

### Summary of individual study: Herbert, Bromfield (2021)

Skinny cell(s) in which this study appears:

**Interventions = Disclosure, Response, Treatment; Outcomes =Operational Practice, Child Maltreatment Occurrence, Adult Maltreatment Behaviours**

**Summary: Primary school-based universal child sexual abuse prevention programme, which improves children’s knowledge, response, and recognition of CSA.**

The summary is based on **Herbert and Bromfield (2021)**<sup>1</sup> ‘A quasi-experimental study of the Multi-Agency Investigation & Support Team (MIST): A collaborative response to child sexual abuse’.

<b>Evidence status</b>	<b>Some concerns</b>	Moderate evidence of impact on reducing investigation and other process times but rates of disclosure and interviewing potential abuser low
------------------------	----------------------	---

#### The summary in brief

MIST (Multi-Agency Investigation & Support Team) is a cross-agency approach to responding to child abuse, especially sexual abuse happening within families. It is based on the Child Advocacy Centre (CAC) models seen in the US. The team is composed of different professionals who typically respond to abuse reports such as police, child protection workers, therapists, child and family advocates and specialist interviewers. The team works on each case from the same location after an initial strategy meeting.

MIST was implemented to process all cases during the study period from one suburb of the Australian city of Perth. Cases from the remaining part of the city went through the usual practice of an inter-agency response with different agency professionals launching their own investigations and interventions without necessarily conferring with each other.

The findings suggest that MIST offers modest benefits. It reduced the processing time, especially police investigation time. However, there was no effect on the number offenses substantiated. Disclosure rates and rates of interviews with a person of interest were higher in the usual practice group. Caregivers expressed a high level of satisfaction with MIST but only a small percentage completed the survey.

**Type of study:** QED. Peer-reviewed journal article.

---

<sup>1</sup> Herbert, J. L., & Bromfield, L. M. (2021). A quasi-experimental study of the Multi-Agency Investigation & Support Team (MIST): A collaborative response to child sexual abuse. *Child Abuse & Neglect*, 111, 104827.

## **The intervention**

MIST (Multi-Agency Investigation & Support Team) is a type of “planned response” to child abuse cases with simultaneous police and child protection investigations. The aim is to create a response that is collaborative and based on inter-agency planning and teamwork. MIST was established in Armadale, a suburb of Perth Australia.

A team of detectives, interviewers, a child protection worker, two Child and Family Advocates, and a therapy team was brought together. The team was “co-located” in a facility that was specifically built to investigate and support child abuse cases. This collaborative approach allows for better support of families and coordination of the investigation. The same personnel in the team continue working with the family as the case progresses. The usual practice included many of these same professionals, but the response was fragmented with different departments engaging with the case and the family at different times. Access to support services also depends on the resources available to the family.

The essential differences between MIST and usual practice were:

*“(a) the co-location of interviewers, detectives, child protection workers, support workers and therapists in a built for purpose facility to work as a multi-agency team;*

*(b) the availability of a Child and Family Advocate to provide ongoing support to children and families and connection to therapeutic services;*

*(c) Multi-Disciplinary Team (MDT) case review meetings between team members to plan responses to children/families;*

*(d) a co-located therapy team resourced to provide extended trauma therapy to MIST cases.”*

## **How is the programme meant to work? The theory of change**

The study does not mention a specific theory on which the programme is based. MIST is generally based on the Children’s Advocacy Centre (CAC) approach used widely in the US that includes “Multi-Disciplinary Team (MDT) case review meetings, forensic interviewing, and child advocacy”<sup>2</sup> that is widely prevalent in the US.

*Has the intervention been implemented at scale?*

---

<sup>2</sup> National Children’s Alliance ‘How the CAC Model Works’ <https://www.nationalchildrensalliance.org/cac-model/>

MIST was available to all cases in the city of Perth, Australia. It is not clear if MIST continued after the study.

*What does the intervention cost?*

The study does not report any data on cost.

## **The study**

*Participants:* All cases in Perth that met the criteria for a specialist police/child protection response between October 2015 and July 2016 were included in the analysis.

*Study design:* The study used a quasi-experimental design to compare two groups:

1. MIST (126 cases) and
2. practice as usual (276 cases).

The authors used a 'follow-forward' approach to study the effects of the two interventions. Depending on where participants lived in Perth, they either received MIST (one suburb) or practice as usual (rest of the city).

*Objectives:* The study objectives were:

1. *"Was MIST delivered with fidelity to the agreed operating procedure:*
  - a. *Was the agreed process reflected in the investigative response?*
  - b. *Was the agreed process reflected in the support and therapeutic response?*
  - c. *Was the MIST team resourced to respond to the volume of cases they saw?*
2. *Were caregivers satisfied with the response they received from the MIST?*
3. *Did MIST significantly differ from Practice as Usual on:*
  - a. *Rate of disclosures, interviews with persons of interest, and arrests?*
  - b. *Number of offences and number of contact offences charged?*
  - c. *Referral for a forensic medical examination?*
  - d. *Days from intake to a strategy meeting, to the allocation of a detective, to a victim interview, to an interview with a person of interest, and to the point of case closure?*
  - e. *Rate of Child Protection Investigations, Substantiations, and Further Child Protection action?*
  - f. *Days from intake to a strategy meeting, opening a Child Protection Investigation, and closure of a Child Protection Investigation?"*

## **Did the intervention work?**

MIST was not better than usual practice except for a few outcome measures.

- The rate of disclosure (51.6% vs. 64.9%) and interview with a person of interest (57.1% and 68.8%) were both lower for MIST.
- The proportion of offences substantiated was similar for both groups (32.5% vs. 34.3%).
- Child protection measures, i.e., assessing safety, wellbeing and offering support, were not different.
- The number of offences charged was also not significantly different between groups.
- Usual practice had a higher, albeit small, rate of referral to forensic medical examination vs. MIST (9% vs. 2%).

MIST was significantly faster in the timeliness of response across many stages, especially the police investigation.

- Days from intake to strategy meeting: MIST 1 day vs. usual practice 1 day (*not statistically significant*)
- Days from intake to allocation: MIST 2 days vs. usual practice 14 days
- Days from intake to specialist child interview: MIST 5 days vs. usual practice 10 days
- Days from intake to person of interest interview: MIST 28 days vs. usual practice 86.5 days
- Days from intake to police investigation close: MIST 44 days vs. usual practice 86 days
- Days investigation was open: MIST 31.5 days vs. usual practice 71 days
- Days from child protection interaction to intake to a safety and wellbeing assessment: MIST 1 day vs. usual practice 3 days (*not significant*)
- Days from child protection interaction to safety and wellbeing assessment closed: MIST 81 days vs. usual practice 89 days (*not significant*)
- Days safety and wellbeing assessment was open: MIST 76 days vs. usual practice 77 days (*not significant*)

Caregivers generally had high levels of satisfaction with MIST although few responded to the satisfaction survey (24%). The items receiving the highest satisfaction scores were staff behaviour, children feeling safe, and having their questions answered by the MIST team. Getting updates on the case were rated the lowest although most respondents were reasonably satisfied.

### How reliable is the evidence?

The study is rated as having a low risk of bias, with few concerns:

<b>Overall risk of bias</b>	Confounding	Selection bias	Intervention classification	Deviation in intervention	Missing data	Outcome measurement	Reporting bias
-----------------------------	-------------	----------------	-----------------------------	---------------------------	--------------	---------------------	----------------

Low	Low	Low	Low	Low	Low	Low	Low
-----	-----	-----	-----	-----	-----	-----	-----

---

**Cells in which this study appears:**

The study relates to disclosure, response, and treatment:

- Intervention = Disclosure; Outcome = Operational practice
- Intervention = Response; Outcome = Operational practice
- Intervention = Treatment; Outcome = Operational practice
- Intervention = Disclosure; Outcome = Child Maltreatment Disclosure
- Intervention = Response; Outcome = Child Maltreatment Disclosure
- Intervention = Treatment; Outcome = Child Maltreatment Disclosure
- Intervention = Disclosure; Outcome = Child Maltreatment Occurrence/Recurrence
- Intervention = Response; Outcome = Child Maltreatment Occurrence/Recurrence
- Intervention = Treatment; Outcome = Child Maltreatment Occurrence/Recurrence
- Intervention = Disclosure; Outcome = Adult Perpetrator: Maltreatment Behaviours
- Intervention = Response; Outcome = Adult Perpetrator: Maltreatment Behaviours
- Intervention = Treatment; Outcome = Adult Perpetrator: Maltreatment Behaviours