interviews, child protection officers, counsellors, prosecutors, and forensic medical staff) perceived that the co-location and collaborative specialist response to sexual abuse improved interactions between health and legal professionals at the CAC, SOCIT-MDC, JIRT and RIU.⁶⁸ Specifically, stakeholders perceived that compared to the isolated agency response, the inter-agency collaboration at the multi-agency SOCIT-MDC – especially through more deliberate case planning meetings, networking and rapport-building – improved joint decision-making and information-sharing, particularly between police and child protective services.⁶⁹

Professional stakeholders also perceived that collaboration increased the number of referrals between the various agencies co-located at the CAC, CJC and SOCIT-MDC sites.⁷⁰ For example, police, child protection, victim advocacy and forensic medical services personnel at the multi-agency CJC all perceived a higher rate of police involvement in cases.⁷¹ Counsellors at the SOCIT-MDC suggested they were more willing to refer a client to a police officer when they knew the officer could provide a positive response.⁷²

However, police personnel, child protection officers, counsellors and forensic medical staff at the JIRT and SOCIT-MDC acknowledged that relatively few victims were being referred to counselling services.⁷³ Police officers at the JIRT said they were reluctant to refer victims to counselling services because the family often did not want mental health services involved; police were concerned about the type of information counsellors would provide to victims; and counsellors were often unavailable.⁷⁴ However, it is important to remember that the JIRT research was more than 10 years old at the time of the report, and there is no recent information on whether the system has since improved.

Various professional stakeholders commented on the benefits of co-locating multiple agencies. CPS staff at the joint investigation CPU noted that having a police presence during problematic visits gave them more confidence and security to perform their duties.⁷⁵ Furthermore, the police presence at the SOCIT-MDC was reassuring for counselling staff if they needed immediate assistance with troubling

⁶⁶ Cross et al., 2008.

⁶⁷ Cross et al., 2008.

⁶⁸ Cross et al., 2007; NSW DCS et al., 2002; Powell & Wright, 2012; Success Works, 2011; Taylor et al., 2012; van Staden & Lawrence, 2010.

⁶⁹ Cross et al., 2007; Powell & Wright, 2012; van Staden & Lawrence, 2010.

⁷⁰ Cross et al., 2008; Powell & Wright, 2012; Smith et al., 2006; Taylor et al., 2012.

⁷¹ Jenson et al., 1996.

⁷² Taylor et al., 2012.

⁷³ NSW DCS et al., 2002; Taylor et al., 2012.

⁷⁴ NSW DCS et al., 2002.

⁷⁵ Garrett, 2004.

clients or associates.⁷⁶ At the multi-agency SOCIT-MDC and RIU, police personnel suggested that contact with a prosecutor helped them save time, confirm charges and provide a faster outcome for victims.⁷⁷ Contact between prosecution and police personnel at the RIU was also perceived as improving the direction and strategies of an investigation.⁷⁸ Police personnel at the SOCIT-MDC actively recommended the co-location of a dedicated prosecutor at multi-agency specialist response units.⁷⁹

5.3.2 Investigator training

Only four studies, all focusing on the JIRT and SOCIT-MDC, evaluated the specialist training provided to investigators.⁸⁰ None examined the quality of actual police investigations or interviews; rather, they examined police investigators' perceptions of the content and delivery of investigator training, as well as the impact of training on investigators' attitudes toward sexual offending.

Qualitative evaluations of the specialist training at the JIRT and SOCIT-MDC suggest that police officers were positive about the content and delivery of sexual abuse investigator training.⁸¹ Police personnel at the SOCIT-MDC acknowledged the need for specialist training on sexual abuse, and reported positive opinions about the content of their current training program.⁸² The majority (73 per cent) of SOCIT-MDC staff rated their training course as excellent in terms of its relevance to their work, and the majority (61 per cent) were satisfied with the course.⁸³ Police personnel commented that the training course provided a positive learning environment, and overall felt it was enjoyable and worthwhile.⁸⁴

Officers perceived that specialist training improved their skills and attitudes across different areas. The majority (75 per cent) of JIRT staff felt confident with their interviewing skills following the specialist training.⁸⁵ Findings also suggested that the SOCIT-MDC training improved police officers' attitudes towards victims.⁸⁶ Specifically, SOCIT-MDC training reduced the extent to which police officers attributed responsibility to the victim for the abuse.⁸⁷ Police at the SOCIT-MDC recommended spreading out the training across working weeks so that trainees could practise their skills in the workplace, rather than delivering training in fixed blocks that do not allow for workplace practice.⁸⁸

It is important to note that this research is of limited value because it does not examine how training influenced investigators' skills. Furthermore, conclusions drawn from research at the JIRT are limited, given that the study was conducted more than 10 years before this report and practices may have changed over time.

5.3.3 Interviewing facilities

⁷⁶ Powell & Wright, 2012.

⁷⁷ Taylor et al., 2012; van Staden & Lawrence, 2010.

⁷⁸ van Staden & Lawrence, 2010.

⁷⁹ Taylor et al., 2012.

⁸⁰ Darwinkel et al., 2013; NSW DCS et al., 2002; Success Works, 2011; Taylor et al., 2012.

⁸¹ NSW DCS et al., 2002; Taylor et al., 2012.

⁸² Taylor et al., 2012.

⁸³ Taylor et al., 2012.

⁸⁴ Taylor et al., 2012.

⁸⁵ NSW DCS et al., 2002.

⁸⁶ Darwinkel et al., 2013; Success Works, 2011.

⁸⁷ Darwinkel et al., 2013.

⁸⁸ Taylor et al., 2012.

One study, which focused on the multi-agency CAC, examined how specialist units influenced the level of inter-agency collaboration on interviews with sexual abuse complainants, which were previously conducted by unspecialised police and/or child protection interviewers.⁸⁹ The findings suggest that the CAC facilitated a significantly higher rate of joint police and child protection investigation (81 per cent) compared to the traditional response model (52 per cent). The CAC also had significantly more multi-disciplinary team interviews where members of different agencies conducted or observed interviews together (28 per cent) than under the traditional response model (6 per cent). The increase in multi-agency interviews at the CAC also reduced the amount of duplicate interviews by different agencies compared with the traditional response model.

The CAC also improved the physical location of child abuse interviews conducted by professionals.⁹⁰ The majority (85 per cent) of the interviews were held in the unit's specially designed child-friendly interview rooms. Under the traditional response model, interviews are often conducted in a broad range of locations, many of which are not ideal or child-friendly. Traditional interview locations included child protection offices (22 per cent), police buildings (18 per cent), the child's home (16 per cent) and the child's school (19 per cent).

Research at the CAC and CJC showed that more child interviews were being filmed at the specialist multi-agency response units, compared to during traditional police and/or child protection investigations.⁹¹ For example, 59 per cent of child interviews conducted at the CAC were filmed, compared to just 17 per cent under the traditional response model.⁹² Police at the JIRT strongly supported filming child interviews, believing it would benefit child victims and the police by reducing the need for children to repeat their evidence.⁹³

None of these studies measured whether the quality of interviews improved under the specialist multi-agency model, with regards to interviewers following best-practice guidelines, or the amount and detail of evidence elicited.

5.3.4 Investigation efficiency and quality

Several studies have examined how specialist units influence the length of investigations and the likelihood of abuse allegations being substantiated. The research shows mixed findings as to whether investigations have become more efficient under the multi-agency model.

Three studies relating to the SOCIT-MDC and CAC found there was a significantly higher probability of shorter investigations at specialist multi-agency centres when compared to traditional investigations.⁹⁴ For example, at the CAC, the majority (80 per cent) of investigations were completed in fewer than 60 days, compared with about half (49 per cent) in traditional police and/or child protection investigations.⁹⁵

⁸⁹ Cross et al., 2007.

⁹⁰ Cross et al., 2007.

⁹¹ Cross et al., 2007; Cross et al., 2008; Jenson et al., 1996.

⁹² Cross et al., 2007.

⁹³ NSW DCS et al., 2002.

⁹⁴ Powell & Wright, 2012; Walsh et al., 2008; Wolfeich & Loggins, 2007.

⁹⁵ Walsh et al., 2008.

However, there was no improvement in the *perception* of delay among victims reporting to SOCIT-MDC⁹⁶, and police and child protection officers at JIRT.⁹⁷ Faster investigations are presumed to be more efficient for workloads and cost-effectiveness, but a shorter investigation may not necessarily equate to an appropriate case outcome. For example, an investigation may end sooner if the victim withdraws their claim due to police persuasion.

Quantitative research at the CAC shows no change in the rate of children disclosing sexual abuse to multi-agency centres compared to the rate of reporting to traditional police and/or child protection investigators.⁹⁸ CAC investigations were significantly more likely to be substantiated than those reported via traditional methods. One study found that 72 per cent of CAC cases were substantiated, compared to just 37 per cent of those reported to traditional response units.⁹⁹ Another study found 47 per cent of CAC cases were substantiated, compared to just 13 per cent reported under the traditional child protection response model.¹⁰⁰ Although the rates of substantiation under the CAC's investigation vary across studies, it is clear that specialist unit investigations resulted in more substantiated cases than did traditional investigations.

Qualitative research involving professional SOCIT-MDC stakeholders (police, CPS, counselling and forensic medical personnel) suggests that the SOCIT-MDC model reduces the response time for other victim service providers in multi-agency units.¹⁰¹ Three features of the SOCIT-MDC response contributed to victims receiving a more timely response to their report: the provision of after-hours services, the presence of a dedicated sexual abuse response unit and access to a dedicated victim liaison representative – all of which ensured a more streamlined response. However, these perceptions need to be tested quantitatively before any firm conclusions can be drawn.

5.3.5 Cost

One study evaluated the cost of investigations and found that specialist multi-agency centres delivered significant cost benefits compared to the traditional response model.¹⁰² This study surveyed the public, and evaluated running costs of the CAC compared to the traditional police and/or child protection investigation process. The findings showed that the CAC's costs were 41 per cent lower per 1,000 cases than those of the traditional response model. However, the public perceived the initial cost of setting up or changing the CAC – upwards of US\$100,000 – as a barrier to having these centres. Indeed, anecdotal evidence suggested that the community housing the specialist unit being evaluated in this study struggled to raise the funds to develop it in the first place. The cost-benefit analysis showed a US\$3.33 benefit for every \$1 spent on the CAC, which led the researchers to conclude that the cost of establishing a CAC was marginal compared to the estimated cost benefits of running it.

⁹⁶ Powell & Cauchi, 2013.

⁹⁷ NSW DCS et al., 2002.

⁹⁸ Cross et al., 2008; Lippert et al., 2009.

⁹⁹ Wolfeich & Loggins, 2007.

¹⁰⁰ Smith et al., 2006.

¹⁰¹ Powell & Wright, 2012.

¹⁰² Shadoin et al., 2006.

5.3.6 Summary

Overall, the findings relating to the investigation process suggest that inter-agency collaboration is an improvement on the traditional model, and that there is organisational support for training and facilities to better conduct interviews. The research is too scarce to make any clear conclusions how investigative units have affected the quality, efficiency or cost of investigations and interviewing.

Furthermore, the research findings are open to bias because they include either non-blind samples of professional stakeholders¹⁰³ and/or no direct comparison group.¹⁰⁴

5.4 Investigation outcomes

Researchers have conducted nine studies that examine the influence of multi-agency and joint investigation response on investigation outcomes, focusing on SOCIT-MDC, STOP, CAC, CAAC, SART and JIRT units. These studies used a variety of methods: three interviewed or surveyed professional stakeholders at SOCIT-MDC and STOP locations¹⁰⁵; one examined CAC case files¹⁰⁶; four analysed CAC, SART and CAAC case outcome data¹⁰⁷; and one used a multi-method approach, including JIRT interviews, surveys and case file analysis.¹⁰⁸ Six of the studies directly compared investigation outcomes across the specialist units (CAC, CAAC, SART and SOCIT-MDC) with traditional responses.¹⁰⁹

Overall, the research findings were mixed as to whether specialist units could be associated with improved investigation outcomes. This section discusses the themes of the investigation-related findings in four sections: quality of investigative files; arrest and prosecution; conviction; and sentence length.

5.4.1 Quality of investigative files

Only a small amount of qualitative research has examined the quality of police case files, focusing on the SOCIT-MDC, JIRT and STOP. Police and prosecutors perceived that introducing specialist joint responses and multi-agency centres improved the quality of case files being prepared by police, JIRT, SOCIT-MDC and STOP personnel.¹¹⁰ Professional stakeholders at the SOCIT-MDC suggested that investigators who were more familiar with the case produced higher-quality case files compared to investigations being conducted by multiple officers, a victim liaison representative and a criminal investigator.¹¹¹ However, none of these studies conducted a quantitative analysis of investigation files to examine the validity of these perceived quality improvements.

¹⁰³ Cross et al., 2007; Garrett, 2004; NSW DCS et al., 2002; Powell & Wright, 2012; Success Works, 2011; Taylor et al., 2012; van Staden & Lawrence, 2010.

¹⁰⁴ Darwinkel et al., 2013; Garrett, 2004; Jenson et al., 1996; NSW DCS et al., 2002; Taylor et al., 2012; van Staden & Lawrence, 2010.

¹⁰⁵ Powell & Wright, 2012; Success Works, 2011; Zweig & Burt, 2003.

¹⁰⁶ Smith et al., 2006.

¹⁰⁷ Bradford, 2005; Joa & Goldberg, 2004; Miller & Rubin, 2009; Nugent-Borakove et al., 2006.

¹⁰⁸ NSW DCS et al., 2002.

¹⁰⁹ Bradford, 2005; Joa & Goldberg, 2004; Nugent-Borakove et al., 2006; Powell & Wright, 2012; Smith et al., 2006; Success Works, 2011.

¹¹⁰ NSW DCS et al., 2002; Powell & Wright, 2012; Success Works, 2011; Zweig & Burt, 2003.

¹¹¹ Powell & Wright, 2012.

5.4.2 Arrest and prosecution

A majority of studies found increased rates of arrest and charging at specialist joint units and multi-agency centres (specifically CAC, CAAC, JIRT, SART, STOP and SOCIT-MDC).¹¹² The rate of arrest was 1.7 times higher for cases investigated at the SART compared to the police-only traditional investigation, a statistically significant difference.¹¹³ Cases investigated at the CAC were twice as likely to result in a criminal indictment than traditional police and/or child protection investigations.¹¹⁴ CAAC investigations also resulted in a significantly higher number of criminal counts charged (2.78 counts) in comparison to traditional investigations (1.62 counts charged).¹¹⁵ However, laying more charges may just reflect a policy decision to charge with lower thresholds of evidence – it does not necessarily equate to improved investigation or prosecution outcomes.

Findings about prosecution rates are less clear. One quantitative study found that cases investigated at the CAC were significantly more likely to be referred for prosecution (80 per cent of cases) compared to traditional child protection investigations (43 per cent of cases).¹¹⁶ In contrast, three other studies (on the CAC, SART and RIU) showed that the rate of referral to prosecution did not differ significantly between the specialist multi-agency response on the one hand, and traditional responses involving police only, or joint police and child protection investigations on the other.¹¹⁷ Three qualitative studies (on the JIRT, CAC, STOP and SOCIT-MDC) showed that professional stakeholders perceived higher rates of referral to prosecution when specialist units were involved, but the validity of these perceptions was not tested.¹¹⁸

5.4.3 Conviction

The findings are unclear regarding improved conviction rates at specialist units compared to traditional responses. Several studies showed that conviction of alleged offenders was significantly more likely at multi-agency centres (CAC, CAAC, RIU and SART) compared to traditional police-only or joint investigations.¹¹⁹ For example, 56 per cent of cases investigated at the CAAC reached the conviction stage, compared to just 24 per cent of cases pursued by traditional methods.¹²⁰ Offenders were significantly more likely to plead guilty when their case was investigated by the CAAC (82 per cent) compared to traditional investigations by police, child protection and potentially other agencies (67 per cent).¹²¹ Importantly, although it appears that conviction rates increased at the SART compared to the police-only investigation, the most important predictor of case outcome was the extent of victim participation and the relationship between the victim and offender, not the type of response.¹²²

¹¹² Bradford, 2005; Joa & Goldberg, 2004; NSW DCS et al., 2002; Nugent-Borakove et al., 2006; Powell & Wright, 2012; Zweig & Burt, 2003.

¹¹³ Nugent-Borakove et al., 2006.

¹¹⁴ Bradford, 2005.

¹¹⁵ Joa & Goldberg, 2004.

¹¹⁶ Smith et al., 2006.

¹¹⁷ Cross et al., 2008; Wilson & Klein, 2005; van Staden & Lawrence, 2010.

¹¹⁸ NSW DCS et al., 2002; Miller & Rubin, 2009; Powell & Wright, 2012; Zweig & Burt, 2003.

¹¹⁹ Bradford, 2005; Joa & Goldberg, 2004; Nugent-Borakove et al., 2006.

¹²⁰ Joa & Goldberg, 2004.

¹²¹ Joa & Goldberg, 2004.

¹²² Nugent-Borakove et al., 2006.

Several studies on the CAC and RIU showed that these specialist units did not improve conviction rates.¹²³ For example, conviction rates were low (and not significantly different) for both the CAC (10 per cent of cases) and traditional child protection investigation responses (14 per cent of cases).¹²⁴ However, defendants were significantly more likely to be found guilty of the highest charge – rather than pleading guilty to a lesser charge – at the CAC than as a result of traditional police and/or child protection investigations.¹²⁵

5.4.4 Sentence length

There is no clear evidence that the involvement of specialist units influences sentence length. Two studies that focused on the CAAC and SART showed that these specialist units had no significant impact on the type of sentence or length of penalty for sexual abuse cases when compared to traditional responses.¹²⁶ For example, the majority of convicted offenders were sentenced to prison time for both the CAAC (19 per cent) and traditional (10 per cent) responses.¹²⁷ Furthermore, the average sentence length did not differ significantly between the CAAC (138 months) and traditional (104 months) responses.¹²⁸ Sentence length did increase when victims were interviewed at the CAAC (177 months), as opposed to just receiving a medical exam there (86 months). This finding suggests a connection between specialist interviews and increased sentence length, but the relationship may not be causal – that is, certain types of complainants may be prioritised for specialist interviews.¹²⁹ Importantly, it is unknown whether the comparison group for this study involved police only, or child protection personnel and/or any other agencies.

5.4.5 Summary

Overall, the findings regarding investigation outcomes suggest that specialist units are associated with increased arrest and charging rates. However, the research design limitations and sparse studies make it difficult to draw any firm conclusions about the influence of specialist units on investigation quality, prosecution and conviction rates, and sentence length. Furthermore, the sample of cases compared across the specialist unit and traditional responses varied for two reasons. Firstly, in most units (such as the CAC and CAAC) cases tended to involve more serious sexual offences than those dealt with via traditional responses. For example, the cases dealt with by specialist teams tended to involve penetration and those handled by traditional teams tended to involve non-penetrative offences.¹³⁰ Secondly, in two studies on the CAC, the pre-post methodology meant that the sample of cases at the CAC and those investigated using traditional responses were from substantially different time periods.¹³¹ Differences in the sample groups raise questions about the validity of these findings and the degree to which they may be generalised across the different models of specialist units.

¹²³ Bradford, 2005; Cross et al., 2008; Smith et al., 2006; van Staden & Lawrence, 2010.

¹²⁴ Smith et al., 2006.

¹²⁵ Bradford, 2005.

¹²⁶ Joa & Goldberg, 2004; Nugent-Borakove et al., 2006.

¹²⁷ Joa & Goldberg, 2004.

¹²⁸ Joa & Goldberg, 2004.

¹²⁹ Joa & Goldberg, 2004.

¹³⁰ Cross et al., 2008; Jones et al., 2007; Wolfteich & Loggins, 2007.

¹³¹ Bradford, 2005; Wolfteich & Loggins, 2007.

6. What are the challenges to making specialist units effective?

Across the studies, common themes arose regarding the main challenges involved in making specialist investigative unit responses more effective. Most of this data was qualitative in nature, as a result of professional stakeholders commenting on their concerns or potential issues that might arise.¹³² The challenges identified by these studies help to pinpoint the potential pitfalls of specialist units, and they also provide a starting point for further research. The following sections discuss the main challenges in four categories: sufficiency of resourcing; quality of leadership, management and personnel; the availability of specialised training for investigators; and effective inter-agency collaboration.

6.1 Sufficiency of resourcing

One major challenge to the efficacy of specialist unit responses was access to sufficient resources. Service providers at the SOCIT-MDC raised concerns about the lack of resources, particularly to support the ongoing functioning of the unit.¹³³ For example, SOCIT-MDC professional stakeholders explained that setting up the unit involved considerable investment, but they were concerned how the unit would cope once funding was reduced or removed. Stakeholders also shared concerns about the higher initial set-up and running costs for SOCIT-MDC and CAC, compared to the cost of establishing and running isolated agency responses.¹³⁴

Along with the costs, JIRT, SOCIT-MDC and SIT employees raised concerns about having sufficient staffing levels.¹³⁵ For example, at JIRT, police reported having appropriate staffing 0 per cent of the time, and child protection services rated their staffing as appropriate 7–11 per cent of the time.¹³⁶ Professional stakeholders at the JIRT, SOCIT-MDC and SIT also commented on the high caseload of police at the specialist units.¹³⁷ At the multi-agency SOCIT-MDC, police suggested that an increase in reporting rates and attendance at court led to a higher workload for investigators, compared to the isolated agency response model.¹³⁸ Police officers at the SIT – who were responsible for victim support and care from the official report all the way through to the end of a trial – reported being overworked and having to manage up to 30 complainants at any one time.¹³⁹

Unit employees perceived that the demands of a high workload resulted in a high turnover of staff. In the JIRT, over a third of police and child protection employees intended to stay in their position for less than two years.¹⁴⁰ More recently, police at

¹³² Garrett, 2004; NSW DCS, 2002; Powell & Wright, 2012; Sanford, 2000; Success Works, 2011; Taylor et al., 2012; van Staden & Lawrence, 2010.

¹³³ Taylor et al., 2012.

¹³⁴ Powell & Wright, 2012; Shadoin et al., 2006.

¹³⁵ Angiolini, 2015; NSW DCS, 2002; Powell & Cauchi, 2013; Powell & Wright, 2012; Taylor et al., 2012.

¹³⁶ NSW DCS, 2002, although note that this is an older study so may no longer be relevant.

¹³⁷ NSW DCS, 2002; Powell & Wright, 2012; Taylor et al., 2012.

¹³⁸ Powell & Wright, 2012.

¹³⁹ Angiolini, 2015.

¹⁴⁰ NSW DCS, 2002.

the SIT reported that due to low numbers of incoming officers to the unit, current officers were not rotated out or were actively prevented from leaving the unit.¹⁴¹

Staff in all types of specialist units also raised concerns about their emotional health. Employees at the SOIT, SIT and SOCIT-MDC – including police personnel, child protection officers, counsellors and forensic medical staff – commented on the high emotional toll of working solely on sexual abuse cases, and that this might result in burn-out and secondary trauma.¹⁴² SOIT, SIT, JIRT and SOCIT-MDC employees also suggested there was a lack of mental health services to help them cope with work stress.¹⁴³ Just over half (54 per cent) of the police and child protection employees surveyed at JIRT were not satisfied with the level of emotional support they received.¹⁴⁴

Specialist unit stakeholders also perceived inadequate resourcing in after-hours care for victims. At JIRT, 35 per cent of police and child protection officers suggested that staffing levels for after-hours care were mostly unsatisfactory.¹⁴⁵ The inability to access counselling services out of hours was also a concern for victims at the SOCIT-MDC.¹⁴⁶

The physical location and design of the co-located joint responses and multi-agency centres was another issue professional stakeholders identified. At the SOCIT-MDC, forensic medical officers were concerned that without appropriate health services located away from a hospital, they might not be able to provide a high-quality response to victims.¹⁴⁷ SOCIT-MDC stakeholders expressed concern about the ability to maintain, over time, the anonymity of co-located units housed in an independent unmarked location.¹⁴⁸ There was also concern about the lack of collaboration between agencies. Although the SOCIT-MDC response included improved collaboration with the prosecution unit, police wanted an in-house prosecutor for case advice, particularly in relation to selecting appropriate charges, collecting evidence, preparing case files for court and making case referral decisions.¹⁴⁹

6.2 The quality of leadership, management and personnel

The quality of management and leadership for senior staff was perceived as a major challenge to the effective running of specialist units. Employees at the SOIT, SIT, CPU and SOCIT-MDC commented on the need to improve the management and leadership at the specialist units.¹⁵⁰ Police reported that they received insufficient support from management at the CPU¹⁵¹, and investigating officers at the SOCIT-

¹⁴¹ Angiolini, 2015.

¹⁴² Angiolini, 2015; Metropolitan Police Authority, 2002; Success Works, 2011; Taylor et al., 2012.

¹⁴³ Angiolini, 2015; Metropolitan Police Authority, 2002; NSW DCS, 2002; Success Works, 2011; Taylor et al., 2012.

¹⁴⁴ NSW DCS, 2002.

¹⁴⁵ NSW DCS, 2002.

¹⁴⁶ Powell & Cauchi, 2013.

¹⁴⁷ Powell & Wright, 2012.

¹⁴⁸ Powell & Wright, 2012.

¹⁴⁹ Taylor et al., 2012.

¹⁵⁰ Angiolini, 2015; Garrett, 2004; Metropolitan Police Authority, 2002; Powell & Wright, 2012; Taylor et al., 2012.

¹⁵¹ Garrett, 2004.

MDC felt they lacked supervision.¹⁵² Employees at the SOCIT-MDC felt that senior staff should have strong management and leadership styles to improve the quality of service delivery, staff morale and productivity.¹⁵³ To ensure consistency of SOCIT-MDC sites across the jurisdiction, employees suggested a more centralised and strategic corporate management approach overseeing local management at the units.¹⁵⁴

Recruiting personnel to the specialist units was also considered a barrier to an effective specialist response. At various specialist joint and multi-agency units, employees – including police personnel, child protection officers, counsellors, and forensic medical staff from JIRT, CPU and SOCIT-MDC – were concerned with the selection and recruitment process.¹⁵⁵ Only a small minority (0–11 per cent) of police and child protection officers surveyed at the JIRT agreed that the recruitment and selection of staff was appropriate.¹⁵⁶ At the CPU, police and child protection officers were concerned that police officers were assigned to the unit without being asked or having expressed interest in the move.¹⁵⁷ Professional stakeholders at the SOCIT-MDC suggested the need for careful selection and screening of potential staff, to ensure their ability to work in a team environment, their genuine interest in the field, their willingness to be both victim liaison and criminal investigator, and their appropriate skills and experience.¹⁵⁸

Employees of JIRT and SOCIT-MDC also expressed concerns in four main categories regarding the adequacy of processes for selecting good staff. First, police at the JIRT complained that other police personnel lacked understanding about the complexity of their role investigating sexual offences.¹⁵⁹ Second, health professionals at the CPU were concerned about some police officers suggested that investigating sexual offences did not require specialist training.¹⁶⁰ Third, management staff at the SOCIT-MDC suggested that certain police personnel, although skilled and experienced in other areas of policing, would not be appropriate to work with victims, especially children.¹⁶¹ Fourth, police officers at the JIRT and SOCIT-MDC were concerned about being isolated from the majority of the police department.¹⁶² Professional stakeholders from the JIRT and SOCIT-MDC – including police personnel, child protection officers, prosecutors and forensic medical staff – recommended improving the recruitment process by selecting staff with demonstrated relevant skills, pertinent experience and a commitment to working in the sexual abuse field.¹⁶³

¹⁵² Taylor et al., 2012.

¹⁵³ Powell & Wright, 2012; Taylor et al., 2012.

¹⁵⁴ Powell & Wright, 2012.

¹⁵⁵ NSW DCS, 2002; Powell & Wright, 2012; Taylor et al., 2012; Garrett, 2004.

¹⁵⁶ NSW DCS, 2002.

¹⁵⁷ Garrett, 2004.

¹⁵⁸ Powell & Wright, 2012.

¹⁵⁹ NSW DCS, 2002.

¹⁶⁰ Garrett, 2004.

¹⁶¹ Taylor et al., 2012.

¹⁶² NSW DCS, 2002; Powell & Wright, 2012.

¹⁶³ NSW DCS, 2002; Taylor et al., 2012.

6.3 The availability of specialised training for investigators

A common challenge among professional stakeholders in all types of specialist units – CPU, CAC, SOIT, SIT, SOCIT-MDC and RIU – was the availability of specialised police training in how to conduct sexual abuse investigations.¹⁶⁴ Professional stakeholders from different units wanted training in different areas. CAC employees wanted a better outline of the roles and functions of relevant co-located agencies.¹⁶⁵ JIRT police and child protection officers wanted training on child development and perpetrators of child abuse.¹⁶⁶ SOCIT-MDC and JIRT staff both wanted sensitivity training around appropriate responses to distinct groups of victims, including cultural groups and complainants with a cognitive impairment or disability.¹⁶⁷ SIT police officers wanted more training on the law, decision making, advanced exhibits, forensic science, managing child complainants, myths and stereotypes of sexual offences, and interview techniques.¹⁶⁸

In addition to better initial training, professional stakeholders at the JIRT and SOCIT-MDC commented on the need for refresher training.¹⁶⁹ The majority (84 per cent) of SOCIT-MDC staff wanted ongoing refresher training to maintain their skills and knowledge.¹⁷⁰ Police and child protection workers at the JIRT wanted skills-based refresher training, with a particular focus on interviewing skills, more realistic practice sessions with children, and how to respond to specific age groups of children.¹⁷¹ Police officers at the SOCIT-MDC and JIRT also wanted refresher training to keep them updated on legislation and procedural changes, and new crime areas – for example, sexting.¹⁷²

6.4 Effective inter-agency collaboration

The final challenge for specialist units was effective inter-agency collaboration. Professional stakeholders cited some common barriers to effective collaboration on sexual abuse investigations. Many stakeholders commented on the need to improve the communication and contact between the multiple service providers included in the collaborative response at the CAC and SOCIT-MDC.¹⁷³ Suggestions to improve stakeholder collaboration at the JIRT and SOCIT-MDC included increasing the amount of contact between service providers, for example by holding more joint meetings.¹⁷⁴

Older studies suggest there is variation in the degree to which joint units and multi-agency centre staff actually worked together.¹⁷⁵ Although these findings may now be outdated, they provide insights into some of the issues that may arise with increased

¹⁶⁴ Angiolini, 2015; Garrett, 2004; Metropolitan Police Authority, 2002; Sanford, 2000; Taylor et al., 2012; van Staden & Lawrence, 2010.

¹⁶⁵ Sanford, 2000.

¹⁶⁶ NSW DCS, 2002.

¹⁶⁷ NSW DCS, 2002; Success Works, 2011.

¹⁶⁸ Angiolini, 2015.

¹⁶⁹ NSW DCS, 2002; Taylor et al., 2012.

¹⁷⁰ Taylor et al., 2012.

¹⁷¹ NSW DCS, 2002.

¹⁷² NSW DCS, 2002; Taylor et al., 2012.

¹⁷³ Sanford, 2000; Taylor et al., 2012.

¹⁷⁴ NSW DCS, 2002; Taylor et al., 2012.

¹⁷⁵ Garrett, 2004; NSW DCS, 2002; Sanford, 2000.

inter-agency involvement. At the JIRT, the majority (72 per cent) of staff agreed that investigations were conducted jointly with police and child protective services.¹⁷⁶ However, interviews with professional stakeholders indicated that many police officers at the CPU and JIRT perceived that they tended to take the lead in investigations, and that child protection officers 'came along for the ride'.¹⁷⁷

Professional stakeholders also experienced conflict between the roles of different agencies during joint investigations. The majority (80 per cent) of JIRT police and child protection officers agreed that conflict between agencies occurred.¹⁷⁸ One major reason is the competing duties of agencies during investigations. Police personnel are responsible for ensuring that the methods and timeliness of interviewing and investigative actions allow for appropriate collection of evidence. Child protection officers must focus on the immediate safety needs of the child. JIRT staff found that at times these roles clashed, for example when child protection officers wished to remove the child from care before the police were prepared to interview potentially abusive parents about the allegations.¹⁷⁹ Different agencies at the CPU also had different ideas on the appropriate case outcome.¹⁸⁰ For example, police representatives were overly focused on resolving cases at court, whereas child protection officers sometimes sought non-statutory options.¹⁸¹

Some professional stakeholders at the CPU, JIRT and CAC were also concerned about overlapping or blurred lines between the different agencies.¹⁸² About half (52 per cent) of the staff at the multi-agency CAC suggested that there was little unnecessary role overlap across service providers¹⁸³; however, overlaps were considered confusing for victims and a hindrance to effective service delivery.¹⁸⁴ For example, at the joint-investigation CPU, police officers performed duties that CPS would usually be responsible for.¹⁸⁵ Professional stakeholders at the CAC recommended improving the procedural guidelines for service collaboration by outlining the roles and functions of the relevant agencies.¹⁸⁶

7. Conclusion

This research aimed to systematically review international literature to critically evaluate what is known about the efficacy of specialist investigation units in responding to sexual abuse, and to identify what features determine the effectiveness of these units. The review found that, overall, specialist units improved victim satisfaction and parts of the investigation process, and also increased arrest rates when compared to traditional responses. These findings suggests that

¹⁷⁶ NSW DCS, 2002.

¹⁷⁷ Garrett, 2004; NSW DCS, 2002.

¹⁷⁸ NSW DCS, 2002.

¹⁷⁹ NSW DCS, 2002.

¹⁸⁰ Garrett, 2004.

¹⁸¹ Garrett, 2004.

¹⁸² Garrett, 2004; NSW DCS, 2002; Sanford, 2000.

¹⁸³ Sanford, 2000.

¹⁸⁴ Sanford, 2000.

¹⁸⁵ Garrett, 2004.

¹⁸⁶ Sanford, 2000.

specialist police units can improve the effectiveness of the police response to sexual abuse when compared to traditional responses.

7.1 Overview of the findings

Major limitations in the evaluative research make it impossible to draw any conclusions about what features determine the efficacy of specialist units. Different organisations used different response models and methods of evaluation, preventing the findings of one model being generalised to another. The only studies comparing specialist units to a comparison group focused on multi-agency centres. As such, it is not possible to tell if the improvements resulting from this type of unit would also apply to police-only and joint investigation specialist units. Another limitation is that the studies were all designed retrospectively rather than prospectively, making it impossible to determine what factors contributed to any improvements in efficacy. As such, we cannot say what features of these units (for example, the reporting model, the location or the level of training), if any, contributed to any changes in service delivery, or even if the changes were a result of having a specialist unit respond to these cases or having an individual who has specialist skills.

Nevertheless, the review did find that victims tend to prefer specialist units rather than traditional responses. At specialist units, victims were more likely to report feeling more involved, valued, listened to and respected, and that they were treated fairly, with dignity and discretion. The importance of these factors to victims – and community trust in the criminal justice response to these cases – is strongly supported by the broader literature on victim satisfaction with the criminal justice response, including adult complainants of historic childhood sexual abuse.¹⁸⁷

Evidence indicated that aspects of the investigative response improved with the adoption of specialist units. There was some improvement in levels of inter-agency collaboration; the availability of interviewing facilities and support for training; and victim referrals to other agencies (such as medical examination and counselling services). Professional stakeholders also reported increased job satisfaction. The consistency and qualities of these findings suggest that these improvements are related to the formal organisational structure provided by these units, especially when response agencies are co-located in multi-agency centres.

Less clear was whether specialist units improved the quality of investigation and prosecution outcomes compared to those attained in traditional responses. There was some evidence of an increase in substantiated allegations, the speed of referral to other services, and the rates of charging and arrest. But the evidence was too limited to draw any conclusions about the influence of specialist units on investigative delays, the quality of investigation files, and prosecution and conviction rates.

¹⁸⁷ Daly, 2014; Lees, 1996; Jordan, 2001.

7.2 Implications for future research

The findings of this systematic review provide an evidence base to suggest that as a form of specialist investigative unit, multi-agency centres may improve police responsiveness to investigations into sexual abuse. These findings are mainly based on qualitative research involving professional stakeholders. This type of research provides important insights in terms of what those working in the field perceive is effective, but more research is urgently required to empirically test the validity of stakeholders' perceptions.

A more sophisticated evidence-based approach is needed if we are to go beyond a trial-and-error approach to reform and provide clearer answers on how best to respond to sexual abuse at a policy level. Without this research, we will not know if these units are actually influencing prosecution outcomes and the victim's experience of the criminal justice process.

More definitive answers about the efficacy of specialist units could be achieved by conducting:

- prospective evaluation studies that measure objective outcomes – to provide a baseline before the implementation of the regime – against a comparison control group
- an analysis of the cost per case for each type of specialist unit, to identify allow the most cost-effective method of service delivery¹⁸⁸
- quantitative studies that examine the influence of specialist units – and the different features of these units – on the quality of police investigations, interviewer skills, prosecutions and case outcomes, compared to non-specialist responses and individual specialists
- studies that examine the long-term implications (including levels of reporting and health outcomes) of specialist unit responses to victims, compared to non-specialist responses and individual specialists.

Conducting this research is the only way to remove the guesswork from policy decisions about how police should effectively respond to allegations of sexual abuse. Developing this evidence base will give police the ability to conduct these challenging investigations to the highest standard, and respond effectively to the multi-faceted needs of victims in these cases.

¹⁸⁸ Snell, 2003.

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Appendix B: Summary of the research examining the efficacy of police specialist units

| <i>Response name and jurisdiction/ country</i> | <i>Description of specialist unit</i> | <i>Reference</i> ¹⁸⁹ | <i>Method</i> | <i>Sample</i> | <i>Measures</i> | <i>Findings</i> | <i>Limitations</i> |
|--|--|--|---|--|---|--|---|
| Joint Investigative Response Team (JIRT) in New South Wales, Australia | <p>Target population: Child abuse (not historical complainants of child abuse)</p> <p>This is an initiative of NSW Department of Community Services, NSW Health and NSW Police. The response involves police and child protective services conducting joint investigation into allegations of child abuse. Officers received training in joint investigation. In some service areas, police and child protective services were also co-located. Although NSW Health was involved in developing the joint initiative, health services were not</p> | NSW Department of Community Services, NSW Health, and NSW Police (2002). | <p>Multi-method approach.</p> <p>Questionnaires and interviews with working group, JIRT staff and government staff regarding their perceptions of the JIRT.</p> <p>Data from police and government databases.</p> <p>Document analysis, including policy and procedure manuals.</p> | <p>Questionnaires: 65 JIRT staff, 30 counsellors, seven medical professionals and 22 prosecutors.</p> <p>Interviews: Three non-offending parents, and three child or teenage victims.</p> <p>Other: Case data for child sexual abuse cases during 1999.</p> | <p>Case outcomes: Acceptance by JIRT, protective interventions, arrest and prosecution.</p> <p>Measures: Victim and caregiver satisfaction with response.</p> | <p>Charges were laid in 16% of cases, with 545 persons arrested in 581 cases. Protective interventions were applied for in 8% of cases, and there was a case application for a child in 1.5% of cases. For 76% of cases, the final outcome was no further action taken. The remainder of cases were awaiting finalisation.</p> <p>Satisfaction with referral process to the JIRT was low. The majority of cases referred to the JIRT were accepted: 68% in 2000 and 64% in 2001. Cases were rejected due to poor-quality information and lack of detail; lack of context; time delays; and not meeting criteria for joint investigation.</p> <p>Satisfaction with the after-hours response was quite poor among JIRT and government staff: 35% said the after-hours response was 'mostly unsatisfactory'.</p> <p>JIRT investigations took 19–80 days. Median delays for prosecution were 102–172 days between arrest and committal; 267–506 days between committal and outcome; and 5–49 days between outcome and sentence. However, delays were unaffected by the joint investigation approach.</p> <p>Most JIRT staff (75%) rated themselves as 'mostly competent' interviewers. This included 68% of child services staff and 80% of police officers. Most believed their training equipped them 'very well' or 'somewhat well', but were keen to have regular skills-based refresher courses on responses targeted at particular groups of children, and more authentic training interviews with children. Staff were overwhelmingly positive about the use of video-recorded interviews.</p> <p>Only 4% of cases involved orders for a forensic medical examination. Medical professionals' comments varied widely regarding their satisfaction with the timeliness of referrals from the JIRT. JIRT staff were 'mostly satisfied' (64%) with the promptness and manner of medical examinations, and just over half were 'mostly satisfied' with the quality of the report.</p> <p>Comments by JIRT staff and counsellors suggest that a significant proportion of cases are not referred to health and counselling services, and that JIRT staff were reluctant to make referrals.</p> | <p>Low response rate on questionnaires: 39% for JIRT staff.</p> <p>Small sample size for interviews.</p> <p>Incomplete and missing data.</p> <p>No comparison group for the traditional response.</p> |

¹⁸⁹ Rows shaded in grey reflect studies that had no control group for direct comparison.

| <i>Response name and jurisdiction/ country</i> | <i>Description of specialist unit</i> | <i>Reference</i> <small>189</small> | <i>Method</i> | <i>Sample</i> | <i>Measures</i> | <i>Findings</i> | <i>Limitations</i> |
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| | included in the specialist response. | | | | | <p>Interviews with child victims revealed they were concerned about the inter-personal aspects of the investigation, including their level of comfort in the interview and with who interviewed them; the timing and pace of the interview; and being informed of the purpose of the interview.</p> <p>Interviews with family and JIRT staff revealed that police officers often talked family members out of going to court, and the decision to proceed was left in the family's hands.</p> <p>On average, 79% of cases proceeded to prosecution. Cases did not proceed because the family did not wish to proceed, there was insufficient evidence, there were concerns about the child being a good witness, or evidence was contaminated.</p> <p>Briefs of evidence were perceived as 'good' or 'excellent' by 75–80% of prosecutors, while 44–67% of respondents rated JIRT briefs as better than those in police-only investigations. These respondents felt that JIRT briefs had a better understanding of the law and child sexual assault; were more prepared; and were less likely to be contaminated. Negative comments related to the higher standard of peripheral investigation and the need for additional evidence (such as complaints, medical evidence and corroborative evidence).</p> <p>The conviction rate for the 40 cases prosecuted in 1999 was 100%. Sixty per cent of prosecutors commented on the improved success rate of prosecutions following the introduction of the JIRT, which was attributed to higher-quality briefs leading to more guilty pleas and convictions.</p> <p>Sixty per cent of JIRT staff were 'very clear' about their role in the joint investigation. This rate was higher for police personnel (67%) than for child protective officers (54%). Some child protective officers commented that police personnel had not fully accepted the joint investigation model and tended to minimise their role in protecting the child's interests. Police respondents complained that other members of the police force did not recognise the complexity of their work. Most JIRT staff (72%) indicated that child interviews were conducted jointly and the task was shared equally. Where the task was not shared, the police representative had taken the lead in the interviews with children. JIRT staff reported tension in the timing of investigative or protective actions, leading to potential contamination of criminal proceedings. The majority of staff (60%) felt that any such conflict did not disrupt the effectiveness of the investigation.</p> <p>Joint briefing and debriefing meetings were 'mostly helpful' for 60% and 'sometimes helpful' for 30% of JIRT staff.</p> <p>NSW Health staff were 'mostly satisfied' by their inter-agency relationships with JIRT staff. They commented on the need for greater continuity, reduced staff turnover,</p> | |

| <i>Response name and jurisdiction/ country</i> | <i>Description of specialist unit</i> | <i>Reference</i> <small>189</small> | <i>Method</i> | <i>Sample</i> | <i>Measures</i> | <i>Findings</i> | <i>Limitations</i> |
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| | | | | | | <p>better communication, earlier contact between agencies and more consultation regarding case planning meetings.</p> <p>JIRT officers also raised concerns about understaffing. They suggested that the police representatives were staffed appropriately 0% of the time, and child protective services staffed appropriately 7–11% of the time. Between 30% and 50% of JIRT staff deemed staff recruitment and selection 'inadequate'. Suggestions for improvement included hiring staff with more experience, demonstrated skills and commitment to the area.</p> <p>Over a third of JIRT staff intended to stay in their positions for less than two years, mainly due to the high workload, inadequate supervision, isolation from the rest of the department and the lack of opportunities for career development in the area. Although 63% of JIRT staff said they received some supervision, 20–40% wanted more supervision. The barriers to supervision included high supervisor workload and a lack of both skill and commitment in supervision. Over half (54%) of JIRT employees were not satisfied with the level of emotional support they received in relation to work stress, which was more of a concern for police who viewed reaction to stress as a weakness.</p> <p>About half of JIRT staff were 'mostly satisfied' with their work, mainly due to the feeling that they were making the world a safer place for children, providing a community service and playing a role in inter-agency collaboration.</p> | |
| Sexual Offence and Child Abuse Investigation Teams Multi-Disciplinary Centre (SOCIT-MDC) in Victoria, Australia | <p>Target population: Child and adult complainants of sexual assault (including historical complainants)</p> <p>SOCITs comprise police officers who receive specialist training as detectives so they can investigate sexual offences and provide victim support.</p> <p>Multi-agency co-location at MDCs</p> | Powell & Cauchi (2013) | Qualitative interviews of victims regarding their overall experience of reporting sexual assault, including the strengths and limitations of the services they received, and how the services could be improved. | <p>A total of 25 victim/ complainants (24 female and 1 male) of sexual assault who reported to Victorian Police at SOCIT-MDC or the comparison model.</p> <p>Victims who reported at SOCIT-MDC: n=7.</p> | Victims' experiences and perceptions of the services. | <p>The elements of the SOCIT-MDC (compared to the traditional model) align with victims' concerns about reporting, namely being treated with dignity and respect. Key elements of the SOCIT-MDC approach included treating victims as valued complainants; providing privacy and anonymity to victims; minimising the number of case workers; timely response; making services more accessible; and keeping victims apprised of the legal status of their cases.</p> <p>Negative comments about service delivery included victims feeling that their complaint was not believed; having to attend a police station to report their experience; inadequate soundproofing of counselling rooms; exposure to multiple service providers; lengthy delays in the investigation process; lack of access to counsellors after office hours; and not being apprised of the status of the case.</p> <p>The satisfaction rating for SOCIT-MDC was 93%, compared to 56% for the traditional model. Respondents made more positive and less negative comments about SOCIT-MDC compared to the old model. All victims reporting to the SOCIT-MDC stated they would recommend that others use the service, and 22 participants stated they preferred the SOCIT-MDC over the old model.</p> | Participants were not randomly selected; victims were referred by service providers (seven referred by SOCIT officers). |

| <i>Response name and jurisdiction/ country</i> | <i>Description of specialist unit</i> | <i>Reference</i> <small>189</small> | <i>Method</i> | <i>Sample</i> | <i>Measures</i> | <i>Findings</i> | <i>Limitations</i> |
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| | includes police (SOCITs); counselling and victim support (Centres Against Sexual Assault (CASA)); child protection services (Department of Human Services (DHS)); and forensic medical examinations (Victorian Institute of Forensic Medicine (VIFM)). | | | Victims who reported at SOCIT-MDC and the comparison: n=7. Victims who reported at the comparison only: n=11. | | | |
| | The specialist unit was compared to independent services delivered by the different agencies separately. Specialist SOCIT officers were involved in victim liaison and victim interviews, and detectives from the general crime department conducted the investigation and suspect interviews. For complex cases (such as child abduction involving sexual offences), Sexual Crimes Squad detectives conducted the | Powell & Wright (2012) | Qualitative interviews of service providers about factors integral to the success of the model; the perceived impact of the SOCIT-MDC; their experiences of co-location with other professional agencies; and future concerns, considerations and support for a roll-out of the model. | 90 stakeholders, including service providers and senior management representing each agency located at the MDCs; 48 staff from SOCIT-MDC sites (including police management; SOCIT detectives; administrative staff; and CASA, DHS, Sexual Offence and Child Abuse | Stakeholders' perceptions of the new model. | <p>Stakeholders gave strong and unanimous support for the SOCIT-MDC model, specifically the provision of victim services in one location. Furthermore, there was strong support for the combined investigative and victim support role for SOCIT officers, ensuring a more efficient and user-friendly service for victims.</p> <p>The four key strengths of the reform were the co-location of services; the adoption of a neutral independent service facility; the specialisation of police officers; and the strong organisational commitment and support. The SOCIT-MDC was perceived to have improved outcomes compared with sites operated under the traditional model, particularly with respect to improved collaboration; greater victim satisfaction and reporting rates; increased referrals between professionals; reduced response and investigation times; better-quality case files; and higher prosecution and conviction rates.</p> <p>Professionals raised some concerns, including the initial financial outlay; the potential confusion of victims concerning professionals' roles; the potential for the anonymity of the service to diminish over time; the risk of fragmentation within the police service; restrictions on medical services provided by VIFM at MDCs; and difficulty staffing some services (such as VIFM).</p> <p>Recommendations for a wider roll-out included the need for ongoing resources; appropriate selection of staff (particularly SOCIT officers); adequate location and</p> | Non-blind sample – all participants were aware of the aims underpinning the change in service delivery. |

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| | investigation and interviews. All other agencies were isolated, requiring victims to travel between locations. | | | Officers (SOCAU) and CIU representatives); 11 staff from comparison sites (police management, and SOCAU and CIU staff); and 31 management staff (from SOCIT, SOCAU, the Sexual Crimes Squad, the Prosecution Specialist Sexual Offences Unit, child witness services, VIFM and CASA). The sample of stakeholders was diverse, including stakeholders with experience transitioning to the new model, who discussed their perceptions and experiences comparing the old and new models. | | design of the MDC building; consideration of case delineation for SOCITs; and maintaining strong management of and collaboration between service providers. | |

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| | | | | Stakeholders' experience level was not examined, to preserve anonymity. | | | |
| | | Success Works (2011) | <p>Qualitative interviews with victims about their experience reporting to police, and whether they would recommend others to report a sexual offence.</p> <p>Qualitative interviews with service providers regarding the reporting and investigation of sexual offences under the new model.</p> <p>Quantitative data from agencies including NSW Police, prosecutors,</p> | <p>83 adult victim survivors (74 female and nine male).</p> <p>Police (SOCIT, SOCAU, CIU and general duties), judges, magistrates, prosecutors, defence lawyers, public servants and CASA workers.</p> <p>No further detail disclosed in the paper.</p> | <p>Victims' experiences and perceptions of the services.</p> <p>Stakeholders' perceptions of the new model.</p> <p>Sexual offence reporting and case withdrawal rates.</p> | <p>Benefits of the SOCIT-MDC model included improved access and support for victims when reporting; improved follow-through of investigation; improved briefs of evidence; cultural change among police officers toward being more accepting and believing of victims; improved collaboration between services co-located at the MDCs; and improved victim satisfaction with the process.</p> <p>About 70% of victims stated they would recommend others to report sexual assault in all cases or under certain circumstances (for example, as long as they had sufficient evidence).</p> <p>Concerns regarding the SOCIT-MDC included the risk of burn-out and vicarious trauma for sexual offence specialists; cultural issues surrounding reporting for Indigenous Australians and people from a non-English-speaking background; issues surrounding reporting for people with a cognitive impairment or disability; the need to keep victims informed of the status of the case; and lack of community awareness of changes.</p> <p>There has been little change in reporting rates since the introduction of the SOCIT-MDC. Police data suggested that attrition (case withdrawal by victims) increased between 2005–06 and 2008–09, and then decreased substantially in 2009–10, whereas attrition in the courts increased significantly in 2009–10.</p> | <p>Reported benefits may not be solely due to the SOCIT-MDC reform; the evaluation examined the efficacy of a broader sexual assault reform strategy that incorporated the SOCIT-MDC as well as changes to legislation, court processes and specialisation of other service responses (including prosecution).</p> <p>There was a lack of information on the sample of stakeholders interviewed for the evaluation. The paper noted there was only a small sample of police officers.</p> |

| <i>Response name and jurisdiction/ country</i> | <i>Description of specialist unit</i> | <i>Reference</i> <small>189</small> | <i>Method</i> | <i>Sample</i> | <i>Measures</i> | <i>Findings</i> | <i>Limitations</i> |
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| | | | courts, child witness services, VIFM and the DHS. | | | | |
| | | Darwinkel, Powell & Tidmarsh (2013) | Pre-post study examining whether SOCIT officers' victim-blaming attitudes and perceptions of case authorisation improved following specialist training. | 77 SOCIT officers (66% male and 34% female). | Victim responsibility for the abuse, and perceptions of case authorisation. | <p>Victim-blaming attitudes correlated with perceptions of the likelihood of case authorisation for prosecution. Specifically, the higher the attribution to the victim of responsibility for the assault, the lower the likelihood of case authorisation.</p> <p>The training was associated with improvements in pre-post measures of victim responsibility and case authorisation. After the training, SOCIT officers' perceptions of victim responsibility were lower and case authorisations were higher. For cases in which the evidence was ambiguous – that is, evidence neither supported nor refuted the allegation – victim responsibility dropped from 3.03 to 1.89 out of 10, and case authorisation increased from 4.74 to 5.91 out of 10.</p> <p>The factors that SOCIT officers listed to support their decision regarding case authorisation also changed following training, to reflect a greater understanding of the dynamics of sexual offending. Specifically, officers made significantly more comments about the victim–offender relationship and grooming processes (0.26 to 1) compared to before they received training. They also made fewer negative comments about the victim's behaviour (2.95 to 1.64) and the lack of corroborative evidence (4.82 to 3.42).</p> | <p>No follow-up measure; post-training measurement was immediately after training.</p> <p>Changes were documented in the classroom not the field setting.</p> <p>Moderate sample size.</p> <p>No comparison group of traditional response.</p> |
| | | Taylor, Muldoon, Norma & Bradley (2012) | Interviews and surveys with victims regarding their experiences and perceptions of reporting, as well as barriers and facilitators to reporting. Qualitative focus group discussions | 336 victims (201 female, 33 male, and two unknown), 130 reported to police; 64 victim interviews, 36 reported to police. 60 specialist sexual assault | Victims' perceptions and experiences of reporting to police. Police officers' perceptions and experiences of | <p>Reporting helped victims feel validated and empowered, and negative family/community responses were negated by police officers (for example, by police officers speaking with family members). Victims reporting sexual assault by a stranger or person not intimately known or related to them cited more positive experiences with police. Negative responses to reporting included feelings of distrust toward police officers, due to not being believed or the case not proceeding. Victims recommended providing an independent advocate or liaison representative.</p> <p>Police were aware of barriers to reporting for victims, including cultural issues; family concerns; unhelpful views held by police (including beliefs about 'ideal' or 'real' victims); the rigours of the legal process; rural or small community barriers (such as victims being wary of community backlash); and negative responses by downstream criminal justice processes (for example in cross-examination or the court process). Despite understanding these barriers, police officers still held negative views of some victims, for example that victims reporting historical sexual offences were 'time wasters' and a waste of police and court resources.</p> | <p>Non-random sampling of case files, and incomplete records.</p> <p>Low survey and interview responses.</p> <p>No comparison group for the traditional response.</p> <p>Factors inferred from case files.</p> <p>Incomplete or missing data in police files.</p> |

| <i>Response name and jurisdiction/ country</i> | <i>Description of specialist unit</i> | <i>Reference</i> 189 | <i>Method</i> | <i>Sample</i> | <i>Measures</i> | <i>Findings</i> | <i>Limitations</i> |
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| | | | <p>with specialist police members regarding their perceptions and experiences with victims reporting sexual assault.</p> <p>Qualitative focus group discussions with sexual assault counsellors regarding their perceptions and experiences with victims reporting sexual assault.</p> <p>Case file study of sexual offences investigated by police, as well as interviews with authorising officers (AOs), recommending officers (ROs), investigating officers (IO), key informants</p> | <p>police members.</p> <p>Six focus groups of sexual assault counsellors.</p> <p>90 case files of sexual assaults reported to police in 2004–08. Supplementary interviews with 28 AOs, seven ROs, two IOs, three key informants</p> | <p>victims reporting to police.</p> <p>Sexual assault counsellors' perceptions and experiences of victims reporting to police.</p> <p>Factors involved in police decision making.</p> | <p>Police noted aspects of a sexual offence that influence their decision making, including whether the case fits the classic or 'ideal' rape; the availability of resources; competing priorities (case workload); case factors such as the victim–offender relationship, the presence of alcohol and perceived victim credibility; and the perception of false and regrettable sex reports.</p> <p>Police officers admitted to persuading victims into making a choice regarding their case – for example to withdraw the report – but believed they did so in the best interests of the victim. For example, they often highlighted certain aspects or responses while downplaying others, in order to lead a victim to withdraw a case when the officer believed it was a false report. Historical reports and cases with a familial suspect were those most likely to lead to an 'options talk', to persuade the victim to withdraw. Police officers also engaged in persuasive options talks as a form of screening when resources were limited, and when victims were anxious, nervous or fearful about the justice process. Some police officers interviewed were concerned that the options talk was used to dissuade a victim when officers were lazy or not competent, to avoid investigating the report. Some officers stated that the options talk was a neutral process and simply laid out the options for victims, and some ensured they did not give victims an information overload – for example, they provided written information on the options.</p> <p>The decision to resign a case as 'no further police action' was similarly related to issues such as a lack of resources, and dissuasive options talks. It was, however, considered a therapeutic option for victims, insofar as they were able to report abuse but be spared the damaging aspects of the court system. Overall, discouraging victims from proceeding with cases was considered a protective measure, to prevent victims experiencing the negative responses of the later justice processes.</p> <p>SOCIT officers were concerned with having to undertake the dual role of victim support and investigator. They were particularly concerned about experiencing strain; being interested or better suited to only one aspect of the role (for example strength in interviewing suspects but not victims); loss of focus on the victim; insufficient resources (a drying up of resources and funding); caseload; and emotional impact and burn-out.</p> <p>Police officers raised concerns about resourcing, including poor access to appropriate technology, overtime, vehicle access and access to training. They commented on the need for refresher training, particularly regarding skills-based techniques and new areas of crime (for example, sexting), or ongoing training as a part of regular in-service work.</p> <p>Counsellors were highly aware of the barriers to reporting for victims, including family issues, the presence of alcohol, the relationship to the offender, the fear of a negative police response, lack of physical evidence. As a result, CASA officers</p> | |

| <i>Response name and jurisdiction/ country</i> | <i>Description of specialist unit</i> | <i>Reference</i> <small>189</small> | <i>Method</i> | <i>Sample</i> | <i>Measures</i> | <i>Findings</i> | <i>Limitations</i> |
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| | | | and prosecutors. | and one prosecutor. | | <p>reported advising victims not to report to the police, for fear of them not being believed, to protect their wellbeing. Counsellors were more confident in suggesting that victims report when they could refer the victim to a particular officer who would provide a positive response.</p> <p>Counsellors expressed frustration with the inconsistency of responses their clients experienced when reporting to police, ranging from excellent to woeful. However, they acknowledged improvements following the shift to the SOCIT model, noting that many excellent and dedicated police officers worked in the field. One recommendation was to improve SOCIT training with a greater focus on attitudes to sexual offences and communication with victims. Counsellors perceived that a positive response from police was one where police validated the victim's account of the offence.</p> <p>Counsellors gave examples of police officers using the options talk to dissuade victims from continuing with their case. They suggested that police officers engaged in this process for cases they believed to be too difficult to prosecute. Counsellors noted that this had a negative impact on victims' recovery and contributed to their feeling that police officers were not listening or were judging their story.</p> <p>Some counsellors enjoyed their collaboration with police officers at MDC sites, suggesting it improved information sharing, enhanced victim reporting, and quickly and proactively addressed issues or misunderstandings. However, relationships were inconsistent and required personal relationship building. Counsellors suggested more consistent and regular contact with police officers, and a strong management/leadership style. Suggestions for improvement focused on more resourcing and better police training.</p> <p>Police respondents placed a high priority on collecting 'hard evidence' such as DNA, medical evidence, physical evidence (crime scene materials), witnesses, photographs, CCTV footage, phone records and offender admissions. They perceived cases with hard evidence as easier to investigate and prosecute; 73% of authorised cases had hard evidence.</p> <p>Having a witness was the most frequent factor related to an offender being processed. The most frequent factors relating to a prosecution outcome included the presence of a vulnerable victim, offender admissions and the availability of a witness, followed by the presence of a credible victim, medical evidence or other hard evidence. The research found that formal police reports on the reasons for authorising a case were rare or frequently lacked detail. Victim-related factors appeared to be reinforced by other factors, rather than treated as a sole driver of prosecutorial intent – that is, the victim was seen as more credible when a witness</p> | |

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| | | | | | | <p>was also available. On average, 2.9 factors were related to the decision to authorise a case.</p> <p>Formal reports on the reasons for non-authorisation were given for 81% of the sample of non-authorised cases. The most common reasons for withdrawal of a complaint by a victim were that the case involved the victim's words only, or the victim was uncooperative. The most frequent reasons for cases designated 'summons not authorised' were that the case relied on the victim's words only, there was insufficient evidence, the victim was a poor witness, the victim was blameworthy or the accused denied the charges, followed by the unlikelihood of success, the witness being contradictive and other reasons. Unlike the authorised cases, it appeared that victim factors were major decision-making influences for non-authorised cases. On average, 4.3 factors were related to the decision not to authorise a case.</p> <p>Contact with the Office of Public Prosecutions (OPP) was involved in 10 of the 90 cases, one of which did not proceed. The contact was perceived as helpful, and the OPP's advice was generally rated as excellent. Police highlighted the need for an in-house prosecutor to advise them on cases, and welcomed closer relationships with prosecutors. Police suggested that contact with the OPP early on was helpful and resulted in practical advice that saved time, compared to advice received closer to a case being prosecuted. However, there were issues with changing OPP personnel, and with the OPP changing charges in cases without prior consultation. Recommendations included more frequent conferences with the OPP, a closer working relationship with the OPP in preparing briefs and greater information-sharing.</p> <p>Prosecutors reported inconsistencies in contact with police officers before receiving case files, and preferred to be involved earlier. Prosecutors suggested that a good case file included a particularisation chart of the charges, and a summary. Concerns with police practice included inappropriate disclosure of information to defence lawyers, lack of supervision of investigating officers, lack of brief-checking, inconsistencies in availability to attend court and communication difficulties.</p> <p>Overall, victims were involved with CASA in 29% of the 90 case files examined, which was a total 38% of cases reported within 72 hours of the offence. The rate of CASA referrals was higher (37%) for cases of more serious offences, such as rape and incest.</p> <p>There was overwhelmingly positive support for SOCIT training: 100% of police said specialist training was necessary, 84% said refresher training would be valuable, 73% rated the course as excellent in terms of relevance to their work role and 61% were extremely satisfied with the course. Course content and delivery was well regarded by the trainees. Suggestions for improvements to the training included</p> | |

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| | | | | | | <p>better outside presenters (specifically more tailored presentations); better location and room layout; improved role playing; better structuring of the content in terms of session time; and more practice-based skills. Further, a longer training period interspersed with work weeks was preferred to a four-week block of training.</p> <p>The training showed that police officers' beliefs about false reporting rates did not all improve: while 68% of trainees responded to a questionnaire with the correct false reporting rate after training, some still believed that more than 80% of cases were false reports.</p> <p>Recruitment for SOCITs was problematic, as some managerial staff suggested that some police should not be trusted with victims and with preparing sexual assault briefs. To be successful, it was suggested SOCIT staff need to be committed to the area and have appropriate motivation and attitudes.</p> | |
| Child Advocacy Centres (CAC) in the USA (nation-wide) | <p>Target population: Child abuse victims, including physical, sexual and neglect (not including historical complainants)</p> <p>CACs offer a multi-disciplinary response to child abuse. The services differ across CACs, typically including police officers; forensic interviewers specially trained to work with children; child protective services; medical services; counselling and support services; and prosecution representatives. The services may or may</p> | Bradford (2005) | Comparison of the charging and prosecution rates of sexual abuse cases for CAC and non-CAC (CPS and police) interviews. | 717 child sexual abuse cases: 229 CAC cases and 488 non-CAC cases (interviewed by child protection worker and/or police officer). | Case outcomes: charging and prosecution. | There was a significant difference between the rate of CAC and non-CAC cases being charged and convicted. CAC cases are more likely to be charged (23%) and convicted (21%) than non-CAC cases (charge 11% and conviction 6%). However, CAC cases had fewer guilty pleas than non-CAC cases. When guilty pleas and convictions are combined, there is no significant difference between the CAC (70%) and non-CAC cases (71%). Three times as many defendants were found guilty of the highest charge in CAC cases, rather than pleading guilty to a lesser charge. | <p>Different years of sampling between the CAC (1999–2003) and non-CAC cases (1993–97).</p> <p>Small sample size.</p> <p>Missing data.</p> <p>Different prosecutor style.</p> |
| | | Cross, Jones, Walsh, Simone & Kolko (2007) | Case file data from all agencies, including information about the victim, alleged perpetrator, family, alleged abuse, disclosure, investigation, | 1,069 case files relating to child sexual abuse (where a forensic interview was conducted): 709 CAC case files and 360 from comparison sites (police | Filming of interview; location of interview; number of interviews and interviewers; number of joint (police and CPS) or team (multiple observers) | CAC cases were associated with more videotaped interviews, team interviews, joint investigations and police involvement in CPS sexual abuse cases. CAC interviews were more likely to be in a child-friendly location. Duplicating interviews was rare at both the CAC and comparison sites. Police involvement was greater at the CACs than comparison sites. A quarter of cases at the CACs lacked any formal coordination. There was no difference in the number of interviews children underwent in CACs and comparison sites. Thirty-one of the cases involved multiple interviews; at the CACs the final interview was always conducted at the CAC site (suggesting no further interviews were needed following this). Comparison sites used a wider variety of interviewing locations than the CACs, including CPS offices, police stations, schools and homes. | <p>Potentially incomplete or missing case file data.</p> <p>Potential coding errors in what constitutes an 'interview'.</p> <p>Potential for bias, as the research team was based within the CACs.</p> |

| Response name and jurisdiction/ country | Description of specialist unit | Reference <small>189</small> | Method | Sample | Measures | Findings | Limitations |
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| | not be co-located, but the focus is on a multi-disciplinary team response. The CAC response was compared to the traditional response where non-specialist police and other service agency workers interviewed children, and where all service agencies were independently located and required victims to travel between locations. | | interviewing and service delivery. | and/or CPS investigation). | interviews; whether or not the investigation was a joint collaboration between police and CPS; and whether or not a case review was convened. | | Non-random sampling: selection of experienced CACs, but not of experienced comparison sites. |
| | | Cross, Jones, Walsh, Simone, Kolko, Szczepanski, Lippert, Davison, Cryns, Sosnowski, Shadoin & Magnuson (2008) | Case file data from all agencies, including information about the provision of services, forensic interviews, medical services, and child protection and criminal justice outcomes. | 1,452 case files: 784 CAC case files and 668 from comparison sites (police and/or CPS investigation). | The number of disclosures of abuse; provision of a forensic interview, medical exams, and mental health services; the prosecution and conviction of offenders; the removal of children from the home; and family satisfaction with investigation. | Replicated findings of Cross et al., (2007) regarding the filming and joint investigation of CACs versus comparison sites. There was no difference in the rates of disclosure in interviews at CAC and comparison sites. Children in CACs (48%) were more likely to receive a medical examination than those at a comparison site (28%). CACs in hospitals had a significantly higher rate of children being medically examined (95%) than other CACs (37–49%). Children at CACs (72%) were referred more often to mental health services than children reporting at comparison sites (31%). A greater number of children were removed from the home in CAC cases (17%) than in comparison site cases (4%). There was no difference in the referral of cases to court, filing of charges, and confession and conviction rates of CAC versus comparison site cases. Family satisfaction with the investigation was higher at the CAC sites: 70% reported high levels of satisfaction, compared with the comparison sites where satisfaction was high in 54% of cases. | Differences in sample populations. CACs had more racially diverse victims, more serious abuse allegations (including penetration) and fewer allegations relating to a family member than comparison sites. Sample of CACs may not be representative, as CACs vary in location and service provision. |
| | | Jones, Cross, Walsh & Simone, (2007) | Case file data from police (a sub-sample of that used in Cross et al., 2007) and interviews with caregivers and victims where possible (where the victim was aged over 8) | 284 case files and caregiver interviews: 229 CAC cases and 55 from comparison sites (police and/or CPS investigation). Interviews were with: the child's | Caregiver and child satisfaction with the investigation of child abuse. | Caregivers reported higher levels of satisfaction with the investigation at CACs than comparison sites. The difference in satisfaction was attributed to the support from investigators and a greater sense of comfort and safety during interviews. There was no difference in children's satisfaction between the CAC and comparison sites. The majority of the children reported positive experiences with the investigation process. Additional case characteristics and outcomes predicted greater satisfaction among caregivers. Greater satisfaction with the investigator response was attributed to investigators believing all allegations were valid, and to substantiation of CPS cases. Greater satisfaction with the interview experience was related to the child receiving a medical exam. Lower satisfaction with the investigation was related to children suffering anxiety or depressive symptoms. | Non-random sampling method; participants were invited at the discretion of investigators. Differences in sample populations as noted in Cross et al., (2007). Potential interviewer expectancy effect, |

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| | | | about their satisfaction with the investigation of child abuse. | mother (79%), the father (6%), a female relative (7%) and a foster mother (3%). Child interviews with victims over the age of 8 for 120 cases: 90 CAC and 30 comparison (interviewed by police and/or CPS). | | | having been hired by CACs. |
| | | Lippert, Cross, Jones & Walsh (2009) | Identify characteristics that predict full disclosure of child sexual abuse by victims during a forensic interview, comparing CAC and comparison sites. | Case data on 987 (677 CAC and 310 non-CAC police and/or CPS investigation) cases of child sexual abuse, reported between December 2001 and December 2003. | Disclosure (partial, full or none) in forensic interview. | Overall, full disclosure occurred in 73% of cases, partial disclosure in 12%, no disclosures in 10% and denials in 5%. The rate of full disclosure was significantly lower at CACs (71%) compared with the non-CAC (78%). The rate of types of disclosures also differed significantly: CACs had 71% full disclosures, 13% partial disclosures and 16% no disclosure or denial, compared with 78% full disclosures, 9% partial disclosures and 13% no disclosure or denial. There was no difference in the rate of pre-interview disclosures between CACs and non-CAC sites (both 62%). Other factors were also significant predictors of child disclosure. A disclosure was more likely in cases where the victim was female, the victim was an older child, abuse was committed by a younger suspect, the suspect was not related to the victim, the abuse was severe, the child disclosed prior to the interview, and the caregiver engaged in supportive actions. | Difference in sample populations: race, victim age at abuse and interview, and relationship between offender and victim. |
| | | Shadoin, Magnuson, Overman, Formby & Shao (2006) | Cost–benefit analysis of CAC and traditional (CPS and police) approach to investigating child abuse, | 600 survey responses: 424 from the CAC community and 176 from the traditional site community | Costs: personnel from all agencies, plus administrative, support and managerial staff; facilities such as office space and | Traditional investigations were 36% more expensive per case than CAC investigations. The average cost of a CAC investigation was US\$2,902 compared to US\$3,949 for the traditional investigation, resulting in a saving of over US\$1,000 per case. Annual investigation costs per 1,000 children were 41% lower in the CAC than the traditional sites. The CAC also resulted in higher perceived public benefits; taxpayers placed more value on CAC investigation than it costs to provide the service. The total cost of running the CAC was roughly US\$1.5 million in 2004 (compared with US\$1 million for the traditional investigation), whereas a typical household was willing to pay US\$40 per year in tax for the CAC model of child abuse | Limited sample: only one CAC site and one traditional site. |

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| | | | applying the contingent valuation method. Data and interviews with CAC and traditional model sites to inform cost estimates. Survey data and interviews with public to inform benefits. | (police and/or CPS investigation). | supplies; and cars and fuel. Benefits included the public's willingness to pay US\$X in tax to support a multi-disciplinary child abuse response. | investigation and prosecution, equal to at least US\$1.77 million per year. Furthermore, the lower bound estimate of the economic benefit for the CAC was US\$4.99 million, indicating an investment of US\$3.33 of program benefit for every US\$1 of program cost spent. The start-up costs associated with switching to the CAC model were perceived as the largest barrier to the CAC model's success. | |
| | | Smith, Witte & Fricker-Elhai (2006) | Comparison of the outcomes of child abuse investigations at a CAC and traditional CPS response within one community. CPS case tracking data and verbal reports by CPS investigators | All sexual assaults reported to CPS in a rural county during a three-month period: 76 case files, 55 CPS investigations and 21 CAC investigations. | Case outcomes: law enforcement involvement, provision of medical exam, rate of substantiation, referral to mental health service, rate of referral to prosecution and conviction rates. | Overall, the CAC investigation achieved the aims of joint investigation with law enforcement; referral to services including medical examination and mental health care; and improving case outcomes. Law enforcement was involved in 70% of CAC investigations, compared with 30% of CPS investigations. Over 50% of CAC cases involved medical exams, compared with 12% of CPS cases. The allegations were substantiated in 48% of CAC cases compared with 13% of CPS cases. Of the substantiated cases under each model of investigation, 100% of cases at the CAC and 71% of cases at the CPS were referred to mental health services. Of the 10 substantiated cases at the CAC, eight (80%) were referred for prosecution, and one resulted in a conviction. Of the seven substantiated cases at the CPS, three (43%) were referred for prosecution and one resulted in conviction. The two cases with convictions were the only two cases actually prosecuted. | Non-random assignment of cases to the CAC. Unreliability of verbal report data. Other reasons for non-referral to prosecution, such as the offender fleeing the county in two CAC cases. Small sample size: only one CAC and comparison, and a small number of cases. |
| | | Walsh, Cross, Jones, Simone & Kolko (2007) | Comparison of factors affecting whether or not cases of child sexual abuse | Case data on forensic medical exams for 1,220 child sexual abuse | Provision of a forensic medical exam. Time from report to forensic medical exam. Factors: child | Overall, 48% (range 37–95%) of children at the CACs compared with 21% (range 13–35%) of children at the comparison sites received a forensic medical examination. Cases that did not involve penetration were four times more likely to receive a forensic medical exam at a CAC site than those at a comparison site. Controlling for the site, younger, white, female children who were injured and whose cases involved suspected penetration were more likely to receive exams. | Potentially incomplete or missing case file data. Potential for bias, as the research team was |

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| | | | <p>receive a forensic medical examination at CAC and comparison sites.</p> <p>Caregiver satisfaction overall and regarding how the medical professional worked with their child.</p> <p>Review of prosecution case records.</p> | <p>cases: 735 CAC and 485 comparison cases (police and/or CPS investigation), with 143 interviews with caregivers.</p> | <p>victim's sex and age, level of injury, any type of penetration, disclosure of abuse and support of non-offending caregiver.</p> <p>Caregiver satisfaction.</p> <p>Filing of criminal charges.</p> | <p>About half of the exams were conducted on the day the abuse was reported in both CAC (56%) and comparison sites (50%).</p> <p>The majority (78%) of caregivers were 'very satisfied' with how the medical professional worked with their child and the overall job of the medical professional.</p> <p>There was no difference in charge or arrest rate for cases that received or did not receive an exam. Forty per cent of cases where an offender was charged involved a forensic medical exam, compared to 37% of cases receiving a forensic medical exam where no offender was charged.</p> | <p>based within the CACs.</p> <p>Non-random sampling: selection of experienced and larger CACs.</p> <p>The comparison communities had different levels of collaboration in services.</p> <p>Could not compare time of medical exam to time of abuse.</p> |
| | | Walsh, Lippert, Cross, Maurice, & Davison (2008) | <p>Comparison on length of time between outcomes in child sexual abuse cases at CAC and comparison sites.</p> <p>Examination of the factors that predict timeliness of case resolution.</p> | <p>160 cases of child sexual assault: 97 CAC and 63 comparison cases (police and/or CPS investigation).</p> | <p>Length of time between charging decision, case resolution process, and total case processing time.</p> <p>Factors: child sex, race, age, relationship between victim and offender, child disclosure, offender arrest, evidence, severity/type of charges and case resolution.</p> | <p>Most cases (60%) took between 31 and 60 days to reach indictment (charging decision). CAC cases had a faster preliminary processing time than comparison sites: 80% of CAC cases reached charging decision within 60 days, compared with 46% and 54% of cases at the comparison sites. One comparison site had a significantly faster case resolution rate; more than 50% of cases at comparison site B were resolved within 180 days, compared with 13% at the CAC and comparison site A. Similarly, comparison site B processed cases significantly faster: 60% were resolved within 365 days, compared with 29% at the CAC and 32% at comparison site A.</p> <p>When controlling for other variables, the CAC and comparison site A still took longer to process cases. The only significant predictor of processing time was initial arrest: cases with an initial arrest had significantly faster resolution times (with other variables controlled).</p> | <p>Potential extraneous variables, including use of continuances, differing caseloads and a more extensive measure of abuse severity.</p> <p>Underestimation of processing time. Cases pending outcome after two years were excluded.</p> <p>Limited sample (all sites from one county).</p> |

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| | | Wolfteich & Loggins (2007) | Comparison of case outcomes and re-victimisation rates for CAC, Child Protection Team (CPT) and Department of Children and Families (DCF) investigations of child abuse cases, including physical abuse and neglect. | 184 cases of child abuse: 59 CAC, 72 CPT and 53 DCF. | Efficiency (time between report and substantiation), legal outcomes and child re-victimisation. | <p>Overall, the CAC and CPT investigation achieved similar outcomes. Both multi-disciplinary models resulted in higher frequency of substantiated abuse, as well as faster investigation and case closure compared to the traditional DCF model (controlling for abuse severity). Substantiation was achieved in 37% of DCF cases, 92% of CPT cases and 70% of CAC cases (controlling for abuse severity). All three sites differed significantly on efficiency. Cases were closed most quickly at the CPT site (average 100 days), followed by the CAC site (225 days) and the DCF (311 days).</p> <p>Arrest and prosecution data was only available from the CAC and CPT sites for 78 cases, between which there were no significant differences. The arrest rate was 34% at the CAC and 30% at the CPT. Charges were filed in 29% of CAC cases and 36% of CPT cases.</p> <p>There were no significant differences in the rates of re-victimisation for substantiated abuse: 83% of the sample did not experience re-abuse, the mean number of re-abuse incidents was 0.25 (range 0–4). There were no group differences in the mean number of days to first subsequent allegation, which was 284 days (range 30–724).</p> | <p>Group differences (more severe cases referred to CAC and CPT).</p> <p>Small sample size and missing data.</p> <p>Eliminated cases with multiple perpetrators or victims.</p> <p>Different data collection periods for the three models.</p> |
| | | Miller & Rubin (2009) | Comparison of sexual abuse prosecutions for districts differing in their use of the CACs: district 1 significantly increased the number of personnel over the study period while district 2 did not. | Aggregate case data for child sexual abuse from 1992 to 2002. Total sample of 34,640 cases: 23,184 from district 1 and 11,456 from district 2. | Prosecutions and convictions for child sexual abuse. | <p>Overall, there was a dramatic drop in the substantiation of child sexual abuse cases over the study period in both districts. In district 1 it dropped from 158 to 64 per 100,000 children. In district 2 it dropped from 135 to 69 per 100,000 children.</p> <p>In district 1, the number of children evaluated by the CAC almost tripled, while in district 2 the number of children evaluated increased by 25%.</p> <p>In district 1 (which tripled the use of CACs over the study period) the rate of child sexual abuse prosecutions doubled from 56.6 to 93.0 prosecutions per 100,000 children. In contrast, in district 2 (where the use of CACs remained the same) the rate of prosecutions remained steady, dropping only slightly from 58.0 to 54.9 prosecutions per 100,000 children.</p> | <p>No causality.</p> <p>Potentially confounding variables.</p> <p>No comparison of characteristics and outcomes of prosecuted cases.</p> <p>Different samples; district 1 victims aged 0–17, district 2 victims aged 0–13.</p> <p>No comparison group for traditional response.</p> |

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| | | Sanford (2000) | Assess opinions of agency personnel regarding the functioning of the collaborative system for investigating child sexual abuse. | Questionnaire data from 23 CAC staff. | Perceptions of CAC staff on agency roles, goals, communication, interagency conflict, and victim and family empowerment. | <p>Overall, perceptions of the collaborative service delivery model were positive. Fifty-two per cent stated there was little unnecessary role overlap between agencies. The overlap was viewed negatively – it created confusion for clients, hindered service delivery and promoted competition between agencies. Suggestions for improvement included increased communication and greater awareness of collaborative partners' roles.</p> <p>The strengths of collaboration included the variety, diversity and quality of services. Seventy-four per cent of respondents agreed the agencies at the CAC shared similar goals. Sixty per cent suggested there were sufficient opportunities for consultation.</p> <p>The main weakness was communication between agencies. Sixty-five per cent of respondents agreed that agencies within the CAC communicated effectively, and 53% suggested case information was readily available between agencies. Eighty per cent of respondents agreed that conflicts arose between agencies, but 56% believed these were resolved effectively.</p> <p>Suggestions for the CAC to be more effective included better staff training, particularly around inter-agency collaboration; encouraging staff to be more flexible and approachable; and better outlining the roles and functions of each agency.</p> <p>The majority of respondents (68%) believed that the CAC system empowered the victim and family, and 100% agreed that families were provided with information on what to expect as they proceeded through the system. However, most respondents suggested families should be provided with more information about investigative, legal and treatment processes.</p> | <p>Small sample size.</p> <p>Moderate response rate (64%).</p> <p>Type of respondents, small number of line staff, higher number of managerial staff.</p> <p>No comparison group for traditional response.</p> |
| Sexual Assault Response Teams (SART) in the USA (nine states) | <p>Target population: Sexual assault victims (cannot determine if the response includes historical complainants)</p> <p>This is a multi-disciplinary response to sexual assault victims, including police personnel, prosecutors, victim advocates, and</p> | Nugent-Borakove, Fanflik, Troutman, Johnson, Burgess & O'Connor (2006) | Comparison of arrest and prosecution rates for SANE/SART compared to non-SANE/SART responses. Survey and police data of case tracking for adult sexual assault cases. | <p>530 adult sexual assault cases: 106 SANE only, 156 SANE/SART cases and 268 non-SANE/SART cases (police investigation).</p> <p>The SANE-only and SANE/SART cases were</p> | Criminal justice outcomes: victim participation, identification or arrest of a suspect, filing of charges, case disposition, type of penalty, and length of sentence. | <p>Victims who received a SANE/SART response averaged higher participation levels than those who did not receive the SANE/SART response (1.3 compared to 0.9 on a scale of 0 to 4).</p> <p>Overall, 39% of cases resulted in arrest. SANE/SART cases were 1.7 times more likely to result in arrest compared with non-SANE/SART cases. However, the strongest predictors of arrest were victim participation, victim–offender relationship and the use of force.</p> <p>Overall, 12% of cases with an arrest were not charged. SANE/SART cases were 3.3 times more likely and SANE-only cases 2.7 times more likely to result in charges filed compared to non-SANE/SART cases.</p> <p>Overall, 68% of cases charged resulted in convictions, mostly through a guilty plea (48%), followed by disposition at trial (33%) and conviction at trial (23%). SANE/SART cases were more likely to result in conviction than non-SANE/SART</p> | <p>Differences in sample populations, faster reporting and more evidence (such as DNA) in SANE/SART cases compared to non-SANE/SART cases.</p> <p>Incomplete and missing data.</p> |

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| | forensic medical examiners (who in most cases are specialist Sexual Assault Nurse Examiners (SANE)). The specialist unit was compared to the previous model where non-specialist medical officers conducted forensic examinations of victims and all services were located independently, requiring victims to travel to multiple locations. | | | combined in some comparisons. | | cases; the strongest predictors of conviction were victim participation and the relationship between the victim and offender. The majority (44%) of convictions resulted in incarceration, or combined incarceration and probation (34%). The average sentence was about seven years. The SANE/SART response had no impact on sentence or length of penalty. | |
| | | Wilson & Klein (2005) | Reporting forms and police records on adult sexual assault and domestic violence cases. Comparison of judicial outcomes for SART and non-SART cases. | 176 adult sexual assault and domestic violence cases: 22 SART and 154 non-SART (police investigations). | Case outcomes: charging and prosecution. | There was no difference between SART and non-SART cases in the likelihood of charges being filed in felony or superior court, for cases with and without initial probable cause. This finding was true of cases involving intimate partner sexual assaults, which was predicted to be more likely to have charges filed when investigated by a SART compared to non-SART. There was also no difference in the rates of SART and non-SART cases being classified as not charged or not yet charged. Overall, 28% of women had a forensic exam, but this had no significant effect on charges being laid at superior court, whether they were SART or non-SART. There was no difference in the rate of cases being dismissed or filed in the superior court between the SART and non-SART cases. | Small sample size for SART cases. Potential 'spill-over' of SART effect to non-SART cases. |
| Child Abuse Assessment Centre (CAAC) in the USA (nation-wide) | Target population is child abuse, including physical and sexual abuse, and neglect (not including historical complainants). Multi-disciplinary response to child abuse. The CAAC house specially trained interviewers who collaborate with police and CPS to provide a coordinated response. Differs | Joa, Goldberg & Edelson (2004) | Comparison of outcomes of child abuse cases investigated by CAAC and non-CAAC sites. | Matched sample of child abuse victims from CAAC (n=50) and non-CAAC (agencies involved not reported) investigations (n=51) referred to the District Attorney. | Case outcomes: charging, prosecution and conviction. | Overall, charges were filed in 57% of cases. CAAC cases (76%) were more likely to result in charges being filed than the non-CAAC cases (39%). The findings showed that for female-only cases, those at the CAAC (70%) were more likely to result in charges being filed than the non-CAAC cases (40%). For boy victims only, there was no significant difference in charging rate across the CAAC (50%) and non-CAAC cases (27%), although there were only 15 boys in the sample. CAAC cases (2.78) had significantly more criminal counts charged compared to the non-CAAC cases (1.62). Three charge types were more likely in CAAC than non-CAAC investigations: sodomy (24 CAAC and eight non-CAAC), unlawful sexual penetration (22 CAAC and one non-CAAC) and sexual abuse (73 CAAC and 54 non-CAAC). Significantly more perpetrators (56%) pleaded guilty or were found guilty in the CAAC than in non-CAAC group (24%). | Sample size moderate, and restricted to only single-victim and single-perpetrator cases. Sample could not be matched on victims' ethnic background. Sample includes only one CAAC and comparison site. |

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| | <p>from the CAC, as the main purpose of the CAAC is to determine whether abuse or neglect has occurred (whereas the CAC is focused on support and advocacy for the child and family).</p> <p>The specialist unit was compared to the traditional response where non-specialist police and other service agency workers interviewed children multiple times, and all service agencies were independently located, requiring victims to travel between locations.</p> | | | | | <p>More cases with 4–6-year-old victims were filed in the CAAC (20%) than the non-CAAC group (5%). Cases involving older children (aged 12 and above) were more likely to result in charges being filed at the CAAC (28%) than the non-CAAC (12%).</p> <p>There was no difference in sentence type or length between the CAAC and non-CAAC group. However, the sentence for guilty perpetrators was 7.5 years longer when the child was interviewed at the CAAC compared to those cases where the child only received a medical exam at the CAAC.</p> <p>Cases where the perpetrator was the father or stepfather led to more criminal charges at the CAAC (2.64–3.25) compared to non-CAAC cases (1.22–1.25).</p> | |
| Children's Justice Centers (CJCs) in the USA (nation-wide) | <p>Target population: Child sexual abuse (not including historical complainants)</p> <p>Similar to the CAC model. Multi-disciplinary teams interview child victims and coordinate service response from police officers, CPS, victim advocates,</p> | Jenson, Jacobson, Unrau & Robinson (1996) | Examination of the characteristics and outcomes of cases at CJC. Data, interviews and case tracking records. | Records and interviews for 294 cases of child abuse. No further information provided. | Investigation, coordination and legal outcomes. | <p>Investigation outcomes: 95% of interviews were filmed, and interviews lasted an average 32 minutes. Overall, 22% of interviews resulted in no disclosure of abuse, 34% yielded moderate disclosure and 41% yielded high disclosure. Around 3% of children recanted the allegation. No evidence was found in 58% of cases; 4% of cases had physical evidence; 16% of cases had corroborative evidence; and 22% of cases had a corroborating witness.</p> <p>Children's perceptions of the interview were generally high: 42% of children felt 'very good' about the interview; 46% felt 'good' or 'a little good'; and 12% felt 'bad' or 'very bad'. Regarding the interview environment, 64% felt 'very good'; 28% felt 'good' or 'a little good'; and 8% felt 'bad' or 'very bad'.</p> <p>CJC staff rated their satisfaction with the efficiency and effectiveness of the CJC as 5–6.7 out of 7.</p> <p>Parent satisfaction with the CJC was high initially, where parents said they 'often' felt supported, had their concerns listened to, were told of counselling services, trusted</p> | <p>Incomplete or missing data from criminal justice records.</p> <p>Reliance on inconsistent reporting methods, such as staff responses.</p> <p>No comparison group for traditional response.</p> |

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| | and medical and forensic services. | | | | | <p>the service providers, did not feel alone, and were satisfied with the service. However, satisfaction dropped at the three-month follow-up, to 'sometimes' or 'rarely' for the same measures. Interviews revealed parents thought they would get more ongoing support and information.</p> <p>Legal outcomes: 84% of cases were investigated by CPS, 42% of which were substantiated and 29% of which were unfounded. About 90% of cases were investigated by the police force; of those cases 27% were unfounded, 12% were closed by arrest, 12% were dismissed due to lack of evidence, 11% were filed for prosecution and 12% were rejected for prosecution.</p> | |
| STOP Violence Against Women grant funding in the USA (nation-wide) | <p>Target population: Violence against women, including domestic violence and sexual assault (unclear if it includes historical complaints)</p> <p>Funding to promote system change, such that women victims can experience supportive and effective response from the criminal and civil justice systems. Focus on collaborative responses from victim services, including police officers, prosecutors, and medical and mental health services.</p> | Zweig & Burt (2003) | To assess whether STOP funding has improved collaboration of victim services in the community; if support for collaboration has led to better legal system outcomes; and if types of community interaction are related to post-STOP legal system responses. | 200 interviews or surveys with STOP staff members located across 32 states. These staff members variously worked on 35 programs related to sexual assault, 87 related to domestic violence, 66 related to both sexual assault and domestic violence, and 12 of an unknown nature (due to missing data). | Level of funding, level of community services; support for collaboration; community interaction; and legal system response to victims and outcomes. | <p>The quality of the legal system response was rated positively since the STOP funding: sexual assault victims rated the response 3.2 out of 5, and domestic violence victims rated it 3.7. The level of change in perception from pre- to post-STOP funding was +1 for 48% of domestic violence victims and 46% of sexual assault victims, and +2 or more among 47% of domestic violence victims and 32% of sexual assault victims.</p> <p>The survey revealed improvements in legal system response and outcomes following the STOP funding, particularly for domestic violence compared to sexual assault cases. Law enforcement collects better evidence for sexual offences (68%) and domestic violence cases (88%); it is easier for victims to obtain protective/restraining orders (91%); law enforcement is more responsive to the needs of victims (93%); law enforcement is arresting more suspects in sexual assault (51%) and domestic violence cases (82%); law enforcement enforces violations of protective orders (78%); prosecution is charging perpetrators with more offences (72%); prosecution is trying more sexual assault (41%) and domestic violence (69%) cases at court; more convictions are resulting from sexual assault (45%) and domestic violence (71%) cases; there are more guilty pleas in sexual assault (28%) and domestic violence (67%) cases; judges are sentencing offenders to stricter punishment (47%); and judges are giving offenders violations for non-compliance with probation (70%).</p> <p>There was no relationship between the level of STOP funding and the level of community services or collaboration. However, the higher the level of pre-STOP funding for community service and collaboration, the higher the level of post-STOP legal system response to victims, but the lower the level of change experienced before and after STOP regarding the response to victims. The higher the level of interaction between agencies (including police and prosecutions), the more likely services are to improve for victims. Interactive activities in the community were particularly important in stimulating change in police and prosecutors' behaviour to victims. The level of community interaction among agencies was related to outcomes</p> | <p>No comparison to non-STOP-funded programs and communities.</p> <p>Missing data.</p> <p>Only victim service staff (not police officers, medical staff, mental health staff, prosecutors or court officers) were included in the sample.</p> |

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| | | | | | | including more arrests, better evidence collection, more convictions and more adequate enforcement of protective orders. | |
| Rape Investigation Unit (RIU), England, UK | <p>Target population: Adult victims of sexual assault or rape (does not include historical complaints)</p> <p>This is a pilot rape investigation unit, co-locating service providers including specialist police officers, Sexual Offences Investigation Trained Officers (SOIT), independent sexual violence advisers (ISVAs), investigative teams and a Crown Prosecution Service lawyer.</p> | van Staden & Lawrence (2010) | Qualitative interviews with service providers at the dedicated RIU, but no comparison sites. | 13 out of 16 stakeholders working at the unit, including 11 police officers, the ISVA and the Crown Prosecution lawyer. | Stakeholders' perceptions of the unit. Interviews were directed by a topic guide of themes including the set-up and aims of the unit; perceived impact on process and outcomes; learning points and sustainability of changes; and subjective experiences of the unit. | All participants viewed the unit positively. Benefits included more support for SOIT officers; high value placed on the benefits of a team approach; investigator continuity; better coordination; more liaison agencies; victim retention; and sharing of complementary skills. Some concerns were raised, including the potential for victims' over-reliance on a sole liaison officer; potential disengagement of investigators from victims; and few responses suggesting improved criminal justice outcomes. The study highlighted the need for specialist training of police on rape cases and a greater focus on increasing the number of cases proceeding to prosecution. | <p>Issues with generalisability from the pilot site to the broader population.</p> <p>No comparison group for traditional response.</p> |
| Child Protection Unit (CPU), UK (nation-wide) | <p>Target population: child abuse (unclear if including historical complaints)</p> <p>Joint child protection response, including co-location of police and child protection at some units.</p> | Garrett (2004) | Interviews with police officers and social workers about their perceptions of their roles, in co-located and non-co-located CPU. | Of 21 participants, 14 were from a CPU that co-located police and Crown Prosecution lawyers and seven from a CPU with police only. | Police officers' and social workers' perspectives. | <p>Police officers in the CPU that was not co-located with Crown Prosecution Services agreed that setting up a specialist team was the most appropriate way to respond to child abuse. However, officers in that unit felt they received insufficient support from management. Furthermore, officers in both units were placed there, rather than seeking placement, suggesting they might not have an interest in working in the child abuse field. Crown Prosecution investigators were concerned that police working in the units believed their role did not require specialist training, and that there was a lack of training for police compared to their Crown Prosecution training.</p> <p>The interviews revealed a gender bias in the non-co-located CPU, with female officers tending to interview children and male officers tending to interview suspects.</p> | <p>Small sample size.</p> <p>Interviews conducted in 1994 (10 years prior to the publication).</p> <p>Qualitative research only.</p> |

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| | | | | Participants included 14 police and seven Crown Prosecution lawyers. | | <p>In the co-located CPU, officers commented that it was the characteristics of the officer rather than the gender that was important for interviewing children. However, women more frequently interviewed children. In addition, it was suggested women were more suited to – and more welcoming of placement in – the CPU than men, because it was considered an easier promotion for women due to difficulties for women being promoted in other areas of policing.</p> <p>Police at both the co-located and non-co-located units expressed the view that police officers do the investigations, and Crown Prosecution lawyers simply 'come along'. Crown Prosecutors focused on whether or not to believe a child's allegations and, if not, they attempted to determine why. Police officers, on the other hand, simply saw the allegations as truth or lies, and took the lies personally, at times being confrontational with a child they believed to be lying.</p> <p>Crown Prosecution officers were concerned that police tended to seek resolution of child protection matters at court, rather than non-statutory resolution. Some participants suggested that there was an overlap in police and Crown Prosecution officers' roles, and that co-location caused a blurring of the lines between the two – for example, police officers undertaking some tasks that Crown Prosecution lawyers would usually undertake. However, some participants were unconcerned with the potential blurring, and believed that the police and Crown Prosecution officers' professionalism would prevent any issues in this regard. Some Crown Prosecution lawyers commented on the benefits of having police present, particularly at 'problem visits'. One believed she was no longer only a social worker, and not a police officer, but a 'CPU thing' now, suggesting a blending of the roles in a positive way.</p> | No comparison group for traditional response. |
| Sexual Offence Investigation Team (SOIT), UK (nation-wide) | Police officers are specially trained in victim care, arrange forensic and medical examinations, organise medical care, take the victim's initial statement and act as a contact for the victim throughout the case. May or may not be based in dedicated teams. | Metropolitan Police Authority (2002) | Written evidence from SOIT officers. Rape victim questionnaires. | Three SOIT officers and eight victims of rape. | SOIT officer and victim perceptions. | <p>SOIT officers were praised for their work and level of victim care. Evidence was mixed about the involvement of SOIT officers in the investigative role. Some SOIT officers wanted to combine the role of victim care and investigation, or at least be trained in investigation to aid the collection of evidence and statement-taking. Other officers stated that the role should be separate, because it would allow more of a focus on victims, there would be no evidence contamination and there would be more objectivity in the case.</p> <p>The role of the SOIT, with regards to how much support victims receive, was unclear. Officers suggested enhancing after-care and information; providing case review support; and working more with – or making referrals to – other agencies such as social services. There is also a lack of managerial support, occupational health support and counselling for SOIT officers.</p> <p>There is evidence that many officers trained in SOIT duties are not undertaking the duties (almost three-quarters are not active). Officers raised concern that skills are lost by officers not completing their duties. Furthermore, there was a lack of training;</p> | <p>Small sample size.</p> <p>No comparison group for traditional response.</p> <p>Qualitative research only.</p> |

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| | | | | | | officers wanted more ongoing training and specific sexual offence investigation training. SOIT teams had a lack of resources, including lack of telephone equipment and appropriate offices where victims could contact them. | |
| Sapphire Investigation Teams, UK (nation-wide) | Responsible for the investigation of rape and serious sexual offences not committed within a familial relationship. The units house detectives as investigators, and SOIT officers for victim support. SOIT officers are selected by interview process, complete four weeks of sexual offence investigative techniques training, attend a week of familiarisation training and then have occasional internal update days. | Angiolini (2015) | File review of police cases. Focus groups. Quantitative data analysis. | 70 'no crime' and 'no further action' case files. 53 focus groups with police officers, prosecutors, judges, barristers, members of third-sector agencies, complainants and academics. | Quality of information and decision making in case files. Stakeholder and victim perceptions. Police detection and 'no crime' rates; police workloads; sickness levels and staffing ratios. | <p>Sapphire officers have higher sickness levels (8.2 working days lost per year) than the metropolitan police service average (6.3 working days lost). Sapphire staff undergo more counselling than any other department, most commonly due to excessive workloads (although no statistics are provided due to the confidentiality of undergoing counselling). SOIT staff only received one hour of occupational health support a year, and other staff received none. Many officers reported feeling burned out, stressed and like they wanted to leave the command. Many staff did not take sick days when they needed to due to a policy restricting applications for promotion if they took more than 10 days of sick leave in three years.</p> <p>Officers explained that it was police policy to always believe the victim, and expressed resentment at investigation cases regardless of whether or not the allegation was true.</p> <p>Within the Sapphire investigation teams, the number of confirmed allegations of rape and penetrative offences rose from 1,952 in 2009–10 to 3,660 in 2013–14 (87%), and the number of charged offences rose from 273 in 2009–10 to 621 in 2013–14 (127%).</p> <p>Victims reported positive experiences with SOIT officers, mostly because they felt in control, felt they were being supported throughout the process, and had one person keeping them up to date on the case. Some victims reported little contact with the SOIT officer, while others said the contact was excellent. Some victims still reported that the officer didn't believe them.</p> <p>SOIT officers reported being under long-term strain in having to support victims for years while awaiting and attending trial for their case. They reported feeling overworked, fatigued, under-supported, demoralised and stressed. SOIT officers were actively engaged with 12 to 31 complainants each. SOIT officers reported having to self-manage their own welfare. There was also a lack of supervision by management and a lack of equitable distribution of the workload. Due to resource constraints, SOIT officers often worked alone, in opposition to their policy. Counsellors reported concern for SOIT officers, in particular due to the occurrence of vicarious trauma and lack of support. SOIT officers reported feeling undervalued and were concerned that the role did not enhance career prospects. Many officers described the role as sapping the life out of them. Management teams at the Sapphire units were too overwhelmed with work to be able to manage effectively.</p> | <p>No detailed information on the number of participants involved in focus groups, and the quantitative data and analyses.</p> <p>No comparison group for traditional response.</p> <p>Review only focused on the response to adult complainants, although the Sapphire response includes child complainants.</p> |

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| | | | | | | <p>SOIT officers felt they suffered lack of empathy due to high workloads, stress and stagnation.</p> <p>Due to the insufficient levels of incoming staff, there was no rotation of staff wanting to leave Sapphire units, and there had been conscious management decisions not to release staff. Due to lack of resources, SOIT officers were moved to regional hubs and had to travel long distances, which meant they were unable to provide a timely first response to complainants. The 'comfort suites' in which SOIT officers could meet complainants were often deemed unfit for the purpose, or unclean and unappealing.</p> <p>SOIT officers felt their training was insufficient for the work they were required to do in the Sapphire unit. They wanted more training in the law; decision-making; advanced exhibits and forensic science; managing child complainants; myths and stereotypes of sexual offences; and interview techniques.</p> <p>About 70% of complainants reported in questionnaires that they were 'very satisfied' with the officer who undertook the investigation. Only 1.8% were 'very dissatisfied'.</p> | |

