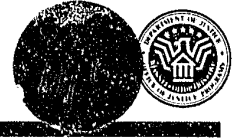
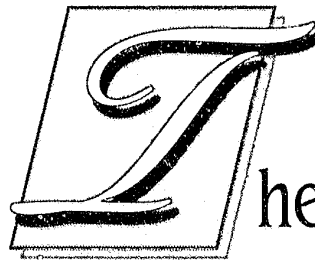


U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention



149172

REPORT



The Child Victim as a Witness

Research Report

A Publication of the
Office of Juvenile Justice and Delinquency Prevention

Office of Juvenile Justice and Delinquency Prevention

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) was established by the President and Congress through the Juvenile Justice and Delinquency Prevention (JJDP) Act of 1974, Public Law 93-415, as amended. Located within the Office of Justice Programs of the U.S. Department of Justice, OJJDP's goal is to provide national leadership in addressing the issues of juvenile delinquency and improving juvenile justice.

OJJDP sponsors a broad array of research, program, and training initiatives to improve the juvenile justice system as a whole, as well as to benefit individual youth-serving agencies. These initiatives are carried out by seven components within OJJDP, described below.

Research and Program Development Division develops knowledge on national trends in juvenile delinquency; supports a program for data collection and information sharing that incorporates elements of statistical and systems development; identifies how delinquency develops and the best methods for its prevention, intervention, and treatment; and analyzes practices and trends in the juvenile justice system.

Training and Technical Assistance Division provides juvenile justice training and technical assistance to Federal, State, and local governments; law enforcement, judiciary, and corrections personnel; and private agencies, educational institutions, and community organizations.

Special Emphasis Division provides discretionary funds to public and private agencies, organizations, and individuals to replicate tested approaches to delinquency prevention, treatment, and control in such pertinent areas as chronic juvenile offenders, community-based sanctions, and the disproportionate representation of minorities in the juvenile justice system.

State Relations and Assistance Division supports collaborative efforts by States to carry out the mandates of the JJDP Act by providing formula grant funds to States; furnishing technical assistance to States, local governments, and private agencies; and monitoring State compliance with the JJDP Act.

Information Dissemination and Planning Unit informs individuals and organizations of OJJDP initiatives; disseminates information on juvenile justice, delinquency prevention, and missing children; and coordinates program planning efforts within OJJDP. The unit's activities include publishing research and statistical reports, bulletins, and other documents, as well as overseeing the operations of the Juvenile Justice Clearinghouse.

Concentration of Federal Efforts Program promotes interagency cooperation and coordination among Federal agencies with responsibilities in the area of juvenile justice. The program primarily carries out this responsibility through the Coordinating Council on Juvenile Justice and Delinquency Prevention, an independent body within the executive branch that was established by Congress through the JJDP Act.

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OJJDP provides leadership, direction, and resources to the juvenile justice community to help prevent and control delinquency throughout the country.

149172

The Child Victim as a Witness

Research Report

NCJRS

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**U.S. Department of Justice
National Institute of Justice**

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The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs, which also includes the Bureau of Justice Assistance, the Bureau of Justice Statistics, the National Institute of Justice, and the Office for Victims of Crime.

Foreword

It is tragic that a single child should suffer abuse or neglect.

The abuse and neglect of more than a million children annually is a national scandal, especially for the 1 in 10 victims who are sexually abused. Yet, according to data amassed by the National Center on Child Abuse and Neglect, the incidence of child sexual abuse tripled in the short span from 1980 to 1986.

Such heinous crimes must be prosecuted vigorously and effectively. Often the child is the crucial source of evidence in sexual abuse cases. But in our zeal to bring the perpetrator to justice, we must not overlook the impact on the victim—we must not re-victimize the child.

To safeguard *The Child Victim as a Witness*, the Office of Juvenile Justice and Delinquency Prevention commissioned a 3-year collaborative effort to aid prosecutors in prosecuting child sexual abusers to the full extent of the law without inflicting new trauma on their innocent victims.

It is my hope that this report advances that worthy goal.

John J. Wilson

Acting Administrator

Office of Juvenile Justice and Delinquency Prevention

Acknowledgments

The Child Victim as Witness Research and Development Program was a massive undertaking that involved many people who worked on the project in several capacities.

Members of the Program Teams and their colleagues gave generously of their time, meeting frequently to identify and implement new techniques and participating in periodic interviews to analyze the assets and deficits of the community's response to child sexual abuse. Space precludes acknowledging each of these remarkable individuals, but special thanks are due our principal liaisons: Jonathan Coughlan in the Erie County District Attorney's Office, Trish Harlow in the Polk County Attorney's Office, Anne Hyland in the Ramsey County Attorney's Office, and the Honorable Harry Elias, formerly in the San Diego District Attorney's Office.

Child data coordinators worked tirelessly to enroll families in the study's interview component. Given the sensitivity of the subject and the nature of society's intrusion in these people's lives, the child data coordinators deserve credit, not only for their interview skills but for their tenacity in pursuing interviews. Our appreciation goes to Barbara Fox and Paula Scott in Erie County; Sharon Thomas and Terri Johanson in Polk County; Jannie Brust and Patricia Golden Schaffner in Ramsey County; and Lesley Abelsohn, Debra Asper, and Susan Houser in San Diego.

Case abstractors were equally tenacious in their efforts to gather and record data on each of the more than 1,000 cases that comprised retrospective and prospective samples. We are very grateful to Lori Battistoni, Ann Campbell, and Lara Gurevitch in Erie County; Marilee Myers and Kay Hansen in Polk County; Ronald Hammen and Anthony Tedesco in Ramsey County; and Myrna McDonald and Carol Cavanaugh in San Diego.

Our collaborators at the University of North Carolina at Chapel Hill and the American Prosecutors Research Institute were invaluable to the project. My appreciation goes to Desmond Runyan, Wanda Hunter, Mark Everson, and Carol Porter at UNC who supplied fresh ideas, dynamic energy, and good spirits. And at APRI, special thanks to Patti Toth, Cabell Cropper, and Beth Wanger for their enthusiasm and hard work in helping the Program Teams achieve their goals. Thanks also to Jim Shine, who enlisted prosecutors to participate in the project.

I am grateful to my colleagues here at EDC: to Nancy Ames and Joanne Brady, who supplied an abundance of technical and emotional support; to Ed De Vos, whose management and technical skills and wonderful sense of humor were critical to the project's success; to Ted Cross, who almost single-handedly supervised the case abstraction and data management efforts; to Nancy Peeler, who oversaw many of the programming and data entry tasks and was alert to potential problems; and to Michelle Stober and Bill Kuhlman, who suffered many hours of data entry and other administrative tasks with unflinching good cheer.

Last, but not least, thanks goes to Catherine Sanders and Pamela Swain, formerly of OJJDP, for having conceived of this important project.

I would like to extend my sincere gratitude and appreciation to all who worked with me to make this project a success.

Debra Whitcomb
Project Director

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Chapter One: Background

Introduction

Statistics on child abuse and neglect have escalated dramatically in the years since the National Center on Child Abuse and Neglect began collecting data on reports made to child protection agencies. Based on two national incidence studies, cases of child maltreatment increased by 66 percent from 1980 to 1986. The incidence of physical abuse increased 58 percent, while the incidence of sexual abuse tripled. More than 1.5 million children suffered abuse or neglect in 1986, with nearly 156,000 experiencing sexual abuse.¹

Reported crimes are only the tip of the iceberg. The findings of seven studies based on retrospective self-reports suggest that from 12 to 38 percent of women, and from 3 to 16 percent of men, are subjected to some form of sexual abuse in childhood.² Child protection and criminal justice agencies have been besieged with allegations that require substantiation and, where appropriate, intervention.

National outrage over child abuse has encouraged criminal prosecution of offenders. Even intrafamilial cases, once traditionally handled by the protective service and juvenile justice systems, are finding their way into the criminal justice system. The influx of child victims in the courts has raised a host of unsettling issues. The challenge has been to find ways to prosecute these cases effectively without exacerbating the child's trauma.

Intrafamilial child sexual abuse, in particular, has been associated with a wide variety of behavioral and psychiatric disorders in the child victims, including withdrawal, depression, anxiety, fear, school problems, suicidal behavior, negative self-concept, isolation, sexual problems, and Post-Traumatic Stress Disorder.³ Because of the attributes of child victims as witnesses—their cognitive and emotional level of development and, commonly, their position as the most critical source of evidence in sexual abuse cases—the adjudication process can add to the trauma they have already experienced. For child victims, court intervention may have any or all of three effects: it may delay the resolution of symptoms resulting from the abuse; it may intensify existing problems; or it may create a new set of stressful circumstances with which the child must cope.⁴ The problem may be especially acute in intrafamilial cases.

The Child Victim as Witness Research and Development Program was a 3-year project funded by the Office of Juvenile Justice and Delinquency Prevention. It was a collaborative effort involving a team from three organizations: Education Development Center, Inc. (EDC); the University of North Carolina-Chapel Hill (UNC); and the American Prosecutors Research Institute (APRI) of Alexandria, Virginia.

The goal of the study was to address the dilemma confronting prosecutors: How can child sexual abuse cases be most effectively prosecuted without imposing additional trauma on the child victims?

The project was designed to answer the following research questions:

- What characteristics of a child, family, incident, community, and legal environment influence the decision to prosecute child sexual abuse cases?
- How do these characteristics influence the decision to use certain courtroom or system innovations?
- How does the availability of such techniques influence the decision to prosecute child sexual abuse cases?
- What is the impact of such techniques on the outcome of case prosecution and on the child's emotional trauma?

To answer these questions, we designed a study that would:

- Identify and implement a range of techniques for investigating and prosecuting child sexual abuse cases.
- Empirically assess the circumstances under which alternative techniques are used.
- Evaluate how well these innovations reduce victim trauma and increase successful prosecution of offenders.

The study was conducted in four jurisdictions: Erie County (Buffalo), New York; Polk County (Des Moines), Iowa; Ramsey County (St. Paul), Minnesota; and San Diego County, California. These sites met certain minimum criteria: each maintained a relatively large caseload and each agreed to participate in the intensive research and development effort. In addition, the sites varied in the following ways:

- Variation in statutory framework. Prosecutors must practice under diverse conditions. For example, when the project began, Iowa had passed a wide range of statutory innovations where the New York legislature had only begun to consider these reforms.
- Variation in size. Buffalo and San Diego are large metropolitan areas; Des Moines and St. Paul are medium-sized jurisdictions. Again, this diversity allowed us to examine what was feasible in different jurisdictions with varying resources and caseload characteristics.

- Variation in current and planned prosecutorial procedures. Some jurisdictions had only recently implemented certain techniques while others had several years of experience in procedures which varied across sites.

At each site, we worked with a multidisciplinary program team of local agency officials to examine current policies and practices, identify areas needing improvement, and select prosecutorial strategies to study. From local criminal justice and child protection agencies, we then gathered data to track the progress of child sexual abuse cases referred for prosecution during a one-year baseline period prior to the project's commencement. We also tracked a parallel, prospective group of child sexual abuse cases that were referred for prosecution during the project period. To assess the impact of prosecution on child victims, we conducted psychological interviews with 256 children from the prospective group before and after their cases were adjudicated.

This report describes preliminary findings from this longitudinal research and development effort. In the remainder of chapter 1, we provide a brief overview of past research, the theoretical framework underlying the proposed research effort, and an overview of program intervention and research methods.

Chapter 2 presents case studies of the four participating sites. For each community, we describe the process for investigating and prosecuting child sexual abuse cases as we observed it during our initial visits. We delineate the intervention goals identified for each site and discuss progress that was made during the study period. The perspectives of professionals in each county are introduced through the findings of two surveys we conducted in each site. Finally, selected descriptive statistics are offered to describe the adjudication process.

Chapter 3 discusses the results of the case tracking component of our study. We present findings that describe the characteristics of victims, perpetrators, and case processing at the point of referral for prosecution. These data are analyzed and presented in a discussion of factors influencing the decision to prosecute.

Chapter 4 presents the results of the child interviews. We discuss the children's psychological status at the time of the Wave I interviews as well as observed changes between the Wave I and Wave II interviews. The chapter includes selected analyses of differences that may be related to victim or perpetrator characteristics, such as relationship between victim and perpetrator, and nature and duration of abuse.

Chapter 5 discusses conclusions that can be drawn from our preliminary findings and outlines the next steps for data analysis.

In addition to this report, three other publications discuss the results of this study. Two of the publications appeared in *Child Abuse and Neglect*, and the third was published by the U.S. Department of Justice, National Institute of Justice.⁵

Previous Research

Recent research has identified nightmares, separation anxiety, confusion, humiliation, and false retraction of children's accounts of their experiences as emotional responses to court proceedings.⁶ Dr. Roland Summit has described a "child sexual abuse accommodation syndrome" comprising five categories. Each helps to explain why these children are in a difficult position when they testify in criminal court.

1. The secrecy inherent in sexual abuse dissuades victims from reporting—but society (jurors and the courts) expects an immediate outcry.
2. The victim's helplessness means there is little resistance to the assault—which may be interpreted as consent.
3. Entrapment (i.e., the feeling that there is no way out of the abusive situation) prevents victims from seeking help, because to do so, they believe, would cause dissolution of the family. To accommodate their emotional turmoil, children may turn to substance abuse or act out sexually—behaviors that raise questions about their credibility as witnesses.
4. Delayed, conflicting, and unconvincing disclosure raises questions about the motivation for reporting.
5. Retraction often occurs when victims are pressured by family members, or when it becomes apparent that disclosure has resulted in dissolution of the family.⁷

Some observers of the justice system assert that participation in judicial proceedings can cause deleterious effects and psychological harm to sexually abused children. Others, however, maintain that testifying can serve as a catharsis for child victims and contribute to their recovery by restoring a sense of power and control. Past research on whether the adjudication process is in fact harmful to children is conflicting.

In the only study reported to date that administered psychological tests directly to child victims whose cases were being adjudicated in juvenile or criminal courts, Runyan and colleagues found that testifying *in juvenile court* may actually be beneficial: children who testified in juvenile court were 20 times more likely to have reduced anxiety levels than children who did not testify. (Too few children testified *in criminal court* to allow meaningful analysis.) Children whose cases were pending criminal court disposition, however, did *not* improve on the psychological measures, and the researchers hypothesized that the delays that characterize criminal prosecution may cause additional stress for child victims.⁸

This hypothesis was challenged, however, by the findings of a subsequent study by Goodman and colleagues.⁹ Goodman et al. examined the impact of testifying in criminal court on

child sexual abuse victims, based on measures of behavioral adjustment provided by nonoffending parents. They found that the children tended to show improvement with time, regardless of whether they testified. Parents of children who testified were significantly more likely to say their children had been adversely affected by criminal prosecution than parents of a matched control group of children who did not testify. Some parents and children (in both groups) specifically targeted the length of the adjudication process as a source of stress. At the final followup, 11 months after the children first testified, differences between the "testifiers" and the control children had diminished, although a subset of children still showed negative effects. Some of these children had testified; others had not.

Overall, factors that appeared to be related to improvement were:

- Fewer times required to testify.
- Maternal support.
- Presence of corroborative evidence.
- Passage of time.
- Positive parental attitudes about the legal system.

Factors that were *not* related to improvement included psychological counseling, case outcome, and the number of investigative interviews.

The children questioned by Goodman and her colleagues reported negative feelings about talking to the defense attorney and facing the defendant. They had mixed feelings about the judge, felt positively about the prosecutor, and wanted their parents with them when they testified.¹⁰ Tedesco and Schnell also queried child sexual abuse victims directly about their experiences with the criminal justice system.¹¹ Based on self-administered questionnaires completed by 48 children and/or adults on the children's behalf, the researchers found that a greater percentage of victims rated the legal process as helpful rather than harmful. Children were most likely to object to multiple interviewers and testifying in court. Finally, courtroom observations of the children in King et al.'s study revealed that children lacked effective advocacy and support figures, and further, that attorneys often failed to prepare children and their families adequately prior to testifying. Inappropriate and ineffective trial techniques on the part of defense and prosecuting attorneys contributed to the children's discomfort.¹²

The purpose of the Child Victim as Witness Research and Development Program was to shed additional light on the effects of the court process on child sexual abuse victims. The study was designed to explore the impact of a variety of promising approaches to alleviating trauma on children's behavioral and psychological status following case adjudication.

Theoretical Framework

Exhibit 1 presents a schematic overview of the theoretical framework that guided the research design. It shows the major variable groups that were included in the theoretical framework and the presumed relationships between them.

The framework includes three types of *background variables* that may affect the decision to prosecute, the prosecutorial techniques used, and case outcomes:

- Child and family characteristics.
- Case characteristics.
- System characteristics.

It also shows the two primary *independent variables* in our analysis of project impact:

- The decision to prosecute.
- Techniques used to accommodate child victims.

The framework includes a number of *modifying variables* that may alter the effect of the prosecutorial techniques used on the outcome variables of interest:

- Case management approach, especially the use of multidisciplinary case review.
- Psychological treatment for the child.
- Protective services offered the child.
- Defense attorney actions, such as harsh or intimidating cross-examination.

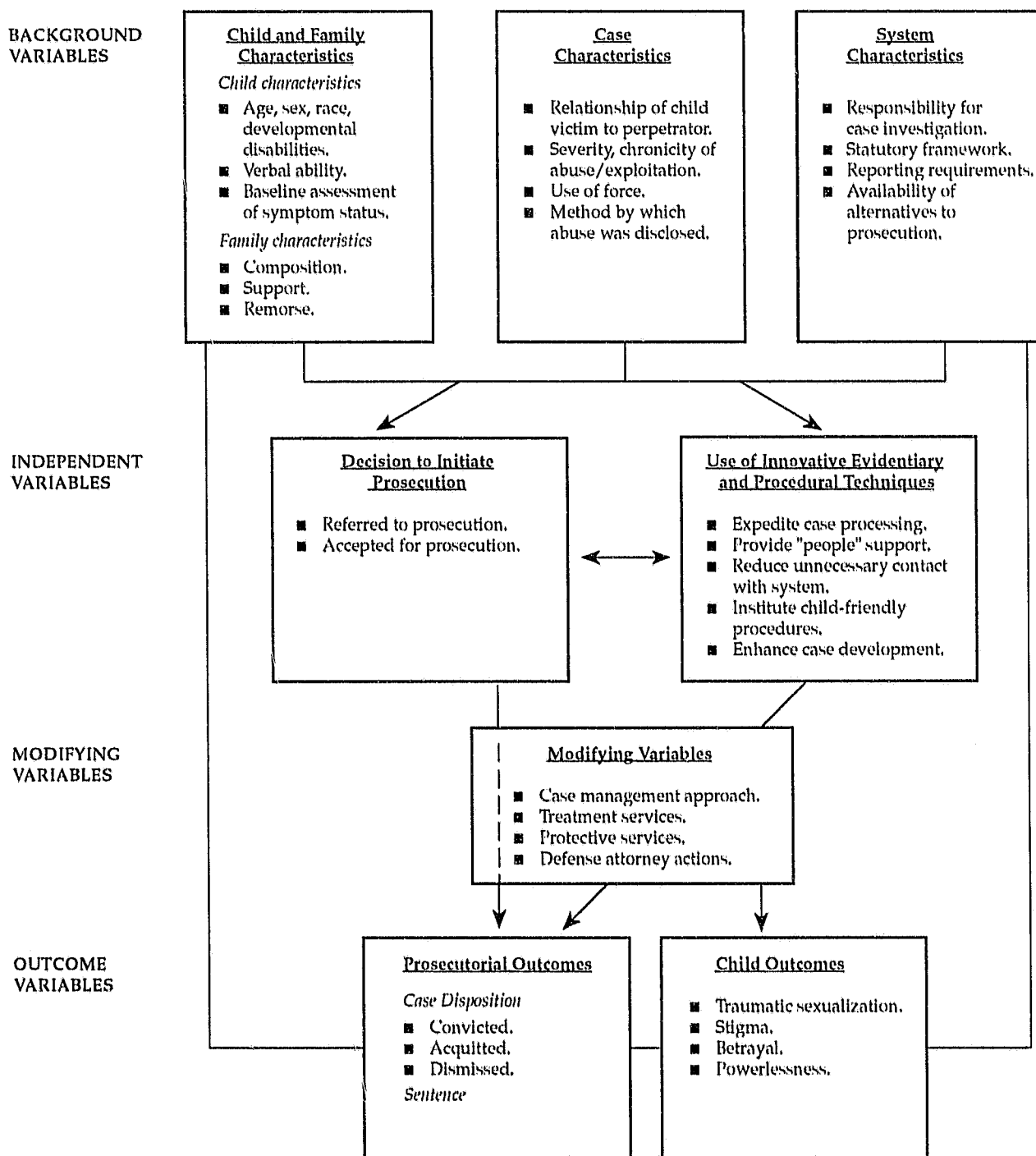
Finally, it shows the two *outcome variables* of interest:

- Final case disposition.
- Child behavioral and psychological status.

Each set of variables in the theoretical framework is described briefly below.

Exhibit 1

Schematic Overview of the Theoretical Framework



Background Variables

Child and Family Characteristics

Some children may be more vulnerable to sexual exploitation than others.¹³ Age, gender, and developmental status may separate vulnerable children from children less likely to be victimized. Children with disabilities have been identified as a potentially vulnerable population.

The child's age may affect the likelihood of prosecution or foster care placement and the range of psychological and behavioral symptoms. Developmental issues from preschool through adolescence have been described in terms of clinical presentation and treatment concerns.¹⁴ Age may influence the courtroom techniques used, the ultimate effectiveness of the prosecution, and the impact of court intervention on the child. Furthermore, the child's verbal ability may influence the decision to prosecute, the specific techniques used, and the case's outcome.

In cases involving intrafamilial abuse, family characteristics may contribute to sexual victimization of children and mediate the impact of sexual abuse and court intervention on the victim. Russell's work suggests that stepfathers are eight times more likely to sexually abuse children than biological fathers.¹⁵ Frequently, mothers of child sexual abuse victims have a history of sexual victimization.¹⁶ Other factors that may be involved include parental sexual dysfunction, parental work patterns, and family stress.

Family support appears to be a significant moderating variable in the relationship between victimization and the impact of sexual abuse on the victim.¹⁷ In Runyan et al.'s study, which involved only intrafamilial cases, approximately 35 percent of mothers chose to support the perpetrator instead of the child victim.¹⁸ Goodman's study found that maternal support for the child was related to improvement in the child's well-being.¹⁹ These studies suggest that maternal support may be the most important variable affecting the resolution of the child's distress. Another moderating influence may be parental expression of guilt and remorse.

Case Characteristics

Important factors that may predict the effect of sexual assault on the victim include the type of abuse, chronicity, relationship of the perpetrator to the victim, and use of force.²⁰ Conclusive data for each of these points is lacking. A recent survey of adults victimized in childhood suggests that attempted or completed intercourse, for example, was more traumatic to the victims than fondling experiences.²¹ Several other studies, however, failed to show any relationship between the form of victimization and its long-term effects.²²

The relationship of the perpetrator to the victim is thought to be a significant moderator of the trauma from sexual molestation. Not surprisingly, research suggests that abuse by a father or stepfather is significantly more traumatic than abuse by others.²³

Finally, the use of force has been suggested as an important predictor of the impact of abuse. Both Russell and Finkelhor found strong relationships between self-reports of trauma and the use of force.²⁴ Goodman et al. found that children whose victimization experiences had been most severe exhibited the most anxiety on the day of testimony. Further, among those children who testified, those who had experienced more severe abuse, who lacked maternal support, and who were more frightened of the defendant rated their experience with the legal system more negatively than those children who testified in less severe cases, who had maternal support, and who were not intimidated by the defendant.²⁵

System Characteristics

A number of studies have documented the wide variation in response to child abuse among jurisdictions, agencies, and professionals. Mayer determined that the disposition of child abuse was dependent in part on whether the case was investigated initially by the police or social service.²⁶ Runyan et al. demonstrated that variation in the use of foster care in child protection cases was explained, in large measure, by which social service agencies and court districts were responsible for the investigation and disposition.²⁷

Another factor contributing to the decision to prosecute and the type of procedures used is the statutory framework governing use of evidentiary and procedural techniques. A related factor is pertinent court rulings regarding the use of innovative techniques on behalf of child witnesses. Absent certain provisions and favorable court opinions, prosecutors may be less likely to accept certain types of cases, and limited in the degree to which they can employ desired strategies.

Reporting requirements may affect the decision to prosecute. In some states, such as Massachusetts, all substantiated reports of serious child abuse (which includes all cases of child sexual abuse) must be reported to the district attorney. In such jurisdictions there is reason to believe that a larger proportion of cases will be processed by the criminal justice system.

Finally, the availability of alternatives to prosecution may affect the decision to initiate criminal proceedings. There are three types of alternatives: removal of the child to an adequate foster home, shelter, or other placement; restraint of the perpetrator by voluntary or court-ordered measures; and treatment for the perpetrator.

Independent Variables

Decision to Initiate Prosecution

As innovations in child sexual abuse cases are introduced (e.g., as criminal court procedures are streamlined and made less intrusive), protective service personnel may be more willing to refer cases to the criminal justice system. Accordingly, it is important to examine the circumstances surrounding decisions to refer cases for prosecution as well as the numbers and types of cases referred, before and after the introduction of such changes. However, there may be changes in the criteria for case acceptance.

Innovative Techniques

The Office of Juvenile Justice and Delinquency Prevention was interested in examining seven major types of evidentiary and procedural innovations that might be used to accommodate child victims.

1. Avoiding direct confrontation between child victim witnesses and defendants:
 - a. Using closed-circuit television.
 - b. Permitting children to testify in front of a one-way mirror.
 - c. Permitting children to testify in the judge's chambers.
 - d. Permitting videotaped depositions and statements.
2. Streamlining the justice process:
 - a. Expediting cases.
 - b. Reducing the number of interviews of children.
3. Permitting special exceptions to hearsay for sexually abused children:
 - a. Allowing medical complaints.
 - b. Allowing complaint of rape.
 - c. Allowing excited utterances.
4. Eliminating or modifying competency criteria for child victim witnesses:
 - a. Modifying the wording of the oath for child witnesses.
 - b. Establishing a level of understanding of the difference between truth and falsehood.
5. Using child victim advocates and guardians ad litem at different stages of the court process.
6. Using expert witnesses:
 - a. Testifying on selected attributes of child sexual abuse.
 - b. Providing developmental information to compare normal behavior patterns with those of children who were sexually abused.

- c. Providing testimony that explains the behavior of children after the event occurs.
7. Excluding spectators from the courtroom audience:
- a. Limiting access to the general public.
 - b. Developing legislation to protect the identity of child witnesses.

For purposes of this study, these and other techniques introduced on behalf of child victims shall be described as *courtroom* and *system reforms*.²⁸

Courtroom Reforms. These include efforts to shield the child from direct confrontation by the accused by using closed-circuit television, videotape technology, or opaque screens. Other courtroom reforms include efforts to limit the courtroom audience, special hearsay exceptions for sexually abused children, and elimination of special competency examinations for child witnesses. By definition, courtroom reforms are available only to children whose cases go to trial.

System Reforms. By contrast, system reforms benefit every child whose abuse is disclosed to authorities. Although many system reforms do not require statutory authorization and pose no threat to constitutional protections, they may be as difficult to implement as courtroom reforms because implementation depends on cooperation among multiple agencies. Among the most popular system reforms are provision of a support person for the child, assignment of a guardian ad litem, reducing delay, multidisciplinary case review, and streamlining the system by reducing the number of interviews and appearances required of the child.

Despite the proliferation of legislation authorizing the use of alternative procedures for child victims in court, and specifically videotaped or closed-circuit testimony, prosecutors and courts have been reluctant to implement these techniques because their constitutionality was still in question. With the U.S. Supreme Court's recent decision in *Maryland v. Craig*, more children may benefit from the new technology.²⁹ However, extraordinary measures will be reserved for extraordinary cases. This is not to say that statutory reforms are unnecessary, but rather to reinforce the importance of a wide variety of procedural innovations.

Exhibit 2 displays five major goals of the various interventions that were considered for implementation and evaluation in this study. In chapter 2 we describe how these innovations were implemented and the intended and unintended consequences they may have had on the communities' responses to child sexual abuse cases.

Exhibit 2

Orientation of Activity

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	SYSTEM	CHILD
Expedite Case	<ul style="list-style-type: none"> • Faster setup of case processing points. • Strict continuance policy. • Active case monitoring. • Use of fast track system for charges. • Prompt delivery of results of medical tests on child. 	<ul style="list-style-type: none"> • Earliest contact with child by police, social agencies and prosecutor.
Provide People Support to Victim	<ul style="list-style-type: none"> • Early identification of child advocate/guardian ad litem. • Coordination of case management with multidisciplinary team. • Early referrals for treatment/services for child and child's family. 	<ul style="list-style-type: none"> • Continuous contact between child, child advocate, and social services agencies.
Reduce Unnecessary Contact of Child With System	<ul style="list-style-type: none"> • Waiver of discretionary contact points between child and system. • Reduction in number of interviews with child through coordination in case management. 	<ul style="list-style-type: none"> • Use of videotape in place of live appearance by child at subsequent stages in proceedings where original testimony would be recited.
Institute Child-Friendly Procedures	<ul style="list-style-type: none"> • Use of anatomical dolls, artwork, etc., to help elicit child's testimony. • Use of screens, one-way mirrors, and appropriate furniture placement to reduce visual contact between victim and defendant in court. • Use of closed-circuit TV. • Modifications to courtroom environment, for example, use of scale furniture, appropriate colors, and frequent breaks during child testimony. • Limitations on movement and voice levels by counsel. 	<ul style="list-style-type: none"> • Explanation to child of purpose of proceeding and case development. • Debriefing after testimony and disposition of case, including delivery of victim impact statement. • Limitation on media coverage of proceedings and other public identification of victim. • Indication of appreciation of child's assistance to authorities; for example, preparation and award of certificate of participation/cooperation/truthfulness.
Enhance Case Development	<ul style="list-style-type: none"> • Use of exceptions to hearsay rule. • Use of expert witnesses to strengthen child's testimony. • Improved methods of establishing competency of child witnesses. • Vigorous use of general and case-specific medical tests and research with involvement by local medical community. 	<ul style="list-style-type: none"> • Modification of oath for child witnesses. <p>Notes:</p> <ol style="list-style-type: none"> 1. Use of exceptions to hearsay rule can also help to reduce contact by child during testimonial stages.

Modifying Variables

Case Management Procedures

Case management procedures may modify the effects of court intervention on the child. Investigations and interventions into child sexual abuse may be the shared or separate responsibilities of the child protection and legal systems. In communities across the country, there are wide variations in the degree of cooperation and coordination of efforts between social service, police, and prosecuting personnel. Often, the objectives of intervention by each agency can be quite different. The presence of a multidisciplinary team may systematically alter agency and court responses to victims and families and is presumed to ameliorate the impact of both the abuse and the intervention.

Treatment Approaches

A variety of psychological treatment approaches have been recommended for child sexual abuse victims, including individual, family, and group therapy.³⁰ Within each of these modalities are techniques ranging from role playing to art therapy. Evaluations of specific models of treatment are beginning to emerge.³¹ The mere fact that a child was referred for therapy may be important in modifying the effect of court intervention on the child's well-being.

Protective Services

Another modifying variable was the extent to which the child was protected from further abuse during the course of case prosecution. In many cases involving intrafamilial abuse, civil and criminal proceedings may occur simultaneously. The impact of criminal prosecution on the child may be exacerbated by concomitant juvenile court proceedings dealing with the child's placement in foster care or removal of the alleged perpetrator from the home. Whether the child (or the perpetrator) was removed from the home during all or part of the criminal prosecution is likely to have an important influence on the child's psychological status.

Defense Attorney Actions

A final modifying variable was the nature of actions taken by defense attorneys in their cross-examination of child witnesses. Questioning that is harsh, intimidating, or overly lengthy may have adverse effects on a child, whereas questioning that is age-appropriate and respectful of the child's cognitive or emotional limitations is likely to be less harmful. Whether at preliminary hearings, depositions, or trials, the defense attorney's interrogation of child witnesses may have an important influence on the children's experience of the criminal justice system.

Outcome Variables

Prosecutorial Outcomes

To explore the impact of the use of innovative evidentiary and procedural techniques on case disposition, the study was designed to examine changes in the proportion of cases in which the defendant is found guilty, either by entering a plea or through conviction at trial; the proportion of cases that are dismissed; and the proportion in which defendants are found not guilty. For cases resulting in conviction, changes in sentencing outcomes are examined.

Child Outcomes

To investigate the psychological impact on the child, the study relied on the conceptualization articulated by Finkelhor and Browne in their 1985 paper on the "traumagenic dynamics" of child sexual abuse.³² This model takes into account events and interactions that occur after abuse is revealed and sets forth four dynamics that explain most of the short-term effects observed among child sexual abuse victims.

1. Traumatic sexualization results from the inappropriate sexual contacts and relationships that typify abusive incidents.
2. Betrayal results when the child realizes that a loved one or trusted individual has in fact harmed him or her. Another context for betrayal occurs when nonoffending family members or others to whom the child discloses abuse fail to believe the child's allegations.
3. Stigmatization results when the child realizes that the abusive behavior is morally and socially unacceptable and is made to feel guilty or responsible.
4. Powerlessness results not only from the child's inability to prevent or terminate the abuse, but also from the "snowball" nature of society's interventions to protect the child.

These dimensions provide a clear organizing framework and conceptual basis for research on the psychological impact of sexual abuse and subsequent court intervention on children.

Study Methods

Intervention Strategy

The Child Victim as Witness Research and Development Program was designed to effect change in organizations' responses to child sexual abuse cases and to measure the effect these changes have on child victims. The assumption underlying this commitment to change is that child sexual abuse cases, because of their complexity, require different responses from law

enforcement and social service agencies and a level of interagency coordination not usually found in the response to other types of criminal offenses.

In each site, we worked with a multidisciplinary program team, including prosecutors and representatives of the courts, law enforcement and social services, medical and mental health communities, and victim advocacy groups. During the first year of the study, staff of the American Prosecutors Research Institute (APRI), National Center for the Prosecution of Child Abuse, worked with the program teams to look at current policies and practices in each jurisdiction, identify areas needing improvement, and select prosecutorial strategies to implement and study.

APRI chose an intervention strategy that was based on two concepts from the practice of organizational development: action research and field theory of planned change. Organizational development has been defined as a process of planned improvement in the overall functioning of an organization.³³ APRI's approach was to apply the basic principles of organizational development, working with program teams made up of representatives from several community agencies that had a common purpose in investigating and prosecuting child sexual abuse.

Action research involves a two-step, cyclic process of (1) fact-finding, or diagnosis through the use of surveys, interviews, and other forms of data gathering; and (2) implementation, or administering the "prescription" for needed change, based on the evaluation of the results of the fact-finding process.³⁴

To conduct action research effectively, the outside intervenor must facilitate a process through which the members of the organization (or team) provide information about their perceptions of changes needed and develop consensus on particular changes to be implemented and plans for implementing them. By facilitating this process, the outside intervenor increases the commitment of the people affected by the implementation of change.

This view of the change process is particularly applicable in child sexual abuse cases, which involve complex dynamics between the social service and criminal justice systems. Even small changes in one component of the system can have broad ripple effects among the other components. Because of the potential for profound impacts on the agencies involved in the response to child sexual abuse cases, it was important for the program teams to oversee the change process with guidance from APRI.

APRI staff also used the "Field Approach" developed by psychologist Kurt Lewin,³⁵ in which the question underlying planned change is "What 'conditions' have to change to bring about a given result, and how can one change these conditions with the means at hand?"³⁶

Lewin views the present situation—the status quo—as being maintained by certain conditions or forces. For example, police procedures and child protective procedures are maintained by forces internal as well as external to the agencies. To effect change, the people involved

must describe the status quo, articulate the desired state, and identify the conditions that maintain the status quo and prevent the change necessary to reach the desired state.

These forces can either facilitate or restrain change. Members of the research and development team used this concept to help the program teams develop action plans for implementing new methods of responding to child sexual abuse. The basic goal was to minimize or eliminate restraining forces while strengthening facilitating ones. For example, many program team members found that their desire to examine operating policies and procedures and to apply recent developments in the child protection and legal fields was a facilitating force. On the other hand, the lack of understanding of each agency's specific constraints and at times competing goals was a force restraining the teams from implementing change. Therefore, discussions among the program teams centered around clarifying the goals of participating agencies and increasing understanding among team members.

The use of the field approach to identify facilitating and restraining forces for change is continual. Program team members were trained in this approach at a cluster conference midway through Year 2 of the project, after it had been used as the basis for the change process in Year 1. The model is helpful for organizing information and providing a structure for ongoing planning activities.

Chapter 2 provides a more specific description of the intervention strategy as it was applied in this project.

Research Methods

Case Sampling

In order to compare case processing before and after the introduction of innovative strategies, the research plan called for gathering data on two samples of child victims:

- A baseline or retrospective sample of child victims who entered the system before the new strategies were introduced.
- A "prospective" sample of child victims whose cases were initiated after the innovative strategies were in place.

Only child victims whose cases were substantiated by the child protection agency or law enforcement agency and referred for prosecution were included in our sample. For the baseline and prospective samples, data from existing case files were used to determine the nature of the case, the way in which it was processed, and its ultimate disposition.

To evaluate the impact of case processing on the psychological well-being of child victims, we conducted two interviews with children in the prospective sample whose parents or guardians consented to participate. The first interview occurred shortly after the case was

referred for prosecution; the second occurred between 7 and 9 months later. A battery of instruments was selected to capture the four dimensions of the theoretical model described above: traumatic sexualization, betrayal, powerlessness, and stigmatization.

The Child Victim as Witness (CVAW) database consists of a number of samples and subsamples. The following is meant to describe the major components and their relationship to one another.

Abstraction Samples. As previously noted, there were two principal sources for data collection: primary data collected through interviews of child victims and their mothers or guardians, and secondary data collected through case record review. At each site, individuals were trained in the use of a project developed Case Record Abstraction Form, a booklet (with supplements) used for encoding case-based materials maintained by the prosecutors' offices, law enforcement agencies, the courts, and child protection agencies. Data were collected on all cases of child sexual abuse referred to the prosecutors' offices and not excluded due to:

1. Parental or child refusal to consent to participate in the study.
2. Inability of the parent to understand the consent process.
3. Inability of the child to understand the interview questions.

The abstraction samples are population-based data, reflecting *all* eligible cases of child sexual abuse in our participating sites. Two abstraction samples were collected: a retrospective sample and a prospective sample.

Retrospective Sample. In order to collect baseline information on child sexual abuse cases prior to implementing the technical assistance component, we included in the sample all cases referred to the prosecutors' offices that met eligibility requirements for project participation during the baseline year. The baseline year extended from July 1, 1986, through June 30, 1987, a date just prior to the beginning of the project.

The retrospective sample consisted of 430 cases across four sites. While the intent was to abstract information on all eligible cases, whether accepted or declined for prosecution, administrative procedures in two sites precluded this, as neither Erie nor Ramsey County maintained files on declined cases. This policy was amended after the project began, but places limitations on retrospective analyses and comparisons. For example, retrospective comparisons of accepted versus declined cases can only be done in San Diego and Polk

Counties. The size of the retrospective sample, broken down by site and acceptance for prosecution, is as follows:

<u>County Site</u>	<u>Prosecution Status</u>		<u>Total</u>
	<u>Accepted</u>	<u>Declined</u>	
Erie County	70	8	78
Polk County	55	52	107
Ramsey County	63	0	63
San Diego County ¹	<u>112</u>	<u>70</u>	<u>182</u>
	300	130	430

Prospective Sample. The prospective sample is population based, comprising all eligible cases referred to the prosecutors' offices once the CVAW project began. Although the prospective sample consisted of secondary data collection through the abstraction of case records, it was meant to serve as the recruitment pool or sampling frame for the interview sample described below. As a result, procedures for identifying the prospective sample required extensive negotiations with each site regarding human subjects' procedures and review, site staffing, and subcontractual arrangements. Thus, while the original design called for a prospective 1-year window that would extend from July 1, 1988, through June 30, 1989, the start-up date depended upon the satisfactory completion of these negotiations. The prospective windows at each of the sites were as follows:

<u>County Site</u>	<u>Prospective Window</u>
Erie County	06/01/88-05/31/89
Polk County	06/07/88-06/06/89
Ramsey County	11/01/88-10/31/89
San Diego County	06/14/88-06/13/89

Seasonal variation in case dynamics should not affect analyses as a full 1-year window was employed at each site.

¹ As originally designed, and working from the then projected caseloads, a random sample of cases was to be selected from a sampling frame consisting of all logged cases in the event that the total number of such cases exceeded 100, the originally determined cap. The only site to log more than 100 cases was San Diego County, and this was limited to their "accepted" cases, which, during the baseline period, numbered 123. While the site data collector was instructed to take a random sample of size 100, a random sample of 112 was obtained instead.

The size of the prospective sample, broken down by site and acceptance for prosecution is as follows:

<u>County Site</u>	<u>Prosecution Status</u>		<u>Total</u>
	<u>Accepted</u>	<u>Declined</u>	
Erie County	79	59	138
Polk County	52	47	99
Ramsey County	101	48	149
San Diego County ²	<u>104</u>	<u>53</u>	<u>157</u>
	336	207	543

Interview Sample. In addition to examining case characteristics and case flow dynamics, the CVAW project assessed the psychological status of children at the time their cases were referred for prosecution and again 9 months later. These assessments were based on a battery of standardized psychological instruments and interviews individually administered to participating children and their mothers or guardians.

The prospective abstraction sample was intended to serve as the sampling frame for the interview sample. An analysis of projected caseloads, coupled with estimated participation rates, suggested that a 1-year sampling frame should prove adequate for recruitment of the interview sample. However, actual caseloads and willingness to participate in the research lagged behind projections.

Consequently, while the prospective abstraction sample was ascertained during the 1-year window as designed, the recruitment period was extended to enhance the size of the interview sample. By extending the recruitment period, renegotiating the time when initial contact could be made at one site, and bolstering our recruitment efforts, we were able to achieve remarkable success in our interview sample. The sampling period, by site, was as follows:

<u>County Site</u>	<u>Sampling Window (Interview Sample)</u>
Erie County	06/01/88-12/15/89
Polk County	06/07/88-12/15/89
Ramsey County	11/01/88-12/15/89
San Diego County	06/14/88-12/15/89

As noted in the introduction, each participant was to be interviewed on two occasions. While attrition is inevitable in any longitudinal research, we were exceptionally successful at

² As noted before, when the number of logged cases in any category exceeded 100, the data collector was instructed to take a simple random sample of approximately 100. During the prospective one-year window, the number of "Accepted" cases in San Diego County numbered 185; the 104 cases included are a simple random sample from the frame.

maintaining the sample over time, attaining a followup rate of 88 percent. The size of the interview sample, broken down by site and time of observation, is as follows:

<u>County Site</u>	<u>Observation</u>	
	<u>t_0</u>	<u>t_1</u>
Erie County	84	79
Polk County	27	24
Ramsey County	54	50
San Diego County	<u>124</u>	<u>101</u>
	289	254

Relationship Among the Samples. The relationship among the various samples is depicted schematically on this page.

Clearly, there is no overlap between the retrospective and prospective samples because they were drawn from distinctly separate sampling windows. The prospective samples, on the other hand, may require some explanation. The prospective abstraction sample comprises the areas labeled 1, 2, and 4, all of which are cases identified during the 1-year prospective window which was meant to provide a comparison with the retrospective or baseline data.

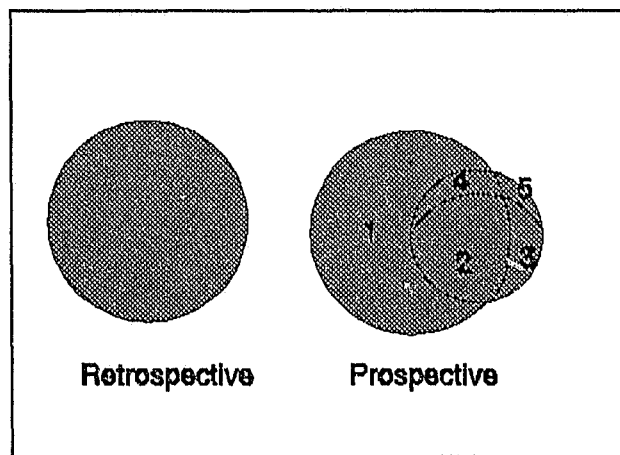


Figure 1. Schematic diagram of CVAW samples.

The interview sample consists of areas 2, 3, 4, and 5. The subset consisting of areas 2 and 3 represent those interview cases that were interviewed twice (at t_0 and t_1), while areas 4 and 5 were cases interviewed at t_0 , but later lost to attrition. Finally, areas 3 and 5 are those interview cases that were recruited beyond the 1-year window which constituted the prospective abstraction sample. It should be added that case abstraction data were also collected on all interview cases, regardless of whether the interview cases were identified within the prospective 1-year window or afterwards.

Instrumentation

Case Abstraction. To identify and track potential cases at each prosecutor's office, case abstractors entered information into a project-developed sampling log for each sexual abuse case that came to the attention of the prosecutor's office. The sampling log data were used to determine the expected size of the samples at each site and to serve as a basis for assessing the representativeness of the interview sample from which psychological data were collected.

The project used multiple instrument packages developed by EDC project staff to encode the criminal justice data. The basic instrument package included the following:

- Case Tracking Form (for detailed information on victim, perpetrator, case characteristics, and the adjudication process).
- Supplement A (for additional detail on the child's experience in investigative interviews).
- Supplement B (for additional detail on the child's experience in court proceedings).
- Supplement C (to clarify or elaborate on a limited number of variables in the Case Tracking Form, such as details surrounding the initial disclosure of abuse and the perpetrator's prior criminal record).

These forms were used to gather data on cases where there was one perpetrator and one victim; different packages were assembled to abstract data on cases involving multiple victims and perpetrators. (For availability of forms, see last page of report.)

Child Interviews. As previously described, the theoretical framework for this study relies on the "traumagenic dynamics" of child sexual abuse as articulated by Finkelhor and Browne: traumatic sexualization, betrayal, stigmatization, and powerlessness. To measure child outcomes, we selected instruments that would capture these four dimensions.³⁷ They included the following:

- *Child Assessment Schedule*, a semi-structured psychiatric interview administered to children in the third grade or higher.
- *Child Behavior Checklist-Parent Form*, which measures child mental health through parental report for children aged 4 through 17.
- *Peabody Picture Vocabulary Test-Revised*, a measure of cognitive functioning in children of all ages.
- *Preschool Behavior Checklist*, which focuses on behavioral problems in young children.
- *Child Sexual Behavior Inventory*, a parental report of children's sexualization.
- *Adolescent Sexuality Inventory*, designed by project staff to obtain self-reports of sexual activity and attitudes toward sexuality from older child victims.
- *Children's Nowicki-Strickland Internal-External Scales*, to assess locus of control.
- *Perceived Competence Scale for Children* and *Pictorial Scale of Perceived Competence*, measures of self-concept.

- *Intervention Stressors Inventory*, a measure developed by project staff to quantify the relative stressfulness of post-disclosure interventions.
- *Parental Reaction to Abuse Disclosure Scale*, a measure of parental support scored by interviewers based on questions addressed to mothers and children.

All these instruments are described more fully in chapter 4.

Analysis Plan

The Child Victim as Witness Research and Development Program is the first part of an ongoing research program. The findings presented in this final report represent the first set of analyses to be conducted on this rich and extensive database.

The analysis plan begins by examining relationships that lie within the criminal justice system. Criminal justice outcomes of interest include variables such as whether the case was accepted or declined for prosecution, the final case disposition, sentencing, and overall indicators of case flow dynamics such as time until final disposition. Criminal justice inputs include case characteristics (e.g., child characteristics, perpetrator characteristics, nature of the offense) and case processing variables (e.g., number of victim interviews, nature of prosecution case, child testimony, use of special child oriented techniques, number of continuances). The initial analyses included in this report seek to identify those factors that differentiate between cases accepted for prosecution and those that were declined.

Next, we examine the psychological data that were gathered from interviews with the children. Among the questions to be addressed are: What is the children's initial psychological status at the time of case referral for prosecution? What factors explain variation in initial status? How does children's psychological status change over time? What variables account for observed changes? In this report, we examine psychological status in terms of bivariate relationships by looking at its relationship to a variety of factors one at a time.

Subsequent analyses will be conducted on a fully merged data set that will enable us to examine relationships between the children's psychological status and their experiences in the criminal justice system. These analyses are central to addressing the potentially competing agendas of criminal justice and mental health professionals. For example, if a variable—such as maternal support for the child—is observed to promote positive psychological outcomes for children, it will be important to determine whether this same variable has positive, negative, or no impact on criminal justice outcomes. Similarly, if a variable—such as number of investigative interviews—is observed to enhance case outcomes, it will be important to determine whether this same variable has positive or deleterious effects, if any, on children's psychological functioning at followup. While the most salutary finding would be identifying factors that are good for children and prosecutors alike, it will be important to assess these relationships directly. These analyses will be critical in communicating the policy implications of the research.

Additional detail on the research design, instrumentation, and analysis plan can be found in chapters 3 (Characteristics of Child Sexual Abuse Cases and the Decision to Prosecute), 4 (The Impact of the Courts on Children), and 5 (Discussion and Conclusions), and the supplement (for availability of the supplement to *The Child Victim as a Witness*, see page 138 of this document).

Finally, we supplemented our extensive quantitative data by gathering qualitative data through periodic personal interviews with key actors in each community, review of written documentation (e.g., new policies, protocols, statutes, etc.), and two mail surveys of child-serving professionals in each of the four counties. Additional detail on this process is provided in chapter 2, The Intervention Process and Case Studies.

Chapter Two: The Intervention Process and Case Studies

Case Study Methodology

The Child Victim as Witness Research and Development Program was conceived as an evaluation of specific interventions meant to ameliorate the trauma experienced by child sexual abuse victims when their cases entered the adjudication process. Prior to project's commencement the research team recognized that (1) successful intervention requires ongoing involvement by key members of the host community; and (2) interventions do not operate in isolation, but rather in the context of a dynamic, ever-changing social and political environment. Consequently, staff of the American Prosecutors Research Institute (APRI), National Center for the Prosecution of Child Abuse, designed a strategy to work closely with representatives of key agencies in each of the four communities to assess local needs, identify policy or procedural changes that would address those needs, and implement the desired changes. At each site, a multidisciplinary program team was established consisting of prosecutors and other court representatives, law enforcement and social service agencies, medical and mental health professionals, and victim advocacy groups.

Soon after the project began, research team members visited each community, generally beginning with a meeting of the program team to introduce the project and its goals. Interviews were conducted with key personnel from the agencies involved in investigating, prosecuting, and treating child sexual abuse cases, and with personnel knowledgeable about their respective agencies' recordkeeping practices and file maintenance. Each visit ended with a meeting of the program team, during which the research team reported their observations, obtained feedback, and began a dialogue surrounding potential interventions that might address perceived problems.

A few months later, selected program team members were invited to a cluster conference in Baltimore, hosted by APRI and attended by EDC staff. At a minimum, each community sent a prosecutor, law enforcement officer, and representative of the child protection agency. This conference permitted the site representatives to share their problems and concerns about child victims and to contribute to each other's intervention plans. The matrix of intervention techniques in Exhibit 2 (see chapter 1) was used to structure the program teams' deliberations. At the close of this conference, each program team had identified one or more specific goals within each category, along with an action plan for implementing the goal.

About halfway through the project period a second cluster conference was held in Leesburg, Virginia. Team representatives presented triumphs and setbacks in their efforts to improve management of child sexual abuse cases and offered each other suggestions and recommendations for ongoing improvements.

APRI staff remained available to the program teams for ongoing technical assistance throughout the grant period. The prosecutor members of the teams were contacted periodically to assess their progress and to offer assistance where appropriate. Additional visits were made to address specific problems. For example, APRI staff were invited to lead a workshop on interviewing techniques in San Diego and to participate in a regional conference on videotaping children's interviews in Erie County. On request, APRI staff provided team representatives with helpful documentation, such as case law summaries, sample investigation protocols, and transcripts of expert witness testimony.

To document changes that occurred in the sites, EDC staff visited each site at least once each year to interview key actors in the community about modifications in statutes, policies, and procedures, as well as major events that may have influenced the management of child sexual abuse cases. Finally, two mail surveys were conducted among selected child-serving professionals in each site to gather additional data on perceived strengths and weaknesses of the community's response to child sexual abuse. These surveys were not intended to be rigorous research tools. Rather, the goals were (1) to provide general, subjective information to the program teams about perceptions held by their colleagues in the criminal justice and human service fields, and (2) to provide a starting point for discussions among team members and with APRI regarding the identification and implementation of new policies or procedures. Thus, we relied on a convenience sample, in which program team members were asked to distribute the surveys among their staff or a member of the research team distributed them during a routine site visit. Consequently, the findings reported back to the program teams and the summaries reported in this chapter are meant only to be illustrative of the range of opinions reported at two intervals by certain professionals in each community.

As indicated above, the process of change unfolds in an ongoing social and political context. Interventions are not delivered uniformly; rather, they emerge through dialogue and interaction between project staff and the participating communities, drawing upon community strengths, leadership, and opportunities for change. Recognizing the importance of context informs not only the process of intervention and change, but the research methodology that runs parallel to them. The qualitative research paradigm embodied in case methodology is uniquely qualified for this purpose. The case study is a mode of inquiry that can capture complex processes of change as they develop without resorting to the oversimplification on which more quantitative efforts must rely. Through site visits and interviews with key informants (and change agents), project staff have been able to gather the information necessary to inform our understanding of change, to help create a context within which change is possible, to identify facilitators and obstacles to change, and to document the entire process.

This chapter presents case studies of four jurisdictions that sought to bring about improvements in handling child sexual abuse cases. They are informative and provide a context for understanding the quantitative results reported in the succeeding chapters.

Organization of Case Studies

Case studies of the four participating communities are structured in a parallel fashion. First, certain baseline data are provided to place the community in context: size, caseload, innovative statutes, key agencies, and a brief description of the process for investigating and adjudicating child sexual abuse cases as they existed at project start-up.

The focus of each case study then shifts to the process of change, including descriptions of both planned changes as well as other modifications and events that occurred during the study period. Some of these latter changes were in process at the time the project began, others were related to activities and discussions that arose in the context of our study, and others occurred independently of the planned process of change. Nonetheless, because the investigation and adjudication of child sexual abuse cases occurs in the context of a constantly changing community, it is important to describe the evolution of each community during the 3-year tenure of our project.

Finally, we discuss respondents' answers to the surveys of child-serving professionals and present selected quantitative data on case processing.

Erie County (Buffalo, New York)

Case Management at Project Initiation

The two major hospitals in Erie County had arrangements with Crisis Services whereby that agency would be contacted to assist with sexually abused children and their families. A volunteer would arrive at the hospital and provide crisis services as well as referrals to other community agencies. Suspected intrafamilial abuse in New York was reported to the Central Hotline in Albany. Extrafamilial cases were reported to police at the victim's direction or the hospital's discretion.

Intrafamilial reports received by the hotline were referred to Child Protective Services (CPS) in the appropriate county. (Extrafamilial cases inappropriately reported to the hotline were referred to the appropriate law enforcement agency.) In Erie County, the majority of cases involved the Buffalo Police Department, with a smaller number falling within the jurisdiction of the Erie County Sheriff's Department and any of the more than 50 municipal police departments.

CPS often attempted to arrange for joint interviews with police, but policy in the Buffalo Police Department required these calls to enter via the 911 system. As a result, uniformed patrol officers responded rather than the more experienced detectives from the Sex Offense Squad (SOS). After this initial interview, the child would then be scheduled to give a full statement to the SOS detective at the police department, where a children's interviewing room equipped with anatomically detailed dolls, a one-way mirror, and videotaping capabilities had been established (although the latter had never been used). Reportedly,

ERIE COUNTY (BUFFALO), NEW YORK

BASELINE INFORMATION

Population of County 1,000,000 (1984 est.)
Population of Major City 340,000 (1984 est.)

Caseload

70 cases were accepted for prosecution between July 1, 1986 and June 30, 1987¹

Innovative Statutes

Videotaped testimony in lieu of live testimony for grand jury only
Testimony via closed-circuit television at trial
Courtroom closure during child's testimony
Permission for victim advocate to accompany child victims

Key Agencies

<i>Law Enforcement</i>	Buffalo Police Department Sex Offense Squad (SOS) Erie County Sheriff's Department Family Offense Unit
<i>Child Protection</i>	Child Protective Services Sexual Abuse Unit
<i>Prosecution</i>	Erie County District Attorney's Office CAAR (Comprehensive Assault, Abuse, and Rape) Unit
<i>Victim Assistance</i>	Erie County Crisis Services Hospital response Court accompaniment
<i>Medical Facilities</i>	Erie County Medical Center Buffalo Children's Hospital Child Abuse Task Force
<i>Treatment Resources</i>	Child and Adolescent Psychiatric Services Child and Family Services Erie County Medical Center Catholic Charities
<i>Other</i>	Erie County Task Force on Sexual Abuse in Families (largely composed of treatment providers) Citizen Committee Against Rape and Sexual Assault (dedicated to community education) Coalition Against Domestic Violence (mostly service providers) Coordinating Council on Family Violence (created during our grant period; see below)

¹The Erie County District Attorney's Office did not systematically maintain files on declined cases during our retrospective data collection period.

efforts to arrange joint interviews between CPS and the sheriff's department were more successful, presumably due to the smaller caseload; CPS relationships with the many smaller departments were quite variable.

Regardless of which law enforcement agency responded to the case, if the police found probable cause, the child was taken to a city judge, or magistrate, to swear out the warrants required for searches and arrests. All children under the age of 12 were required to satisfy a qualifying examination at this time. Subsequent to arrest, a preliminary hearing was scheduled, at which children were given a competency exam before testifying. Competency exams were also required before children testified at grand jury and, later, at trial.

In the two years preceding the project's commencement, the prosecutor's office in Erie County had identified child sexual abuse cases as a major priority. A comprehensive assault, child abuse, and rape unit, called CAAR, was created in July 1984 and was composed of five attorneys selected for their ability to work sensitively with these child victims. Within this unit, vertical prosecution was instituted to ensure that the same prosecutor would handle all criminal proceedings and, whenever possible, coordinate between the family and criminal courts. All neglect and abuse cases that originated in family court were reviewed by the prosecutor's office to see if criminal charges should be brought. If the case was accepted for prosecution, a volunteer from Crisis Services (but not the hospital volunteer) would accompany the child to the formal court proceedings.

After the initial visit to Buffalo, the following strengths were observed:

- The county had a history of interest and willingness to develop a systematic, coordinated response to child sexual abuse. A report of the County Executive's Task Force, issued in January 1984, resulted in several improvements countywide—most notably establishment of the CAAR unit.
- Most of the key agencies (Buffalo Police Department, Erie County Sheriff's Department, District Attorney's Office, Children's Hospital) had developed special units to attend to child sexual abuse cases.
- The CAAR Unit prosecuted all cases vertically and actively monitored law enforcement investigations.
- The CAAR Unit monitored Family Court activities involving child sexual abuse victims and had the option of actively intervening in that court at the judge's discretion. This coordination was facilitated by a paralegal assigned to the unit, who received CPS reports and flagged them for the unit's review.
- Crisis Services provided support and advocacy for victims of extrafamilial abuse.
- CPS referred all cases to law enforcement and to the District Attorney's Office for investigation and prosecution.

- Children's Hospital Emergency Room followed a protocol that included contacting Crisis Services for a victim advocate and examinations by an attending physician on the hospital's Child Abuse Task Force.

Planned Changes

Exhibit E-1 displays the original goals that were identified in April 1988, along with their implementation status as of June 1989 and February 1990.

Shortly after the project began, the elected district attorney (DA) was named to the federal bench. An interim DA was appointed and later elected. One issue in the campaign was elevating the CAAR Unit to the status of a Bureau, on a par with the other Trial Bureaus in the Office. The Chief of the CAAR Unit/Bureau changed twice during the course of our grant. These changes had important implications for the degree of attention and leadership dedicated to improvements in management of child sexual abuse cases. While there was little concerted activity early in the grant period, by the end of the second year the DA's office had clearly established its leadership in this area.

Exhibit E-1

Recommended Interventions and Implementation Status

Erie County (Buffalo), New York

Goals	Suggested Interventions	Status as of June 1989	Status as of February 1990
<i>Expedite Case Processing</i>	Have motions for continuances placed on the record	No action reported	No action reported
	Flag cases on the indictment list submitted to the Administrative Judge	No action reported	No action reported
	Cite research findings when arguing against continuances	No action reported	No action reported
	Work to strengthen existing statute to <i>require</i> expedited scheduling	No action reported	No action reported
<i>Provide People Support</i>	Encourage greater reporting, especially among schools	No action reported	No action reported
	Expand the support services available to child victims	DA's Office and Crisis Services worked on criteria for expanding the role of Crisis Services	As of June 1990, a social worker in the CAAR Unit will provide court accompaniment to child victims
	Formalize the District Attorney's role in Family Court	No action reported	No action reported
<i>Reduce Unnecessary Contact with the System</i>	Reduce the number of interviews with child victims	Key agencies worked to develop internal protocols	Work progressed toward a master protocol governing cross-referrals among all key agencies
	Reduce the number of appearances required of child victims	Police agencies were instructed to consult with the CAAR Unit before making arrests	Use of preliminary hearings was reportedly greatly reduced

Goals	Suggested Interventions	Status as of June 1989	Status as of February 1990
<i>Institute Child-Friendly Procedures</i>	Establish a courthouse waiting area	No action reported	No action reported
	Make special efforts to educate judges	Conference (with APRI) was held in November 1987	Conference in October 1989
<i>Enhance Case Development</i>	Work towards a centralized approach among law enforcement agencies	DA provided sample questions to assist with competency exams	No further action reported
	Clarify the requirement for prosecution of juvenile sex offenders in Family Court	Sheriff's dept. explored potential for assisting smaller departments in these investigations	No further action reported
		No action reported	No action reported

Nevertheless, certain goals were not fully achieved. For example, efforts by the sheriff's department to offer assistance to smaller departments in their investigations of child sexual abuse cases met with little success. The principal reason appeared to be that the smaller departments resented the sheriff intruding on their "turf." Also, goals pertaining to expediting cases were not pursued.

Perhaps the most promising activities for improving child and case outcomes that were undertaken during the study period were (1) *initiating cases via grand jury rather than arrest and preliminary hearings*; and (2) *a concerted effort to develop interagency protocols*. The objective underlying the first procedure was to streamline a burdensome process, which required young children to submit to multiple competency examinations, to swear out arrest and search warrants before a city judge, and to testify at a preliminary hearing and grand jury. Under the new plan, law enforcement officers were instructed to avoid making immediate arrests wherever possible so that children would not have to swear out warrants and prosecutors could prepare cases for presentment to the grand jury.

With regard to protocol development, there was general agreement among the Erie County program team that the DA's office should take the lead, and APRI was asked to visit twice to assist in this process. By the time of our final site visit, in February 1990, elaborate charts had been prepared to track victims' routes through the system from various starting points (i.e., hospital, CPS, law enforcement). A core group of team members was meeting regularly to shape the referral protocols, and there were plans to present drafts to the child sexual abuse committee of the Coordinating Council on Family Violence.

Other Changes During the Study

Law Enforcement

Approximately one year after the project began, the Erie County Sheriff's Department received a grant to develop a Coordinating Council on Family Violence. A committee on child sexual abuse was one of three committees that were established (the others were domestic violence and elder abuse). The council has widespread representation among community agencies and is the only multidisciplinary group to enjoy strong membership among law enforcement. Initially chaired by the pediatrician from Erie County Medical Center, in 1990 the group was co-chaired by the head of the CAAR Unit and the Executive Director of Crisis Services.

Prosecutor

As noted above, the CAAR Unit enhanced its status to a level with other Trial Bureaus during our study period. Under the new CAAR Bureau Chief, the prosecutor's office played a key role in protocol development, shifting the law enforcement response from immediate arrest, and encouraging improved interagency relationships via the Coordinating Council. He

was also extensively involved in the planning process for videotaping young children's statements and for two judges' conferences. By the end of our study, it was clear that other program team members respected his leadership.

Child Protection

The child protection agency underwent several changes during the study. At first there were two units assigned to the investigation of child sexual abuse cases. Later, there was only one, and at another point the special unit was assigned to other maltreatment cases as well. Efforts were underway to develop a case weighting system for purposes of assigning cases in a more equitable way: work on child sexual abuse cases would be weighted more heavily than work on other cases. The general impression was one of constant review and flux surrounding the agency's directions and priorities with regard to child sexual abuse reports.

Medical Services

Around the time of the project's commencement, a new pediatrician joined the staff of Erie County Medical Center and opened a child abuse diagnostic clinic. Formerly with the army, he had considerable experience with multidisciplinary child protection teams and sought to introduce the concept to Erie County. Although many agency representatives welcomed his ideas, others were more cautious. Soon this physician had procured grant funding to explore the use of videotape to preserve young children's statements. By the close of the project, he had purchased the requisite equipment, held a conference on video technology, and initiated "Project CEASE." (Comprehensive Evaluation of Abusive Sexual Events). The plan was to pilot the use of videotape with children under age 5 whose cases were unlikely to be pursued in criminal court due to the children's inability to pass the competency exam.

Victim Services

The role of the Crisis Services Agency in supporting child victims was problematic throughout the study. Relations with both major hospitals were strained. By the time of the final site visit, the Emergency Room director at Children's Hospital had revised the protocol to make referrals to Crisis Services discretionary rather than automatic. Crisis Services seldom responded to the Erie County Medical Center diagnostic clinic, reportedly because the agency's contract with that hospital was limited to services in the emergency room.

The prosecutor's office valued the support provided by Crisis Services in keeping families involved in the criminal justice system. Together, the DA's office and Crisis Services began writing a grant proposal to employ a child victim advocate whose time would be shared by both agencies. The District Attorney, however, argued for a full-time advocate in his office. Two proposals were submitted and both were funded. As a result, there is now a full-time child advocate with the CAAR Bureau and a case management worker at Crisis Services who maintains contact with families in the crucial week following their initial hospital visit.

Results of County Surveys

Thirty-five people responded to the first survey of child-serving professionals in Erie County. Respondents were evenly divided between the service professions (social workers, educators, and medical/mental health service providers) and criminal justice professions (law enforcement officers, prosecutors, and court personnel). Their demographic characteristics were as follows:

- More than 75 percent were women.
- The average age was 36.
- 85 percent were white.
- 71 percent had at least a college degree (34 percent had advanced degrees).
- 85 percent worked in the public sector.

Respondents reported substantial longevity in their work: service professionals had worked an average of 8 years in the county (6 with the same agency), while criminal justice professionals had worked an average of 17 years in the county (10 with the same agency). They described their work as largely direct service, with sexual abuse cases comprising more than half their personal caseloads. While 23 percent of respondents had 1 year of experience or less working specifically with child sexual abuse cases, 29 percent had 5 years or more, and the median was 2½ years.

Exhibit E-2 displays respondents' opinions on how child sexual abuse cases should be handled. Respondents almost unanimously agreed that:

- The level of protection for child sexual abuse victims should be increased.
- More perpetrators should be found guilty.
- Cases should be adjudicated faster.

More than 75 percent of respondents also agreed that:

- Interagency collaboration should increase.
- There should be greater sensitivity to child witnesses' needs.

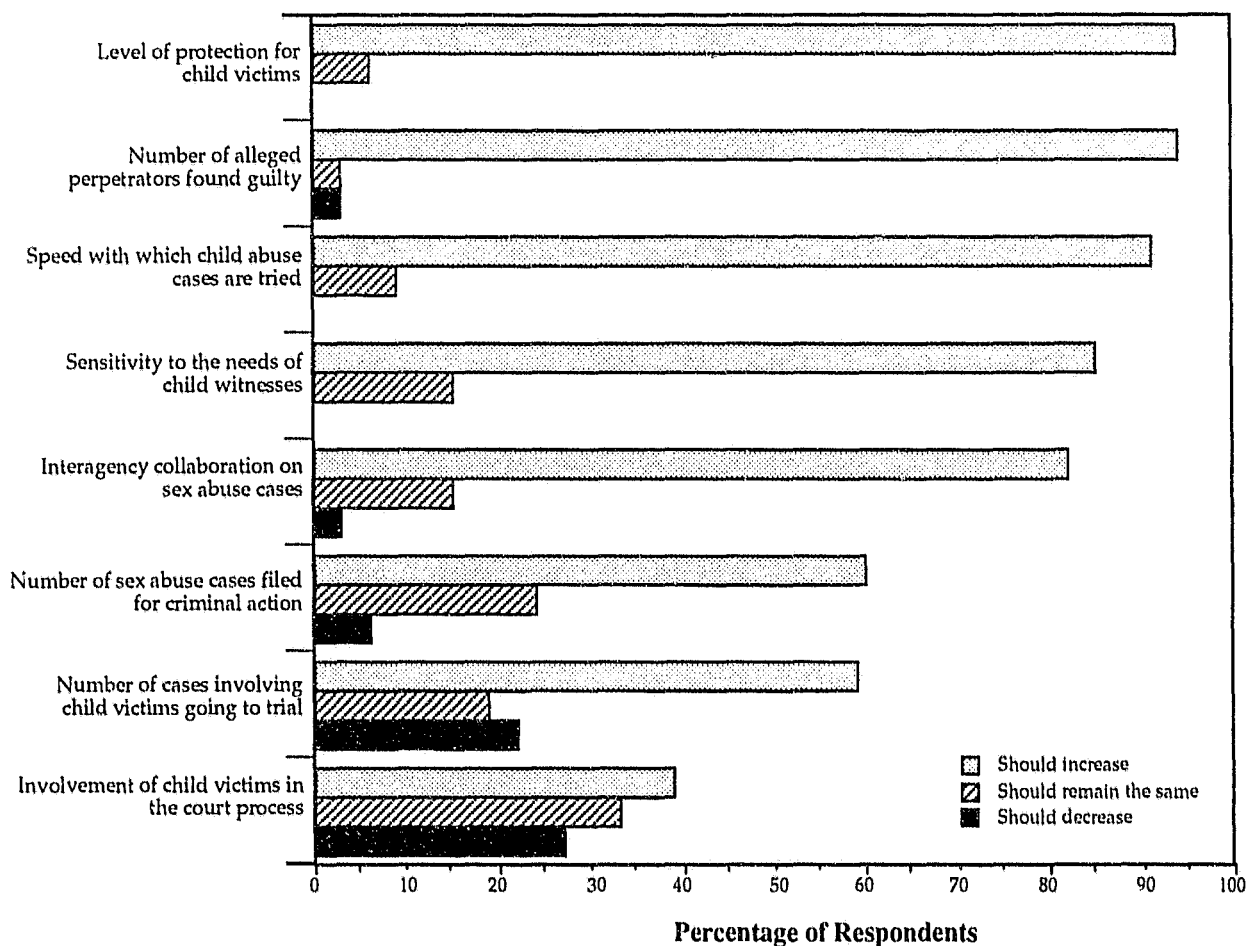
The survey asked respondents to rate, on a 5-point scale, the importance and performance of 13 different activities designed to protect child victims during case investigation and prosecution. Exhibit E-3 displays the results.

Of most interest in terms of planning for change are activities that were rated high in importance but low in performance. The following five activities emerged as most in need of improvement:

- Alternatives to confrontation.
- Use of hearsay exceptions.
- Restricting the number of continuances.

Exhibit E-2

Handling of Child Sexual Abuse Cases

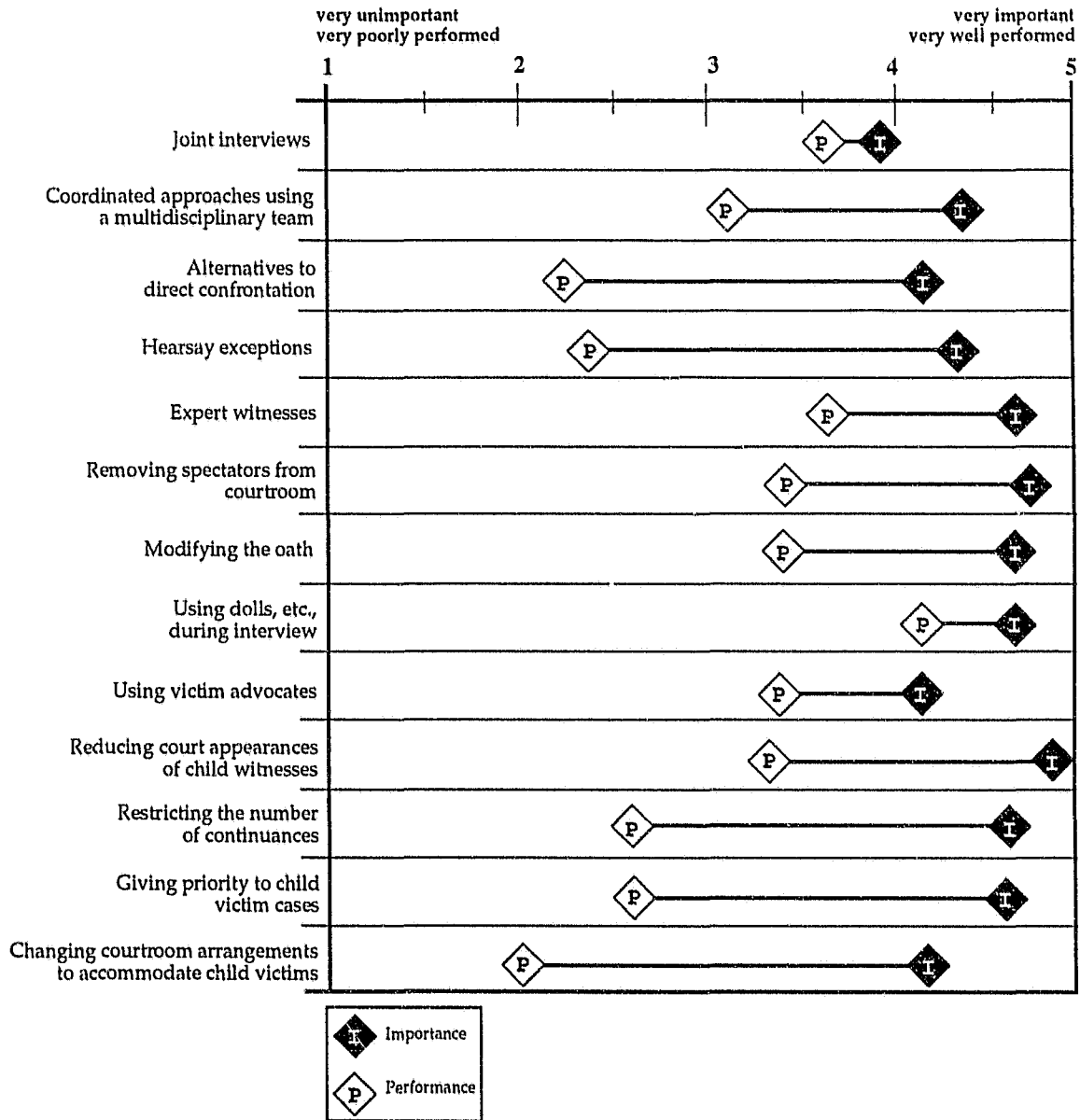


- Giving child sexual abuse cases priority on court dockets.
- Changing courtroom arrangements and procedures to accommodate child victims.

The survey asked respondents to rate 10 groups of agencies with responsibility for child sexual abuse cases on three issues: the amount they had changed in the past year (corresponding roughly to calendar year 1988), the need for change, and willingness to change.

Exhibit E-3

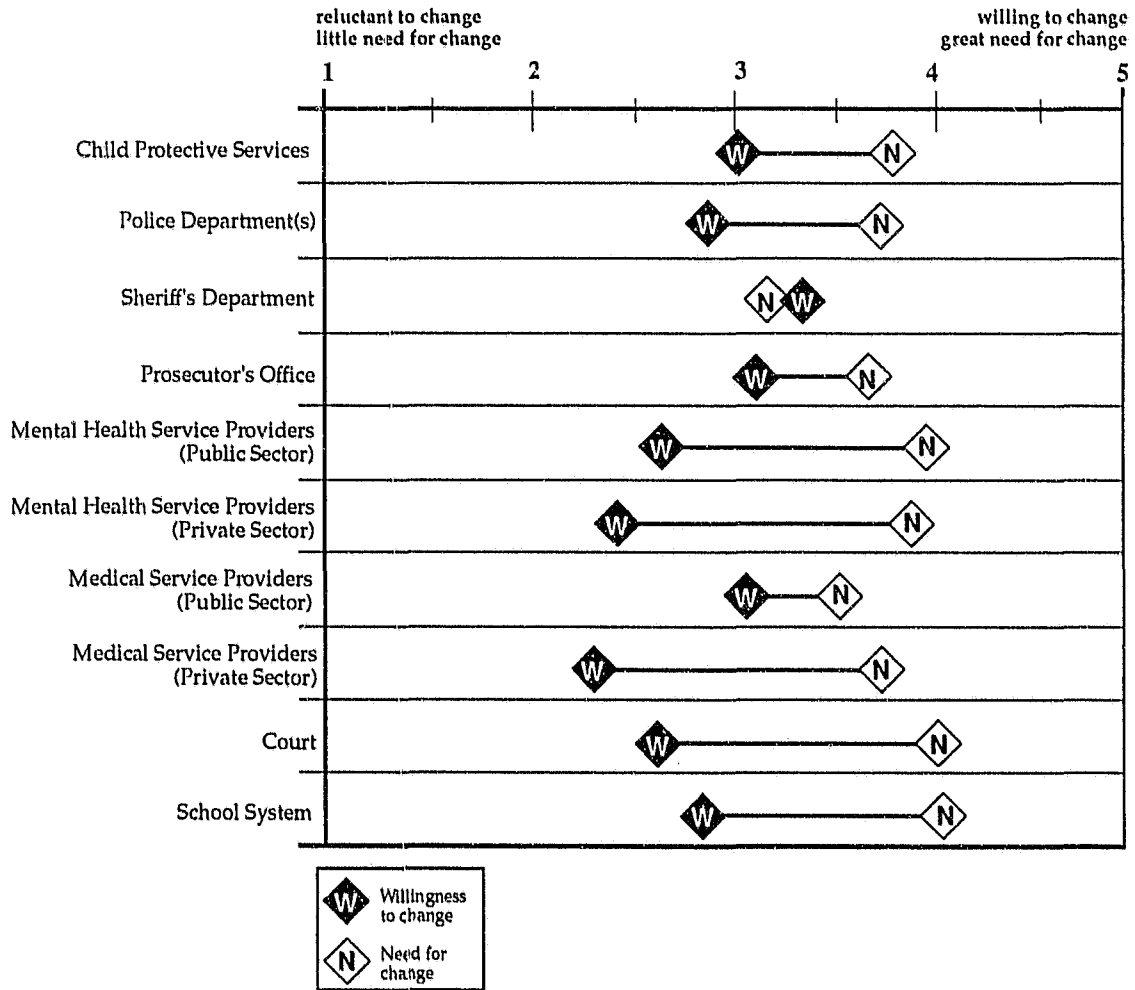
Importance and Performance of Activities To Protect Children



Respondents assigned fairly low ratings (between 2 and 3 on a 5-point scale) to all agencies on the amount they had changed in the past year. As shown on Exhibit E-4, they also believed that virtually all agencies needed substantial change. Those agencies perceived as

Exhibit E-4

Agencies' Need and Willingness To Change



needing the most change, while at the same time appearing least willing to change, were the courts, the school system, mental health providers, and medical service providers in the private sector.

These findings were reported to the community to inform them of the ongoing efforts to improve the investigation and prosecution of child sexual abuse cases.

One year later, we conducted a followup survey, using a more concise instrument. Eleven people responded, seven from criminal justice professions and four from service professions. Their demographic and background characteristics were as follows:

- 64 percent were men.
- The average age was 36 years.
- 82 percent were white; 18 percent were minorities.
- 91 percent had a college degree, with 64 percent also holding a graduate degree.
- On average, 66 percent of their time was spent in direct service.
- An average of 50 percent of their casework was related to sexual abuse.
- Respondents had worked in Erie County for approximately 8 years, 7 years with their current agency, and 4½ years on sexual abuse cases (on average).

Of the 13 activities that respondents were asked to consider (see Exhibit E-3), the following four activities emerged as most in need of improvement:

- Giving priority to cases involving child victims on court dockets.
- Restricting the number of continuances.
- Changing courtroom arrangements and procedures to accommodate the needs of child victims.
- Using special exceptions to hearsay.

These activities had been identified as most in need of improvement in the first survey, suggesting that these respondents observed little change.

Respondents also assigned average ratings (averaging 3.5 on a 5-point scale) to the 10 agencies listed in Exhibit E-4 on the amount they had changed in the past year. One agency, the prosecutor's office, was rated a 4.0, slightly higher than the others. The respondents indicated that there was room for improvement among all agencies (average rating of 3.5), with a particular need for improvement in the courts and in the school system. The courts and the schools were also identified as the two agencies that appeared least willing to change. These findings did not change from the first survey.

An encouraging difference was observed in the amount that community agencies were judged to have changed in the preceding year. The average rating (on a 5-point scale) for the 10 agencies had been between 2 and 3 on the first survey; one year later, the ratings averaged 3.5. It is likely, of course, that the 11 individuals who completed the survey were also those most involved in the community's efforts to develop protocols and other improvements in case management.

Summary of Case Processing During the Study

Erie County underwent significant change during the study period. When the project began, there was no organized effort to assess and improve the community's response to child sexual abuse, and the prosecutor's office, in particular, had been erratic in assuming a leadership role. Shortly after the project began, new personalities entered the picture, largely with positive results. The prosecutor's office clearly began to provide the leadership this community needed. At the same time, a new physician joined the team with innovative ideas and successfully obtained funds to implement them. While some members of the team were slow to accept the shifts in leadership, overall the community appeared to coalesce behind the new team. One serious problem with important implications for children's progress through the criminal justice system that was not addressed by the program team is the severe shortage of treatment resources in the community.

Exhibit E-5 displays selected caseflow statistics for cases that were referred for prosecution during our prospective study period.

Exhibit E-5

Selected Caseflow Statistics for Single Victim/Single
Perpetrator Cases in the Prospective Abstraction Sample

Referrals

Number of cases referred for prosecution	138
Number of cases accepted for prosecution	79

Acceptance rate: 57.2%

Outcomes of prosecution

Dismissals	8	(13 %)
Acquittals	4	(7 %)
Guilty pleas	36	(60 %)
Convictions at trial	6	(10 %)
Cases pending or unknown	3	(5 %)
Other outcomes	3	(5 %)

Conviction rate: 78%

Sentencing Outcomes (non-exclusive categories)

Number of sentences imposed 38

Institutional Sentences

Incarceration 19 (50%)

Non-Institutional Sentences

Probation 18 (47%)
Sex offender treatment program 5 (13%)
Restitution 1 (3%)
Community service 2 (5%)
Fine 14 (37%)

Other Sentencing Options

No contact with child victim 1 (3%)
No contact with any minors 1 (3%)

Incarceration rate: 50%

Polk County (Des Moines, Iowa)

Case Management at Project Initiation

The management of child sexual abuse cases in Polk County follows the guiding principles of IFSAP—the IntraFamily Sexual Abuse Program, a pretrial diversion program modeled after the pioneering Child Sexual Abuse Treatment Program in Santa Clara County, California. Since 1980, referral to IFSAP has been the alternative of choice for most first time intrafamilial offenders with single victims. The IFSAP coordinator is in the Polk County Victim Services Agency. An integral component of IFSAP is the multidisciplinary case review team that meets weekly to review new referrals and the status of ongoing cases. Participating agencies include child protective services, law enforcement, the county attorney's office, juvenile court, victim services, and treatment centers.

Historically, eligibility requirements for IFSAP included no prior arrests for sexual abuse, no history of violence or legal unreliability, and an admission of guilt. All perpetrators spent at least one night in jail. In the morning, the IFSAP coordinator met with them at the jail to assess their eligibility for, and interest in, the pretrial diversion program. Once accepted, an offender agreed to abide by a no-contact order and cooperate with treatment; compliance was monitored by juvenile court with the assistance of the treatment providers and the IFSAP Team. In return, the County Attorney's Office accepted a guilty plea to a reduced (misdemeanor) charge at the completion of treatment, approximately 18 months later. If the offender failed in the program, the case was returned to the County Attorney's Office for standard prosecution. (Program failures were reportedly quite rare.)

Medical examinations of child victims were generally conducted at Broadlawns Medical Center, a county hospital, which housed a special diagnostic clinic for child sexual abuse cases. Clinic staff routinely contacted Victim Services so that an advocate could accompany the child during the exam and throughout any subsequent court proceedings. Additional victim support was available through the appointment of a guardian ad litem (GAL) pursuant to Iowa law. (Guardians ad litem were generally attorneys, although this is not required by law.) Investigative interviews with child victims were kept to a minimum by encouraging joint interviews by law enforcement and Child Protection-Investigation, by frequent use of videotape to preserve children's statements, and by the team review at weekly IFSAP meetings.

Cases of child sexual abuse that were not intrafamilial, did not involve a caretaker, or were otherwise not eligible for IFSAP, were referred by a juvenile court prosecutor for criminal prosecution. Procedure in Polk County required neither preliminary hearings nor grand jury, but child victims were typically required to submit to depositions. Defendants were usually present, in full view of the victims, and the proceedings were routinely audiotaped (but not videotaped).

POLK COUNTY (DES MOINES), IOWA

BASELINE INFORMATION

Population of County 300,000 (1984 est.)
Population of Major City 200,000 (1984 est.)

Caseload

107 cases were referred for prosecution between July 1, 1986 and June 30, 1987

Innovative Statutes

Priority docket status
Alternatives to direct confrontation
Presumption of competency
Appointment of guardians ad litem in criminal proceedings

Key Agencies

<i>Law Enforcement</i>	Des Moines Police Department Sex Abuse Unit Vice and Narcotics (pedophiles) Polk County Sheriff's Department
<i>Child Protection</i>	Department of Human Services Child Protection-Investigation Child Protection-Treatment
<i>Prosecution</i>	Polk County Attorney's Office
<i>Victim Assistance</i>	Victim Services Agency (within Polk County Social Services)
<i>Medical Facilities</i>	Broadlawns Medical Center (until late 1989) B-Safe Clinic (since late 1989), affiliated with Methodist Hospital
<i>Treatment Resources</i>	Sands Treatment Center (for families and children older than nine) Child Guidance Center (for children younger than nine)
<i>Guardians ad Litem</i>	Office of the Juvenile Citizen Advocate (public defender) Youth Law Center
<i>Other</i>	IntraFamily Sexual Abuse Program (IFSAP), a pretrial diversion program overseen by a multidisciplinary team

After the initial visit to Des Moines, the following strengths were observed:

- There was a high degree of commitment to the IFSAP approach.
- Iowa enjoyed an unusually child-centered legal environment, as evidenced in the range of statutory reforms listed above.
- A number of innovative techniques were already in place: joint interviews between police and social workers, videotaping the child's first statement, use of anatomical dolls, appointment of guardians ad litem.
- Juvenile and criminal court proceedings were coordinated through the screening function of the juvenile court prosecutor.
- All key agencies accorded special priority to child sexual abuse cases (some had special units) and most appeared to have adequate resources.
- A wide range of treatment resources was available for victims, offenders, and family members.

Planned Changes

Interviews with, and discussions among, agency representatives during the Phase I site visits and cluster conference suggested a number of areas needing change. These became the focus of our intervention strategy. Exhibit P-1 displays the original goals that were identified in April 1988, along with their implementation status as of June 1989 and August 1990.

Some of the selected interventions were not implemented during the study period. For example, the Supreme Court decision in *Coy v. Iowa* in June 1988 detailed the use of alternatives to confrontation for child witnesses. The program team abandoned its efforts to institute videotaping of depositions for potential use at trial in lieu of live testimony. Although appointments of guardians ad litem were improved, contractual disagreements between the courts and the Youth Law Center had precluded that agency from providing attorneys to fill the GAL role in criminal cases.

An intervention with strong potential for improving child and case outcomes was the *incorporation of extrafamilial cases into the weekly multidisciplinary team meetings*, which formerly had focused exclusively on intrafamilial cases and the IFSAP program. This change helped mobilize the team's attention on the victims' needs and ensured that these cases received appropriate attention.

Exhibit P-1

Recommended Interventions and Implementation Status

Polk County (Des Moines), Iowa

Goals	Suggested Interventions	Status as of June 1989	Status as of August 1990
<i>Expedite Case Processing</i>	Prioritize cases on court dockets	Recognition of need by county attorney and judges	Policy is to resist continuances
	Oppose unwarranted requests for continuances	Aggressive objections by county attorneys	No further action required
	Expedite juvenile court proceedings	One county attorney was designated	No further action required
<i>Provide People Support</i>	Routinize assignment of guardians ad litem	Flagging procedures were identified	Continuing efforts to ensure supportive representation
	Provide training for guardians ad litem	County attorney's office participates in training	A training videotape was prepared by Victim Services and the Youth Law Center
	Increase services to victims in nonfamily cases	A new multi-disciplinary team was created to review these cases	The new team was merged with the pre-existing IFSAP team
	Expand focus on special subpopulations of victims	Subcommittees of the Program Team were established	No further action reported
<i>Reduce Unnecessary Contact with the System</i>	Videotape depositions for possible use at trial	Abandoned after Supreme Court opinion in <i>Coy v. Iowa</i>	

Goals	Suggested Interventions	Status as of June 1989	Status as of August 1990
<i>Institute Child-Friendly Procedures</i>	Locate a neutral place for videotaping interviews	Interviews are videotaped at the police department's child interview room	No further action reported
	Establish a courthouse waiting area	Need funds	Need to free up space in the courthouse
	Modify the courtroom to minimize confrontation	Need funds	No action reported
<i>Enhance Case Development</i>	Increase public awareness	Created a public awareness subcommittee of the Program Team	No further action reported
	Continue efforts to enact a special hearsay exception	No action	No further action reported

Other Changes During the Study

Law Enforcement

During the course of the study, Des Moines Police Department expanded its Sex Abuse Unit and opened a child interviewing room. It limited videotaping to difficult cases, especially those involving younger children, to assist prosecutors in their charging decisions.

Prosecutor

In September 1988, the County Attorney's Office began referring child sexual abuse cases to an outside attorney for review and filing decisions. Evidently this action was taken in an effort to improve conviction rates by applying more stringent and consistent screening criteria. The screening attorney had been the original IFSAP prosecutor and later served as a guardian ad litem in her private practice. By her own report, she did indeed tighten acceptance criteria (e.g., by looking for multiple victims or other eyewitnesses). She also met with most victims before reaching a decision to file. Accepted cases generally were assigned to the special trial attorney who handled most child sexual abuse cases.

Medical Services

The physician who staffed the child abuse diagnostic clinic moved from Broadlawns Medical Center (a county facility) to Methodist Hospital (a private facility) late in 1989. There were at least two problems associated with this move:

- Payment for the exam. For a while, families were being billed, even though the state pays for rape exams under Iowa law. This issue was reportedly resolved.
- Coordination with Victim Services and Child Protection-Investigation. Hospital administrators apparently developed procedures for referring cases to the mandated agencies without consulting the IFSAP Team. As a result, there were inconsistencies in the hospital's contacts with Victim Services as well as in permission for victim advocates or social workers to accompany children during the exams.

Because the new clinic was open during normal business hours (at Broadlawns it was available only a few hours each week), exams were completed in a more timely fashion. A form was prepared to indicate a normal exam; where there were findings, the doctor dictated a detailed memo. The team found this helpful in understanding the results of the medical exam. By early 1990, a physician's assistant from the new clinic had begun to attend IFSAP meetings.

Guardians ad Litem

As procedures were instituted to identify cases requiring appointment of a GAL, appointments reportedly became more regular. The source of these appointments remained a problem, however. Since the Youth Law Center was excluded, in essence, from GAL appointments in criminal court, most GALs were appointed from the Office of the Juvenile Citizen Advocate (a public defender agency) or from a standing list of private attorneys who provide defense representation. The County Attorney's Office attempted to work with the court clerk to identify attorneys who were particularly supportive of and empathetic with child victims.

The IFSAP Program

There were at least two changes of interest within the IFSAP Program. First, it tightened its recruitment procedures. Formerly, the IFSAP coordinator went to the jail to encourage appropriate defendants to apply for the program. As of the end of 1989, eligibility for IFSAP was first assessed by the screening attorney. If she believed the defendant to be a potential candidate, she would send him an application package, leaving it to *his* discretion to apply via his defense attorney.

Second, Sands Treatment Center instituted a new 6-week program of psychological testing and evaluation for first offenders who denied the abuse and therefore were ineligible for IFSAP. If they persisted in denying after the 6-week program, conventional prosecution was initiated.

Other Pertinent Events

In November 1988, the Governor's Office commissioned a coalition of national experts to examine the Iowa Department of Human Services. This study followed a highly publicized case involving a child's death and exposure of a particularly complicated foster care case on *60 Minutes*. The resulting internal report, known as the Kempe Report, was completed by January 1, 1989. At about the same time, a FOCUS committee was established in response to media reports lambasting a DHS policy that allowed child protection workers to visually examine children for bruises. This report, released in December 1988, contained nine recommendations for legislative changes.

The Kempe Report contained two recommendations of great concern to people in Polk County:

- Juvenile court officers should no longer file petitions in dependency cases, nor should they be involved in supervising the families. These tasks should rest exclusively with DHS.
- The County Attorney's Office should not prosecute dependency cases. An apparent conflict of interest was observed: attorneys who are trained to

prosecute criminals cannot also protect children. The Kempe Report recommended having the Attorney General's Office prosecute dependency cases; DHS should have its own attorneys for internal legal support.

By the end of the study period, neither the Kempe Report nor the FOCUS report had resulted in any sweeping changes.

Results of County Surveys

Thirty people responded to the first survey of child-serving professionals in Polk County. Respondents were about evenly divided between service professionals (social workers, educators, and medical and mental health service providers) and criminal justice professionals (law enforcement officers and prosecutors).

Demographic and background characteristics were as follows:

- 69 percent were women.
- The average age was 37.
- All were white.
- 90 percent had at least a college degree; 40 percent had advanced degrees.
- 87 percent worked in the public sector.
- About 50 percent of their time, on average, was spent in direct service.
- An average of 44 percent of their caseload concerned sexual abuse.
- Respondents had worked a median of 7 years for Polk County, 4½ years with the current agency, and 4 years on sexual abuse cases.

Exhibit P-2 displays respondents' opinions on how child sexual abuse cases should be handled. Large majorities of respondents agreed that:

- Cases should be adjudicated faster (93 percent).
- More perpetrators should be found guilty (90 percent).
- The number of sex abuse cases filed for criminal action should be increased (87 percent).
- There should be greater sensitivity to child witnesses' needs (83 percent).

The survey asked respondents to rate, on a 5-point scale, the importance and performance of 13 different activities designed to protect child victims during case investigation and prosecution. Exhibit P-3 displays the results.

Exhibit P-2

Handling of Child Sexual Abuse Cases

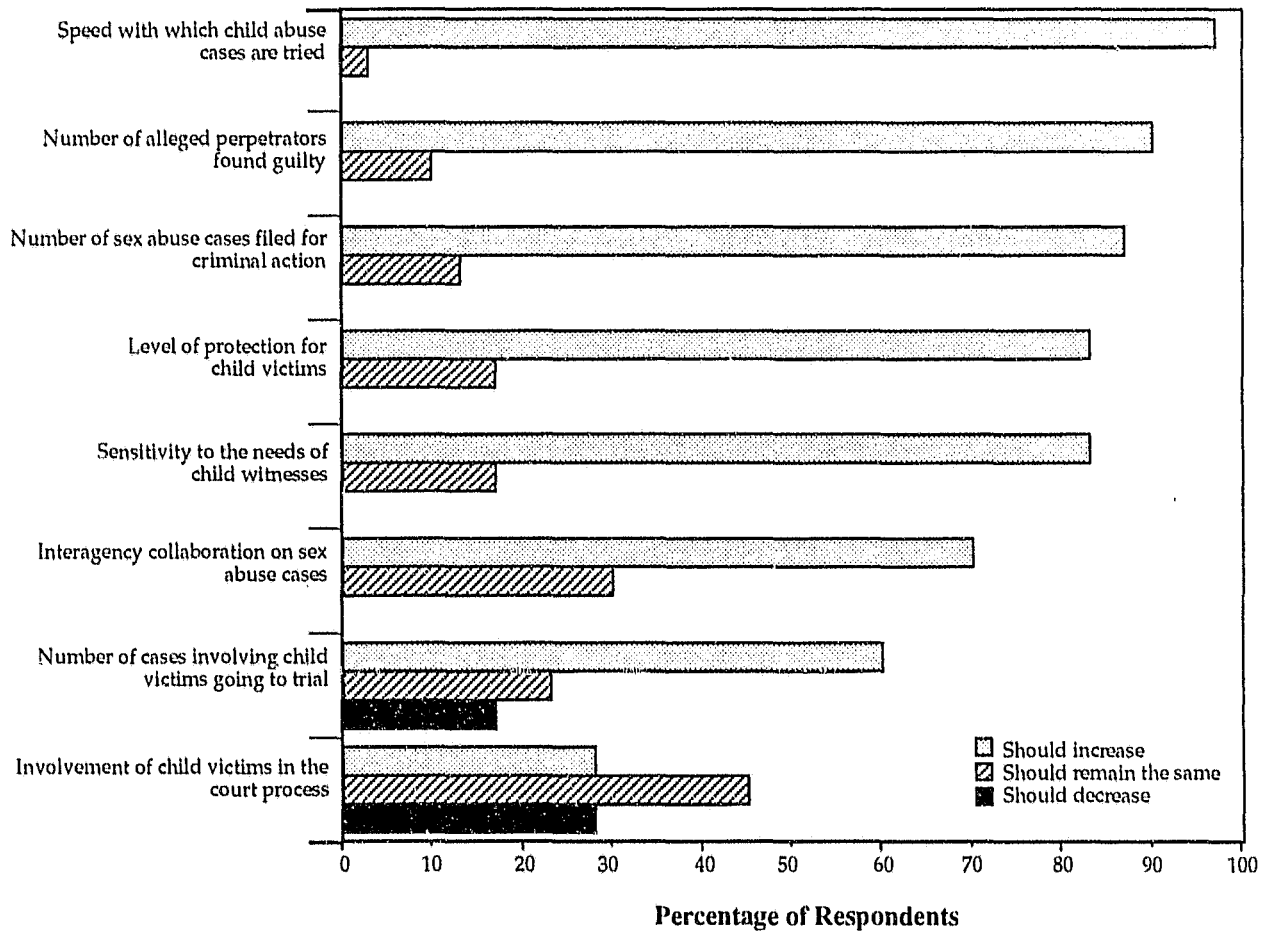
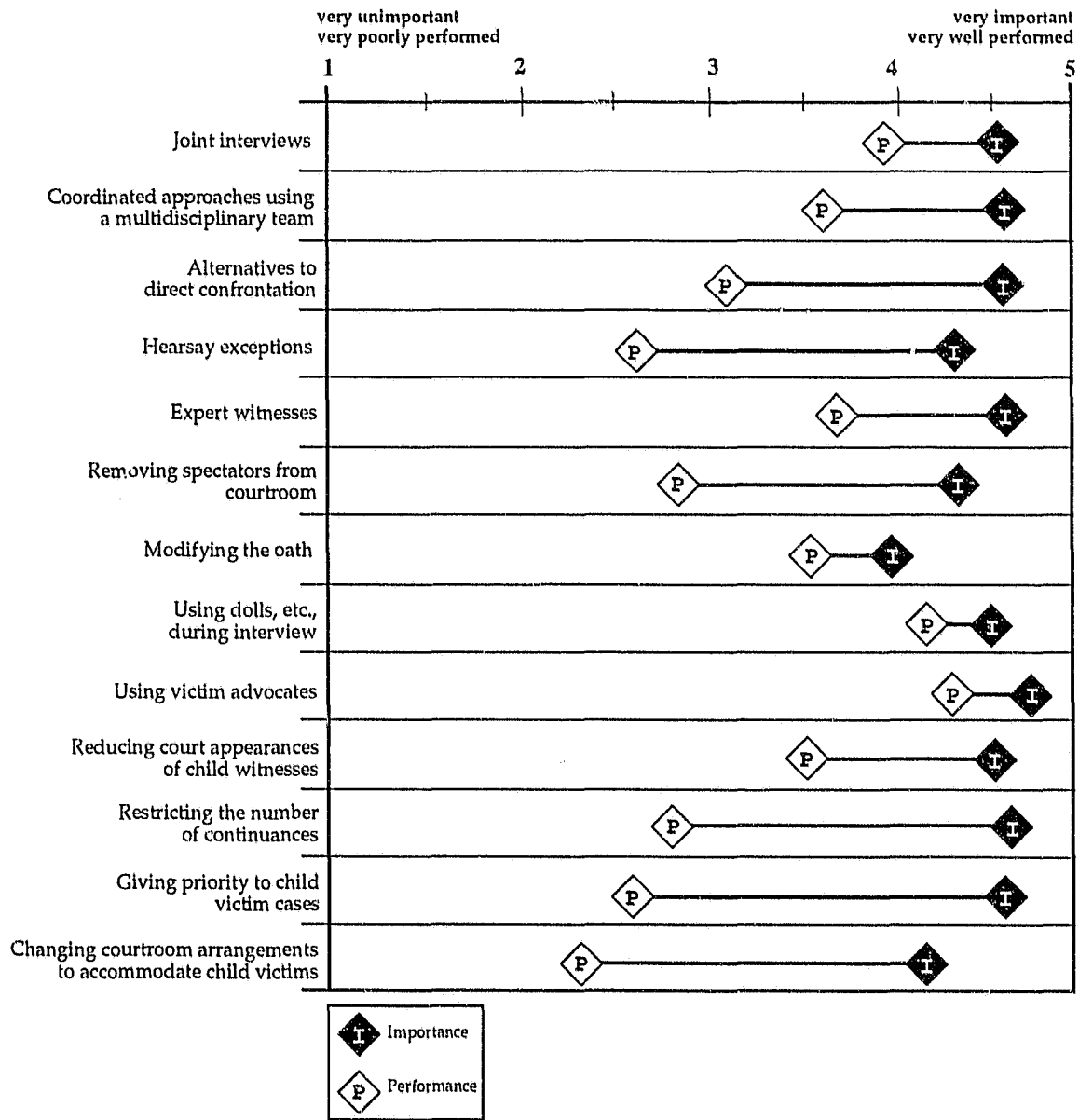


Exhibit P-3

Importance and Performance of Activities To Protect Children



Almost all activities were considered highly important. A number were considered fairly well performed, especially use of dolls and other interviewing aids and use of victim advocates.

Of most interest in terms of planning for change are activities that were rated high in importance but low in performance. The following six activities were rated as most in need of improvement:

- Giving child sexual abuse cases priority on court dockets.
- Changing courtroom arrangements and procedures to accommodate child victims.
- Restricting the number of continuances.
- Use of hearsay exceptions.
- Removing spectators during testimony of child witnesses.
- Alternatives to confrontation.

The survey asked respondents to rate 10 groups of agencies with responsibility for child sexual abuse cases on three issues: the amount they had changed in the past year (corresponding roughly to calendar year 1988), the need for change, and willingness to change.

Respondents assigned fairly low ratings (between 2 and 3 on a 5-point scale) to all agencies on the amount they had changed in the past year, except that the prosecutor's office received a moderate rating. As shown on Exhibit P-4, they believed that virtually all agencies needed a moderate amount of change, but also that most agencies were moderately willing to change. Although no gap between need for change and willingness to change was substantial, those agencies in which there was the greatest gap were the courts, the police, and child protective services.

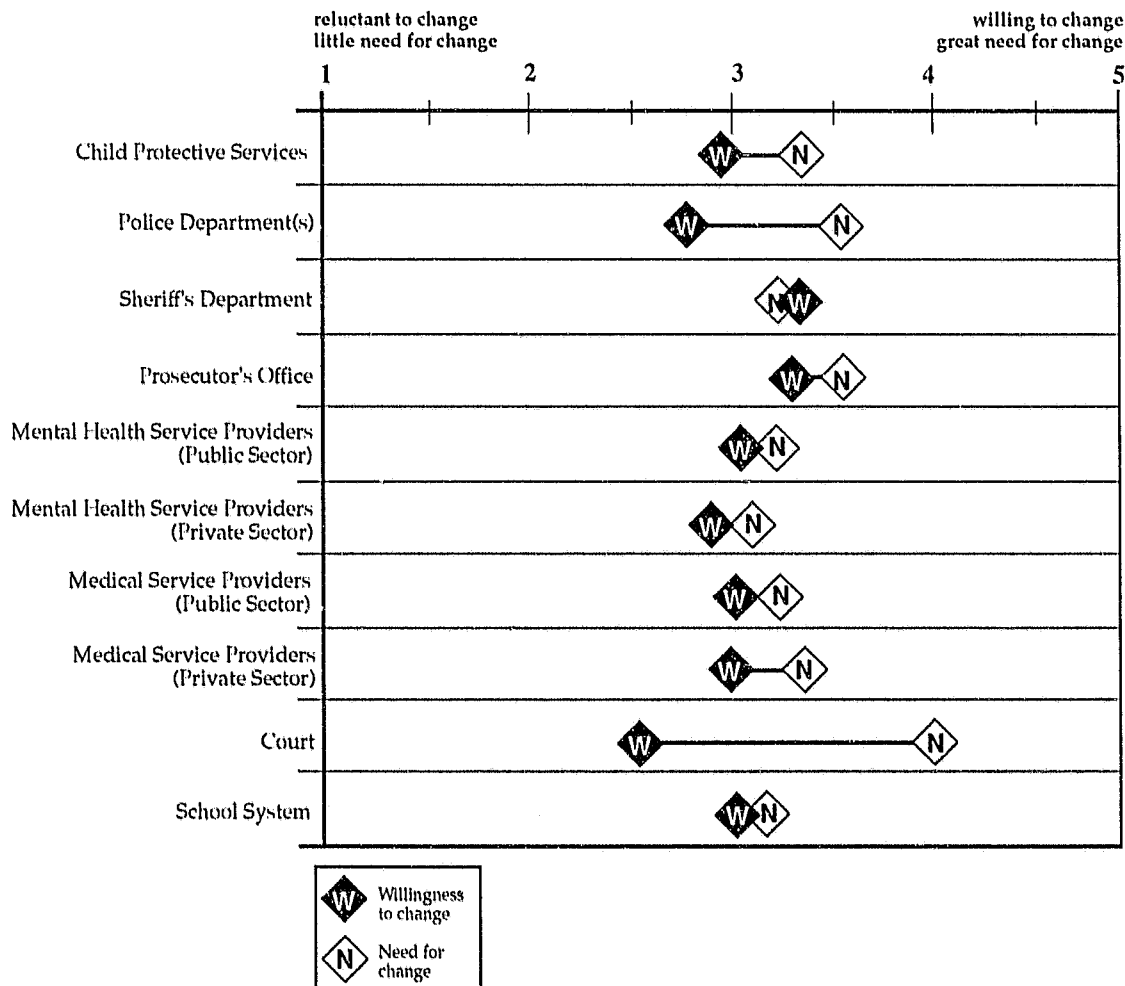
These findings were presented to the community in a brief report to assist efforts to improve the investigation and prosecution of child sexual abuse.

One year later, a followup survey was conducted, using a more concise instrument. Fourteen people responded, five from criminal justice professions and nine from service professions. Their demographic and background characteristics were as follows:

- 79 percent were women.
- The average age was 42 years.
- All of the respondents were white.
- All had college degrees (including associates' degrees); 43 percent held graduate degrees.
- On average, 75 percent of their time was spent in direct service.
- An average of 63 percent of their casework was related to sexual abuse.
- Respondents had worked in Polk County for approximately 10 years, 6 years with their current agency, and 5 years on sexual abuse cases.

Exhibit P-4

Agencies' Need and Willingness To Change



Of the 13 activities that respondents were asked to consider (see Exhibit P-3), the following five activities emerged as most in need of improvement:

- Changing courtroom arrangements and procedures to accommodate the needs of child victims.
- Alternatives to direct confrontation between child witnesses and defendants.
- Removing spectators from courtroom during testimony by child witnesses.
- Restricting the number of continuances in cases involving child victims.
- Giving priority to cases involving child victims on court dockets.

These activities had been identified as most in need of improvement in the first survey, suggesting little change.

Respondents assigned average ratings (averaging 3.2 on a 5-point scale) to the 10 agencies listed in Exhibit P-4 on the amount they had changed in the past year. One agency, the police department, was rated a 4.0, slightly higher than the others. The respondents indicated that there was room for improvement among all agencies (average rating of 3.8), with a particular need for improvement in the prosecutor's office and the courts. The prosecutor's office and the courts were also identified as the two agencies that appeared least willing to change.

These findings suggest that respondents observed noticeable improvement within the police department, which had been identified in the first survey as one of three agencies with the largest gap between need to change and willingness to change. The prosecutor's office emerged more strongly in the second survey as an agency in need of improvement. Indeed, several child-serving professionals expressed a loss of confidence in the prosecutor's office in personal interviews during our site visits. This feeling appeared to stem from a series of acquittals in child sexual abuse cases, along with some political turmoil within the prosecutor's office (unrelated to child sexual abuse) at the time of the second survey.

An encouraging difference was observed in the amount that community agencies were judged to have changed in the preceding year. The average rating (on a 5-point scale) for the 10 agencies had been between 2 and 3 on the first survey; one year later, the ratings averaged 3.2. It is likely, of course, that the 14 individuals who completed the second survey were those most involved in the community's efforts to improve case management.

Summary of Case Processing During the Study

Polk County emerged as a community in transition during the course of the study. There was a long history with the IFSAP diversion program, with a wide range of resources to assist primarily intrafamilial victims and their families. At the same time, there were efforts to strengthen prosecution by instituting a special screening attorney and tightening eligibility for the IFSAP program. Long-standing procedures within the child protection agency and the juvenile court were challenged by a critical report from an external review group. The comfortable relationship that had existed between the examining physician and the Victim Services Agency was shaken when the physician changed her hospital affiliation. And the Supreme Court's decision in *Coy v. Iowa* caused prosecutors to reconsider the availability of activities that would shield child victims from defendants during trial testimony. Nonetheless, the IFSAP team, with its purview expanded to embrace victims of extrafamilial abuse, continued to meet weekly to review cases and to grapple with these issues and pressures. The longevity of this team, and the community's faith in its approach to case management, attest strongly to Polk County's ability to resolve difficult problems and continue to improve the system's response to child sexual abuse cases.

Exhibit P-5 displays selected caseflow statistics for cases that were referred for prosecution during our study period.

Exhibit P-5

Selected Caseflow Statistics for Single Victim/Single Perpetrator Cases
in the Prospective Abstraction Sample

Referrals

Number of cases referred for prosecution	99
Number of cases accepted for prosecution	52

Acceptance rate: 52.5%

Outcomes of Prosecution

Dismissals	5	(11%)
Acquittals	3	(7%)
Guilty pleas	29	(64%)
Convictions at trial	4	(9%)
Cases pending or unknown	4	(9%)
Other outcomes	0	

Conviction rate: 81%

Sentencing Outcomes (non-exclusive categories)

Number of sentences imposed 29

Institutional Sentences

Incarceration 14 (48%)

Non-Institutional Sentences

Probation 10 (34%)
Suspended sentence 9 (31%)
Sex offender treatment program 5 (17%)
Restitution 21 (72%)
Community service 5 (17%)
Fine 2 (7%)

Other Sentencing Options

No contact with child victim 2 (7%)

Incarceration rate: 48%

Ramsey County (St. Paul, Minnesota)

Case Management at Project Initiation

Ramsey County (St. Paul) was identified as a possible study site by APRI staff as a result of their prior work there. The County Executive's Office had commissioned APRI to facilitate efforts to revitalize the child abuse team and to overcome some tensions among the participating agencies. As a result, some of the baseline information described below was gathered from APRI's work with the child abuse team prior to Ramsey County's involvement with this study.

Under Minnesota law, reports of suspected child abuse or neglect could be filed with either child protection or law enforcement agencies. Those agencies, in turn, were responsible for notifying each other by telephone within 24 hours, to be followed up in writing. However, the child protection agency, Community Human Services (CHS), was not authorized to take emergency custody of children at risk; this action required police intervention. In practice, most cases were reported first to CHS and that agency would determine whether police intervention was warranted.

Generally, children who were seen first by CHS workers were referred to Midwest Children's Resource Center (MCRC) for a medical examination. There, the principal pediatrician, who enjoys a national reputation for her pioneering techniques, not only conducted a complete physical examination but also an intensive interview with the child which she routinely videotaped. Conversely, children whose cases were reported first to St. Paul Police Department were taken to the emergency room at St. Paul/Ramsey Hospital for their examinations. Investigative interviews with the children were conducted solely by police officers and not videotaped. (Procedures used by other law enforcement agencies in the County varied with regard to referrals to MCRC and use of videotape.)

The Child Abuse Team, a 20-year-old interagency group, was available for difficult cases. Sometimes this team assisted in decisions to refer cases for prosecution, but more often cases were referred to the County Attorney's Office directly by CHS or law enforcement agencies. At the time the project began, the team had been staffing fewer and fewer cases and had enlisted APRI to help revitalize its efforts.

The County Attorney's Office had a special unit to prosecute intrafamilial abuse cases and a Victim/Witness Unit to notify families of court proceedings and prepare them for subsequent interviews or appearances. Criminal procedures in Minnesota allowed for cases to be initiated via prosecutor complaint; there was no preliminary hearing or grand jury that required the child's testimony. The only time most child victims testified was at trial.

RAMSEY COUNTY (ST. PAUL), MINNESOTA

BASELINE INFORMATION

Population of County 460,000 (1984 est.)
Population of Major City 266,000 (1984 est.)

Caseload

63 cases were accepted for prosecution between July 1, 1986 and June 30, 1987²

Innovative Statutes

Special hearsay exception for child sexual abuse victims
Exclusion of spectators during child victims' testimony
Joint interviews by law enforcement and child protection
Trial testimony via videotape or closed circuit television
Docket priority over all cases except those in which the defendant is in custody

Key Agencies

<i>Law Enforcement</i>	St. Paul Police Department Sex Offense Unit Ramsey County Sheriff's Department
<i>Child Protection</i>	Community Human Services
<i>Prosecution</i>	Ramsey County Attorney's Office
<i>Victim Assistance</i>	Victim Witness Unit (within the County Attorney's Office)
<i>Medical Facilities</i>	Midwest Children's Resource Center (MCRC) St. Paul/Ramsey Hospital
<i>Treatment Resources</i>	Wilder Child Guidance Clinic Ramsey County Mental Health Services Midwest Children's Resource Center
<i>Other</i>	Child Abuse Team Ramsey County Council on Abuse

²The Ramsey County Attorney's Office did not systematically maintain files on declined cases during our retrospective data-collection period.

After APRI's initial visit to St. Paul, the following strengths were observed:

- Child-serving agencies were staffed by a cadre of skillful, experienced, and dedicated professionals.
- There was a strong history and tradition of cooperation, as evidenced by the 20-year-old Child Abuse Team, among the first in the nation.
- There was a widespread concern for victims, even at the state level, as evidenced by victims' rights legislation.
- Agencies enjoyed the support and interest of the County Executive's Office, which allocated financial resources to support victims and sponsored the technical assistance contract with APRI.
- Agency representatives believed state laws were strong and clearly written to encourage reporting, define crimes and penalties, and encourage multidisciplinary teams.
- MCRC was seen as a unique resource, providing expert medical examinations as well as treatment resources.

Planned Changes

Exhibit R-1 displays the original goals identified in April 1988, along with their implementation status as of June 1989 and March 1990.

The most prominent goal envisioned by the program team was to standardize the videotaping of children's interviews. Despite numerous meetings and considerable input from APRI on the subject, the team was not able to achieve consensus on this subject, and the goal was ultimately abandoned. According to the assistant county attorney, whether or not a videotape was taken actually had little impact on cases.

By project's end, the most significant changes that had occurred in response to the initial goals were (1) the consolidation of all cases involving child victims within a single unit of the County Attorney's Office, and (2) the expansion of the Victim/Witness Unit to allow a more proactive approach to child victims and their families.

Throughout the course of the project, numerous events occurred within St. Paul, Ramsey County, and the State of Minnesota that may have influenced the investigation and adjudication of child sexual abuse cases. These events are outlined below.

Exhibit R-1

Recommended Interventions and Implementation Status

Ramsey County (St. Paul), Minnesota

Goals	Suggested Interventions	Status as of June 1989	Status as of April 1990
<i>Expedite Case Processing</i>	Create a social services liaison to interact with police and hospitals	CHS caseworkers had been assigned to work in the St. Paul PD on a rotating basis A method for liaison between CHS and hospitals had been established	St. Paul PD plans to detail an investigator to CHS to screen reports for police intervention were not implemented
<i>Provide People Support</i>	No interventions were identified for this goal		
<i>Reduce Unnecessary Contact with the System</i>	Institute a system for videotaping investigative interviews by St. Paul Police Department	Despite several meetings and trainings, the St. Paul PD was unable to designate an interviewing room and begin videotaping its interviews	The County Attorney's Office abandoned this goal after determining that videotaped interviews were not critical for prosecution
<i>Institute Child-Friendly Procedures</i>	Utilize a multilingual coloring book designed to prepare child victims for court	The books are available and are used by the Victim/Witness Unit	No further action reported

Goals	Suggested Interventions	Status as of June 1989	Status as of April 1990
<i>Institute Child-Friendly Procedures</i>	Develop form letter to advise victims/ families of decisions to decline prosecution and the reasons therefor	A series of form letters has been developed by the Victim/Witness Unit	No further action reported
<i>Enhance Case Development</i>	Increase accessibility and applicability of Child Abuse Team so more cases are staffed more quickly	CHS established a policy mandating CAT review of all cases involving drug-affected babies, siblings in cases of child death, and children under five years old	No further interventions were pursued
	Expand case responsibility of child abuse prosecution unit to include extrafamilial cases	The Family and Domestic Violence Unit was expanded to include responsibility for all cases involving children as victims or offenders	No further action reported

Other Changes During the Study

County Attorney's Office

The case processing system within the Juvenile and Family Violence Division was enhanced in several ways:

- Before the project, the Ramsey County Attorney's Office had not systematically tracked cases that were not prosecuted. At the project's suggestion, forms were developed to document decisions to decline prosecution, on which screening attorneys stated their reasons for declining. Also, a form letter was designed to notify families of decisions not to prosecute. Another form was designed to provide feedback to law enforcement on decisions not to prosecute.
- A new computerized Case Management and Tracking (CATS) System was installed in the County Attorney's Office. The system would allow easy access to case status and was thought to help prosecutors be more responsive to questions from victims and the public.
- The legislature created a new offense: Criminal Sexual Conduct in the Fifth Degree, which is a gross misdemeanor. The Ramsey County Attorney's Office uses it mostly for charging cases that involve teenaged victims who allege fondling over the clothes.

Court and County Attorney Procedures

Numerous procedural changes occurred during the study period. For example:

- Under the Victim Rights Act,
 - Victims have a right to be notified of plea agreements, decisions not to prosecute, schedule changes, and the suspect's release from pretrial detention.
 - Victims can demand speedy trial, usually within 60 days of the defendant's initial appearance or arraignment. (By statute, child abuse cases have docket priority over all cases except those in which the defendant is in custody.)
 - Victims can prepare victim impact statements and may submit them in person at the sentencing hearing.
 - Victims can request restitution as part of the sentence.
- The legislature doubled the presumptive prison sentence for criminal sexual conduct in the first degree (as of August 1989). Prosecutors anticipated this

action would have a tremendous impact on charging decisions and plea negotiations, especially with defendants likely to press for trial.

- A third conviction on criminal sexual conduct in the first degree now draws a mandatory 37-year sentence. According to prosecutors, this change will guarantee trials the third time around.
- A new statute allows substantial departures from the state's sentencing guidelines for sex offenders demonstrating predatory patterns that require long-term intervention. There are also new enhancements for certain dangerous or chronic offenders.
- Malicious punishment, a gross misdemeanor, had formerly been prosecuted by the City Attorney's Office (as are most misdemeanors). During our study period, responsibility for malicious punishment shifted to the County Attorney's Office. This change may have increased prosecutions of physical abuse cases.
- The legislature established a civil commitment alternative for certain offenders.

Intra-Agency Procedures

In addition to the issues that were described above and on the matrix in Exhibit R-1, the following changes occurred:

- The Child Abuse Team, which meets monthly, adopted as its priorities the development of a protocol for handling divorce cases involving allegations of sexual abuse; development of a protocol for monitoring chronic or patterned neglect; and examination of opium use among the Southeast Asian community.
- The Ramsey County Council on Abuse, which is staffed by the County Executive's Office, created a new position of family violence specialist as of April 1990. The role of the specialist is to coordinate existing services within the County and to develop new relationships with additional organizations.
- Initiated by judges in the family court, the child protection agency launched a new project intended to enhance protection of children in violent homes. Community Human Services assigned a special caseworker to review domestic abuse cases arising in family court for no-contact orders to see if the children were at risk. The caseworker would conduct a neglect assessment, carry the case for 90 days, develop a visitation plan, and report back to the court. The results of this 1-year experiment were being analyzed at the close of our project.

- As of September 1988, the St. Paul School District changed its reporting procedures. Formerly, schools had been instructed to contact CHS when child abuse or neglect was suspected. However, in the wake of a highly publicized case involving a purportedly "dirty house," in which the family refused to allow social workers into the home and social workers, in turn, failed to contact police for emergency holds on the children, the school district altered its policy to require reports directly to police. (In Minnesota, social workers are not authorized to remove children from their homes without court orders, but police can place the children under an emergency hold.)

Results of County Surveys

Thirty-six people responded to the first survey of child-serving professionals in Ramsey County. Their demographic and background characteristics were as follows:

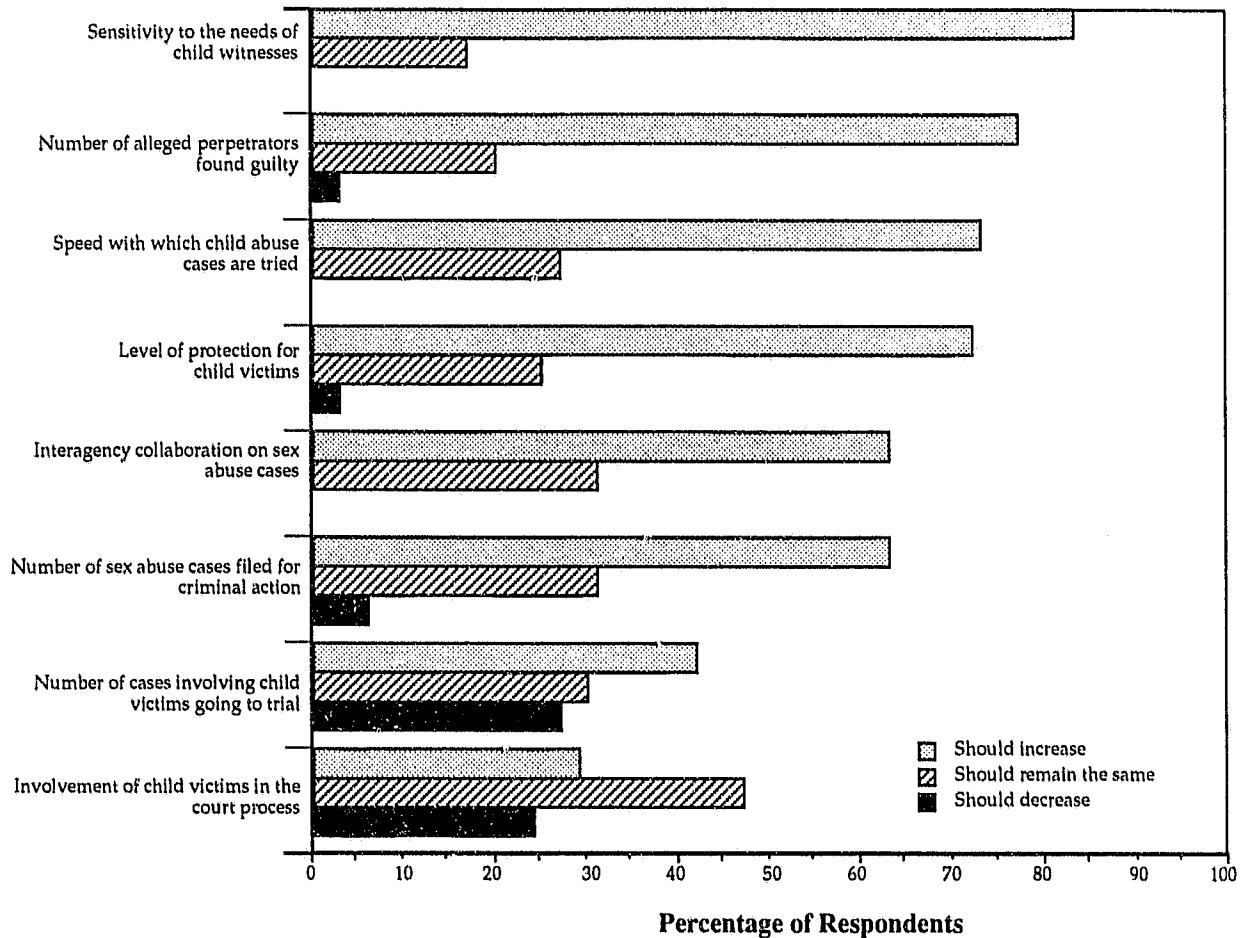
- 61 percent were criminal justice professionals; 36 percent were service professionals.
- 81 percent worked in the public sector.
- 56 percent were women.
- Average age was 43.
- 92 percent were white.
- 83 percent had at least a college degree; 75 percent had advanced degrees.
- On average, respondents spent 40 percent of their time in direct service.
- On average, 31 percent of their caseload concerned sexual abuse.
- Their median experience was 9 years working on sexual abuse, 4½ years working for their current agency, and 13 years working in the county.

Exhibit R-2 displays respondents' opinions on how child sexual abuse cases should be handled. Most respondents agreed that:

- There should be greater sensitivity to child witnesses' needs (83 percent).
- More perpetrators should be found guilty (77 percent).
- Cases should be adjudicated faster (73 percent).
- Protection for child victims should increase (72 percent).
- There should be more interagency collaboration on sex abuse cases (69 percent).
- The number of sex abuse cases filed for criminal action should be increased (63 percent).

Exhibit R-2

Handling of Child Sexual Abuse Cases

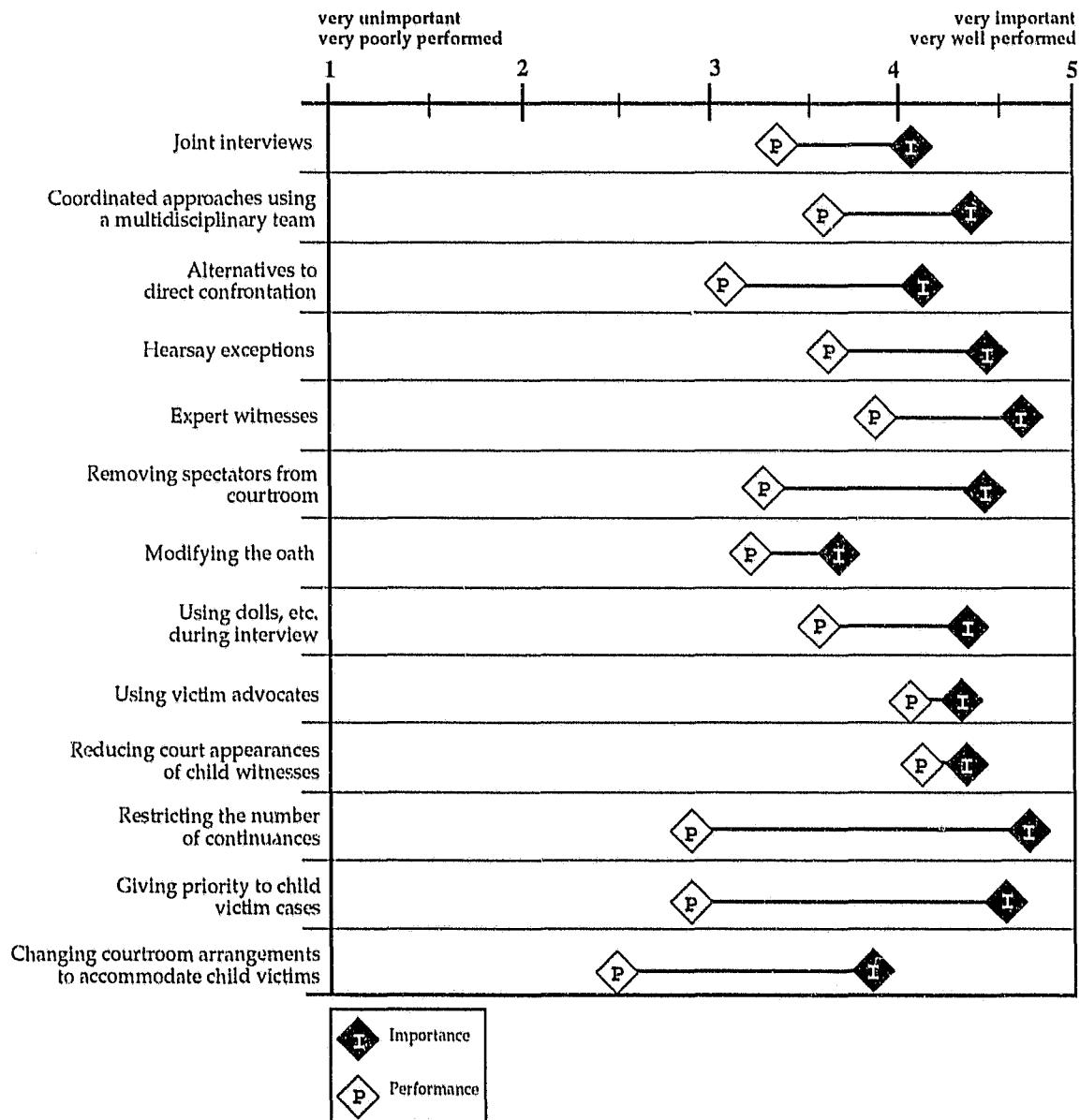


The minority response on these items was almost always that the levels should remain the same.

The survey asked respondents to rate, on a 5-point scale, the importance and performance of 13 different activities designed to protect child victims during case investigation and

Exhibit R-3

Importance and Performance of Activities To Protect Children

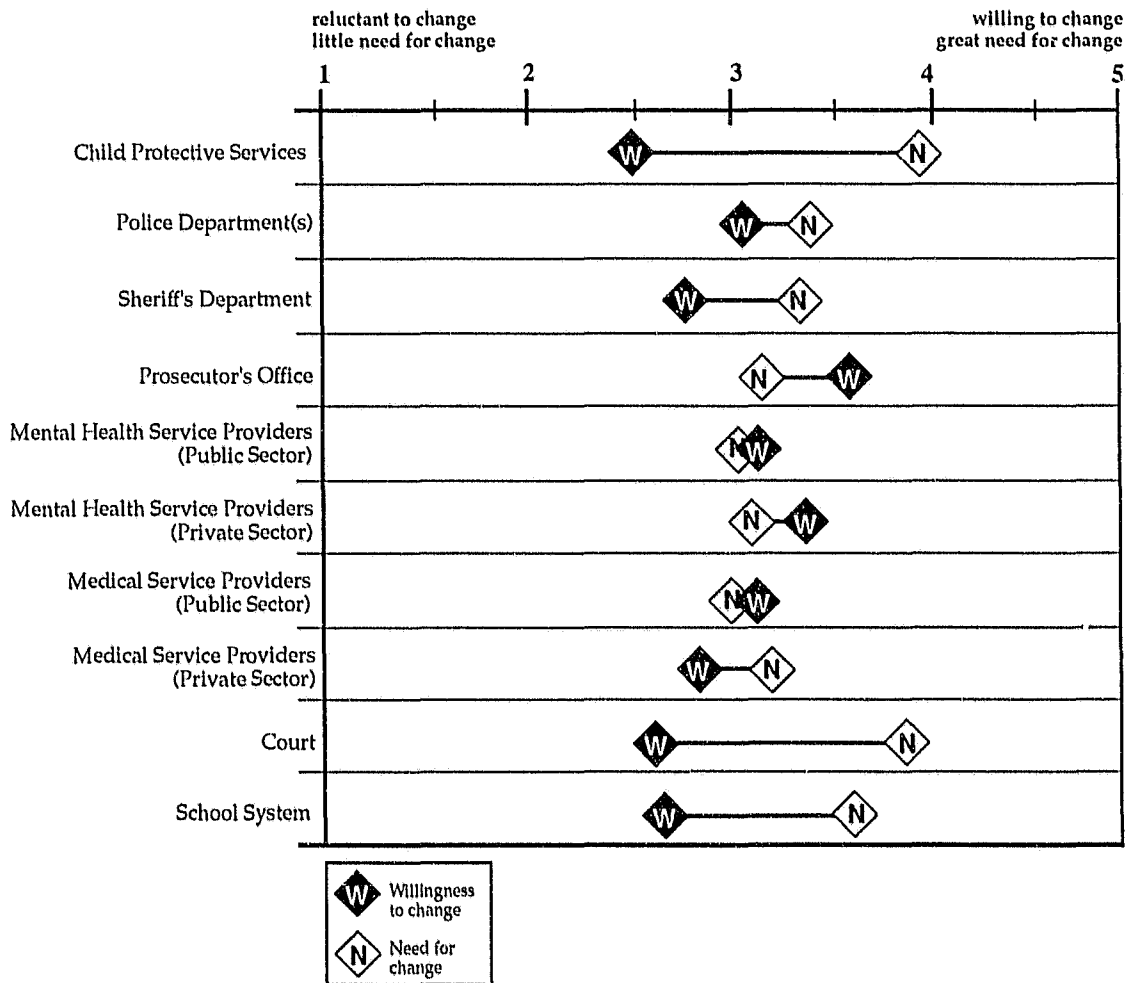


prosecution. Exhibit R-3 displays the results. Of most interest in terms of planning for change are activities that were rated high in importance but low in performance. The following five activities were rated as most in need of improvement:

- Restricting the number of continuances.
- Changing courtroom arrangements and procedures to accommodate child victims.
- Giving child sexual abuse cases priority on court dockets.

Exhibit R-4

Agencies' Need and Willingness To Change



- Removing spectators during testimony of child witnesses.
- Using alternatives to confrontation.

The survey asked respondents to rate 10 groups or agencies with responsibility for child sexual abuse cases on three issues: (1) the amount they had changed in the past year (corresponding roughly to calendar year 1988), (2) the need for change, and (3) willingness to change.

Respondents assigned fairly low ratings (between 2 and 3 on a 5-point scale) to all agencies on the amount they had changed in the past year, except that the prosecutor's office received a moderate rating. Exhibit R-4 compares the need for change with the willingness to change for each agency. Those agencies in which there was the greatest gap were Community

Human Services, the courts, and the schools. Small gaps existed for the sheriff's department, the police, and private medical providers. Interestingly, the prosecutor's office was perceived to be more willing to change than the need warranted.

These findings were presented to the community in a brief report intended to assist their efforts to improve the investigation and prosecution of child sexual abuse.

One year later, a followup survey was conducted, using a more concise instrument. A total of 45 people responded, 21 from criminal justice professions and 24 from service professions. Their demographic and background characteristics were as follows:

- 52 percent were women.
- The average age was 43 years.
- 91 percent of the respondents were white, 9 percent were minorities.
- 82 percent had a college degree (including associates' degrees), with 44% also holding a graduate degree.
- On average, 64 percent of their time was spent in direct service.
- An average of 34 percent of their casework was related to sexual abuse.
- Respondents had worked in Ramsey County for approximately 16 years, 14 years with their current agency, and 8 years on sexual abuse cases (on average).

Of the 13 activities that respondents were asked to consider (see Exhibit R-3), the following three activities emerged as most in need of improvement:

- Restricting the number of continuances.
- Changing courtroom arrangements and procedures to accommodate the needs of child victims.
- Giving priority to cases involving child victims on court dockets.

These activities had been identified among those most in need of improvement in the first survey, suggesting there is still room for change.

Respondents assigned average ratings (averaging 3.2 on a 5-point scale) to the 10 agencies listed in Exhibit R-4 according to the amount they had changed in the past year. One agency, the prosecutor's office, was rated at 3.5, slightly higher than the others.

The respondents indicated that there was room for improvement among all agencies (average rating of 3.4), with a particular need for improvement in the courts. Agencies that were perceived as needing the most change, while at the same time appearing least willing to change, were mental health services, health care providers, and the courts.

Summary of Case Processing During the Study

When the project began, Ramsey County desired change. Program team members had sought the assistance of APRI to infuse new life into collaborative relationships that appeared to suffer from an absence of enthusiasm. Minnesota enjoys a reputation as a progressive State. The criminal justice system treats child victims kindly as pre-trial court appearances are rare. Many of the changes occurring during our study period (such as longer sentences for most sex crimes) were designed to strengthen prosecution, but may force more trials. At the same time, the investigation of a notorious case in Minnesota was conducted in a way that led to many charges being dropped. Victims of Child Abuse Laws (VOCAL), a national lobbying group that frequently opposes reforms on behalf of child victims, emerged in Minnesota as a result of this case. And Dr. Ralph Underwager, perhaps the nation's most prominent defense expert on "brainwashing" techniques used with child witnesses, hails from the Twin Cities area. This dual reputation—that of a socially progressive community with a recently emboldened defense orientation—was clearly reflected in the prosecutor's careful and considered approach to the intervention process.

Exhibit R-5 displays selected caseflow statistics for cases that were referred for prosecution during our prospective study period.

Exhibit R-5

Selected Caseflow Statistics for Single Victim/Single
Perpetrator Cases in the Prospective Abstraction Sample

Referrals

Number of cases referred for prosecution	149
Number of cases accepted for prosecution	101

Acceptance rate: 67.8%

Outcomes of Prosecution

Dismissals	1	(1%)
Acquittals	3	(4%)
Guilty pleas	32	(39%)
Convictions at trial	2	(2%)
Cases pending or unknown	44	(53%)
Other outcomes	1	(1%)

Conviction rate: 89%

Sentencing Outcomes (non-exclusive categories)

Number of sentences imposed	32	
<i>Institutional Sentences</i>		
Incarceration	22	(69%)
Residential sex offender program	3	(9%)
<i>Non-Institutional Sentences</i>		
Probation	15	(47%)
Suspended sentence	15	(47%)
Sex offender treatment program	11	(37%)
Substance abuse treatment program	3	(10%)
Restitution	8	(27%)
Fine	13	(43%)
<i>Other Sentencing Options</i>		
No contact with child victim	14	(47%)
Maintain employment	1	(3%)
Abstain from alcohol/drugs	2	(7%)

Incarceration rate: 78%

San Diego County, California

Case Management at Project Initiation

San Diego had a system for responding to child sexual abuse reports that was regarded as worthy of emulation. Customarily a report would be filed with the Department of Social Services (DSS) and investigated by a social worker and police officer team. Generally, the social worker focused on the nonoffending parent while the police officer interviewed the child. This procedure was not always followed however. Interviews with law enforcement officers and responses to our surveys of county professionals suggest that it was not unusual to see a 3-day lag between the report to DSS and subsequent referral to law enforcement; meanwhile, social workers conducted independent investigations which law enforcement officers perceived as detrimental to the criminal investigation. (Note that this problem was echoed by law enforcement officers in St. Paul; see above.)

Children were frequently detained overnight at Hillcrest Center, a small holding facility, and taken by police to the Center for Child Protection (CCP) at Children's Hospital for a physical examination. A psychiatric social worker with CCP conducted evidentiary interviews, which were often videotaped to share with prosecutors, child protection workers, and, on occasion, the juvenile court. Weekly multidisciplinary team meetings at CCP facilitated oversight of selected cases.

California's criminal justice system required adversarial preliminary hearings in all cases, and most children were required to testify and be cross-examined at these hearings. Because there were so many children going through this process, CCP obtained funding to pilot a Children in Court program to prepare children and parents for court testimony. This program consisted of several structured sessions of instruction and role-play for the children, featuring introductions to judges, attorneys, and other court personnel. Parents received supportive instruction in their own concurrent groups.

The District Attorney's Child Abuse Unit was limited to cases involving child victims under the age of 13; cases involving older victims were handled by the adult sexual assault unit.

After the initial visit to San Diego, the following strengths were observed:

- California law mandated reports to both law enforcement and social services, and the law enforcement agencies brought virtually all children to CCP for exams.
- Law enforcement and social service agencies appeared to have adequate resources to manage their caseloads.
- CCP conducted medical exams and investigative interviews (nearly always videotaped) with child victims.

San Diego County, California

Baseline Information

Population of County 1,900,000 (1984 est.)
Population of Major City 960,000 (1984 est.)

Caseload

193 cases were referred for prosecution between July 1, 1986 and June 30, 1987

Innovative Statutes

Exclusion of spectators during victim testimony at preliminary hearing
Substitution of videotaped preliminary hearing testimony for live testimony at trial
Priority docket status

Key Agencies

<i>Law Enforcement</i>	San Diego Police Department Child Abuse Unit San Diego Sheriff's Office Child Abuse Unit Child Sexual Abuse Investigators Association
<i>Child Protection</i>	Department of Social Services Immediate Response Services Unit
<i>Prosecution</i>	San Diego District Attorney's Office Child Abuse Unit
<i>Victim Assistance</i>	Victim/Witness Assistance Program
<i>Medical Facilities</i>	Children's Hospital, Center for Child Protection
<i>Other</i>	Children in Court, a structured educational program for child victims and their parents, sponsored by CCP Commission on Children and Youth Child Abuse Council Children's Doctors Group Juvenile Justice Commission

- An established multidisciplinary team met weekly to review ongoing cases and present new cases.
- The Children in Court program provided education for child witnesses and their families.
- Preliminary hearings were often videotaped, both to refresh the children's memory prior to trial and, occasionally, to introduce at trial if the child recanted or became unavailable.
- The District Attorney's Office was aggressive and innovative in prosecuting child abuse cases, using vertical case management and creative techniques when available.

Planned Changes

Exhibit S-1 displays the original goals that were identified in April 1988, along with their implementation status as of June 1989 and August 1990.

While many of the goals that were articulated by the program team required interagency collaboration, the team chose to focus their attention on activities that lay within the domain of the prosecutor's office. During the course of the project, the *Children in Court program was greatly expanded* and the prosecutors emphasized their *efforts to expedite cases and strengthen case development through greater knowledge of research findings*. By the end of the study period, procedural guidelines had been documented by the prosecutor's office, county counsel (for dependency cases), and social services, although this outcome cannot be attributed solely to our interventions.

Exhibit S-1

Recommended Interventions and Implementation Status

San Diego, California

Goals	Suggested Interventions	Status as of June 1989	Status as of August 1990
<i>Expedite Case Processing</i>	Maximize use of statutory mandate to accord docket priority to child abuse cases	Prosecutor met with judges and proposed that one or two judges be designated to hear all cases involving child victims	Motions for case priority are used selectively Case processing guidelines were issued to all police agencies Prosecutor's case log was reformatted to allow cross-reference by victim and perpetrator names
<i>Provide People Support</i>	The victim/witness program could dedicate volunteer support to the Children in Court program	Children in Court program was expanded to serve all child victims	Victim/witness advocates are assigned in each case
<i>Reduce Unnecessary Contact with the System</i>	Reduce number of interviews by different people	Prosecutor refrained from re-interviewing children where investigative interviews were videotaped APRI provided training on interviewing process and techniques	The District Attorney's Office, County Counsel, and DSS developed written protocols to guide case management

Goals	Suggested Interventions	Status as of June 1989	Status as of August 1990
<i>Institute Child-Friendly Procedures</i>	Continue objecting to harsh questioning by defense attorneys	Objections are made when defense attorneys engage in "harrassment" procedures during cross-examination	No further actions reported
	Continue instructing victims and families about their rights in the system	No actions reported	No actions reported
	Routinize preparation of victim impact statements by or on behalf of child victims	No actions reported	These goals are presumed to be addressed by the Children in Court program
	Establish children's courtrooms in criminal court	Prosecutor met with County Commissioners; implementation depends on availability of funds	Continue to explore this idea
	Establish a waiting area in juvenile court	No action reported	Existing waiting area is still considered inadequate
<i>Enhance Case Development</i>	Educate judges about the validity of the accommodation syndrome	Points and authorities were developed to accompany motions opposing requests for delay or permission to use expert testimony	Prosecutor's office systematically gathers briefs and other materials on expert witnesses
	Establish a countywide law enforcement strike force	No actions reported	There is a San Diego County Association of Child Abuse Investigators
	Continue efforts to enact a special hearsay exception	No actions reported	No actions reported

Other Changes During the Study

Law Enforcement

Due to budgetary constraints, the San Diego Sheriff's Office disbanded its Child Abuse Unit in 1988. The investigators were reassigned to other duties and tried to take responsibility for child abuse cases that arose from their respective geographic assignments. Nonetheless, a backlog of investigations arose during this period. The unit was reunited in July 1989.

In 1989, there was a proposal to expand the responsibilities of the San Diego Police Department's Child Abuse Unit to include *all* cases involving child victims. Formerly extrafamilial sexual assault cases were handled by the department's Sex Crimes Unit.

Prosecutor

Late in 1989, there was a major shift in the management of dependency cases. Prior to that time, the District Attorney's Office represented the Department of Social Services in the juvenile court dependency proceedings. In the fall of 1989, activities were underway to shift this responsibility to the Office of the County Counsel. (As noted, there was a similar recommendation in Polk County, Iowa; see above.) This change was thought to avert possible conflicts of interest in cases where the District Attorney's Office was prosecuting intrafamilial offenders while representing DSS efforts to reunite families. It was hoped that the dependency proceedings would become less litigious if handled by attorneys with more experience in civil court proceedings. Finally, there was a feeling that dependency cases would receive more individualized attention; the County Counsel had hired 21 attorneys to manage a caseload formerly handled by five assistant district attorneys.

In 1990, a resident child molester law became effective. This legislation enabled prosecutors to pursue cases in which there was continuing sexual abuse but the child victim was unable to specify dates or circumstances surrounding individual incidents. This legislation arose out of several cases involving serious incestuous situations in which convictions were reversed due to lack of specificity. (Note: Ongoing molestation cases also pose a tremendous problem for prosecutors in Erie County, New York, where prosecutors are limited to charging child endangerment, a misdemeanor, when children cannot specify dates.)

Social Services

In the fall of 1989, DSS adopted a new regulation allowing child protection workers to place children with relatives pending the juvenile court investigation. Formerly, the only option available was foster care. The new procedure was believed to be less disruptive to the children.

Other Pertinent Events

In 1990, San Diego County became part of a "Transfer of Knowledge" project on child victims as witnesses, organized by the California Department of the Youth Authority. A multidisciplinary team from the county participated, along with teams from Los Angeles, Sonoma, Riverside, and Sacramento Counties. By the end of July, the District Attorney's Office, Office of the County Counsel, and DSS had developed memos outlining their own procedures in responding to child sexual abuse cases, as a step toward developing interagency protocols.

The same year, California voters passed a resolution allowing the grand jury to initiate criminal cases. While this event occurred too late to be reflected in our data, it offers an opportunity for prosecutors to avoid subjecting child victims to adversarial preliminary hearings.

Results of the County Surveys

Fifty people responded to the first survey of child-serving professionals in San Diego County. Respondents were about evenly divided between the service professionals (social workers, educators, and medical and mental health providers) and criminal justice professionals (law enforcement officers and prosecutors). Their demographic and background characteristics were as follows:

- Evenly split between men and women.
- Average age was 43.
- About 80 percent were white, 14 percent Hispanic, 4 percent Asian background, and 2 percent African-American.
- 76 percent had at least a college degree; 50 percent had advanced degrees.
- On average, respondents spent 60 percent of their time in direct service, although a sizeable proportion spent all their time in direct service.
- On average, 61 percent of their caseload concerned sexual abuse.

Respondents reported substantial longevity in their work: service professionals had worked an average of 10 years in the county (7 with the same agency), while criminal justice professionals had worked an average of 20 years in the county (15 in their current organization). In addition, they averaged 5 years of experience working with sexual abuse cases, although 20 percent had 2 years or less.

Exhibit S-2

Handling of Child Sexual Abuse Cases

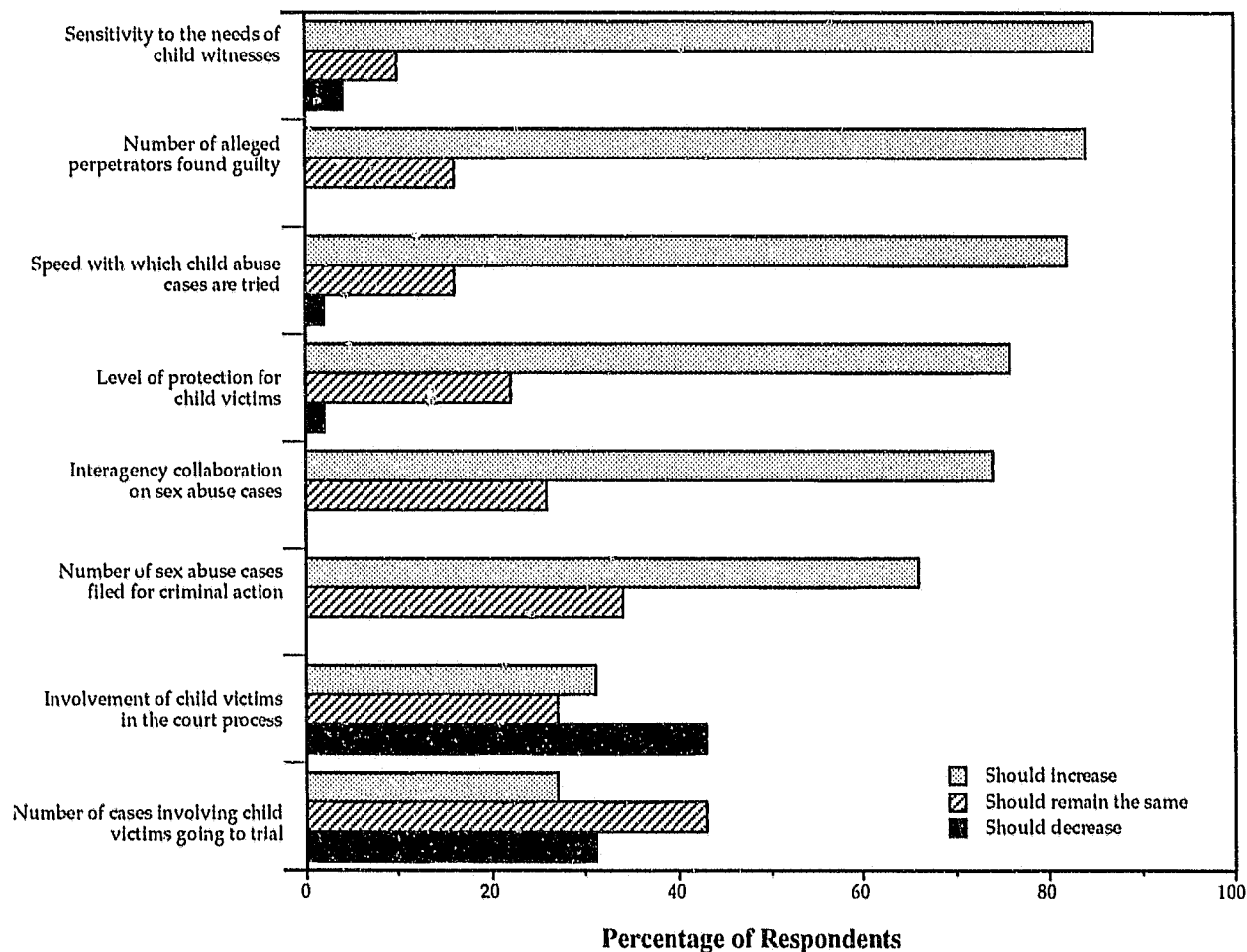
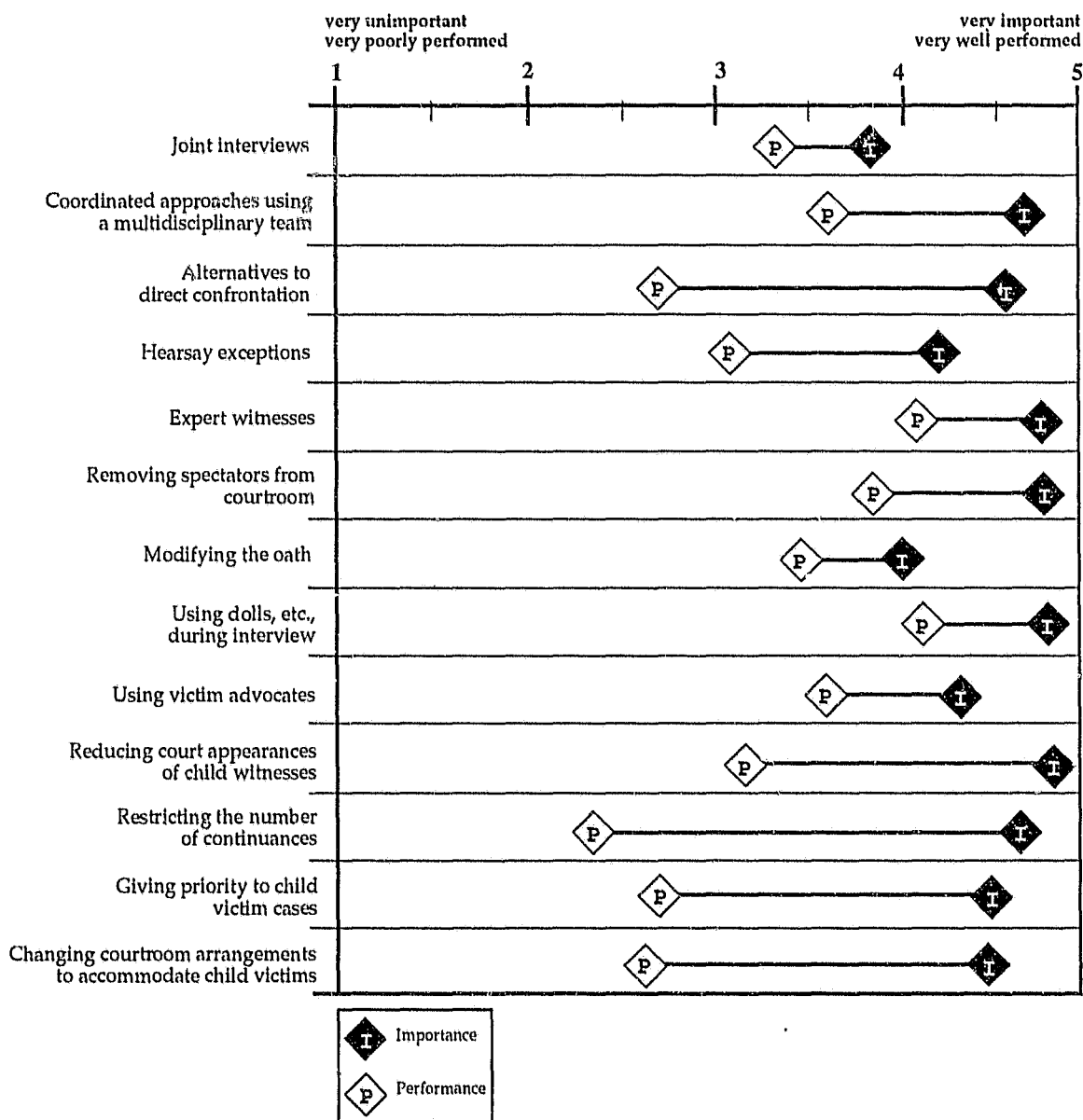


Exhibit S-2 displays respondents' opinions on how child sexual abuse cases should be handled. Large majorities of respondents agreed that:

- There should be greater sensitivity to child witnesses' needs (85 percent).
- More perpetrators should be found guilty (84 percent).
- Cases should be adjudicated faster (82 percent).

Exhibit S-3

Importance and Performance of Activities To Protect Children



The survey asked respondents to rate, on a 5-point scale, the importance and performance of 13 different activities designed to protect child victims during case investigation and prosecution. Exhibit S-3 displays the results. Of most interest in terms of planning for

change are activities that were rated high in importance but low in performance. The following eight activities were rated as most in need of improvement:

- Restricting the number of continuances.
- Using alternatives to confrontation.
- Changing courtroom arrangements and procedures to accommodate child victims.
- Reducing the number of court appearances for child victims.
- Giving child sexual abuse cases priority on court dockets.
- Employing coordinated approaches using a multidisciplinary team.
- Removing spectators during testimony of child witnesses.
- Using hearsay exceptions.

The survey asked respondents to rate 10 groups or agencies with responsibility for child sexual abuse cases on three issues: (1) the amount they had changed in the past year (corresponding roughly to calendar year 1988), (2) the need for change, and (3) the willingness to change.

Respondents assigned fairly low ratings (between 2 and 3 on a 5-point scale) to all agencies on the amount they had changed in the past year, except that the sheriff's office received a moderate rating (probably reflecting the temporary dissolution of the special child abuse unit). As shown in Exhibit S-4, respondents believed that virtually all agencies needed at least a moderate amount of change, but also that many agencies were moderately willing to change. Those agencies in which there was the greatest gap between perceived need for change and willingness to change were the courts, public mental health providers, and the sheriff's department. Smaller, but noticeable gaps were found for the school system, child protective services, and private mental health providers.

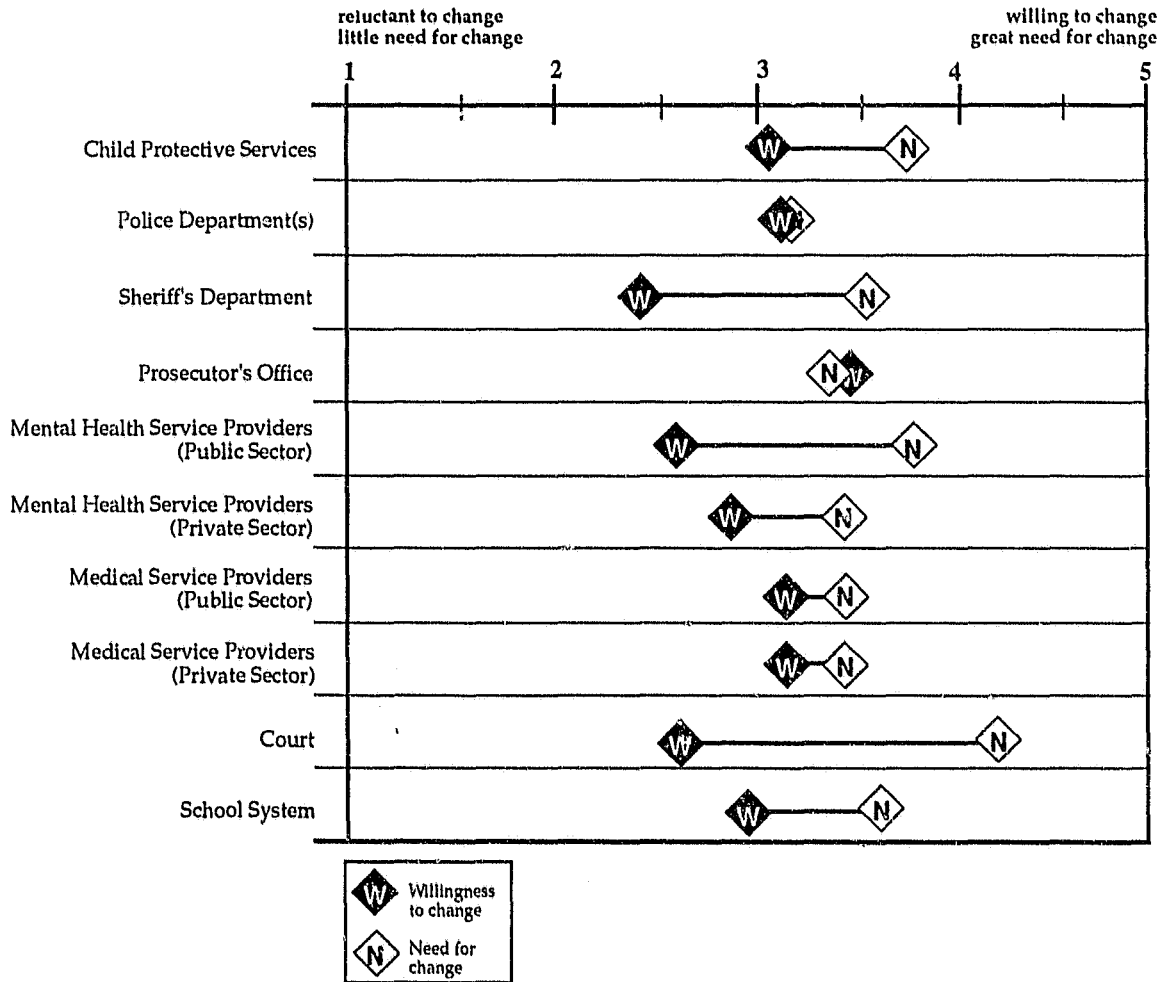
These findings were presented to the community in a report intended to assist efforts to improve the investigation and prosecution of child sexual abuse.

One year later, a followup survey was conducted using a more concise instrument. Twenty-six people responded, 18 from criminal justice professions and 8 from service professions. Their demographic and background characteristics were as follows:

- 58 percent were men.
- The average age was 38 years.
- 96 percent of the respondents were white, 4 percent were minorities.

Exhibit S-4

Agencies' Need and Willingness To Change



- 88 percent had a college degree (including associates' degrees), with 62 percent also holding a graduate degree.
- On average, 73 percent of their time was spent in direct service.
- An average of 76 percent of their casework was related to sexual abuse.
- Respondents had worked in San Diego County for approximately 13 years, 9 years with their current agency, and 4½ years on sexual abuse cases (on average).

Of the 13 activities that respondents were asked to consider (see Exhibit S-3), the following four activities emerged as most in need of improvement:

- Restricting the number of continuances.
- Reducing the number of appearances by child witnesses during the judicial process.
- Using special exceptions to hearsay.
- Using alternatives to direct confrontation between child witnesses and defendants.

These activities had been identified among those most in need of improvement in the first survey, suggesting that these respondents observed little change.

Respondents assigned average ratings (averaging 3.1 on a 5-point scale) to the 10 agencies listed in Exhibit S-4 on the amount they had changed in the past year. No single agency stood out as having changed more than the others in the past year.

The respondents indicated that there was room for improvement among all agencies (average rating of 3.6), with a particular need for improvement in mental health services and in the courts. These same two agencies were perceived as needing the most change, while at the same time appearing least willing to change. Perhaps not surprisingly, none of the survey respondents worked in either mental health services or in the courts. Conversely, the prosecutor's office was rated as the agency most willing to change and at the same time least in need of change; the largest group of respondents was from the prosecutor's office. These findings are, however, consistent with those of the first survey, suggesting there may have been little perceptible improvement among mental health services and the courts.

Summary of Case Processing During the Study Period

San Diego County began this project as a recognized leader in the field of child abuse prosecution. The fundamental components of the community's response to child sexual abuse cases—joint investigation by police and social workers, medical and psychiatric examination by the Center for Child Protection, multidisciplinary team review, and preparation of child witnesses via the Children in Court program—were essentially unchanged during the study period. In fact, most of the changes that occurred in San Diego County were extrinsic to the intervention strategies of this project. Nonetheless, these changes—the temporary dissolution of the sheriff's Child Abuse Unit, shifting of responsibility for prosecution of dependency cases from the DA's Office to the County Counsel, and the new statute permitting prosecution of ongoing abuse even when the child victim is unable to specify dates—can be expected to have substantial impact on both the adjudication process and child outcomes.

Exhibit S-5 displays selected caseflow statistics for cases that were referred for prosecution during our prospective study period.

Exhibit S-5

Selected Caseflow Statistics for Single Victim/ Single Perpetrator Cases in the Prospective Abstraction Sample

Referrals

Number of cases referred for prosecution	238
Number of cases accepted for prosecution	185

Acceptance rate: 77.7%

Outcomes of prosecution

Dismissals	0	(0%)
Acquittals	1	(1%)
Guilty pleas	58	(84%)
Convictions at trial	3	(4%)
Cases pending or unknown	5	(7%)
Other outcomes	2	(3%)

Conviction rate: 98%

Sentencing Outcomes (non-exclusive categories)

Number of sentences imposed	61	
<i>Institutional Sentences</i>		
Incarceration	56	(92%)
Other residential program	1	(2%)
<i>Noninstitutional Sentences</i>		
Probation	42	(69%)
Suspended sentence	1	(2%)
Sex offender treatment program	14	(23%)
Substance abuse treatment program	5	(8%)
Restitution	45	(74%)
Community service	4	(7%)
Fine	32	(52%)
<i>Other Sentencing Options</i>		
No contact with child victim	39	(64%)
Register as sex offender	37	(61%)
No contact with any minors	20	(33%)
Maintain employment	14	(23%)
Abstain from alcohol/drugs	9	(15%)

Incarceration rate: 94%

Summary

The four communities that participated in the Child Victim as Witness project portray an interesting cross section of communities throughout the country as they consider alternative approaches to the investigation and prosecution of child sexual abuse cases.

- Polk County can be characterized as a relatively small, homogeneous community with strong mental health resources and a shared commitment to pretrial diversion for first-time intrafamilial offenders. During the course of the study, the community took steps to focus more attention on child victims of extrafamilial perpetrators and to strengthen prosecution.
- San Diego is a geographically vast county with a large and culturally diverse population base. Under the leadership of a dynamic prosecutor and strong hospital-based diagnostic program, San Diego is nationally recognized for its aggressive stance on child abuse prosecution. At the same time, California's criminal justice system is perhaps the most burdensome on victims in terms of requiring their testimony at adversarial preliminary hearings. Interventions targeted enhanced case development and preparation of child victims for court testimony.
- Ramsey County is somewhat analogous to San Diego, but on a smaller scale. As in San Diego, there are strengths in the prosecutor's office and in the diagnostic center, and a long-standing multidisciplinary team. Distinctions may be drawn in the smaller and relatively more homogeneous population and in the system's more congenial response to crime victims (at least in terms of required court appearances). Interventions focused on normalizing the use of videotape to preserve children's statements (albeit unsuccessful), centralizing prosecution of cases involving children as victims or perpetrators, and greatly expanding victim services.
- Erie County was the only county that lacked an active multidisciplinary team at project initiation. During the study, new community leaders promoted ideas to improve the system on behalf of child victims. The prosecutor's office assumed a leadership role and made significant progress toward (1) developing protocols to guide interagency relationships in managing child sexual abuse cases, and (2) initiating cases via the grand jury rather than preliminary hearing. By the end of the study, a core team had emerged, in the context of a new coordinating council, to work on protocol development and related issues of interagency collaboration.

It is important to understand community differences in the investigation and adjudication of child sexual abuse cases before drawing inferences from observed changes in child trauma outcomes. The next chapter discusses how the differences among the sites in terms of case

processing reflect community changes during the study. In Chapter 4, differences across the sites will be critical in interpreting the assessment of system-induced stress and related psychological outcomes.

Chapter Three: Characteristics of Child Sexual Abuse Cases and the Decision To Prosecute

Chapter Overview

Successful prosecution and the degree of trauma experienced by children in the process are apt to be related to the type of cases referred to prosecutors and accepted for prosecution. This chapter examines the preliminary results of tracking child sexual abuse cases referred to prosecutors' offices in the four sites during the second year of the Child Victim as Witness project. A profile of the population in terms of child and family characteristics and case characteristics is followed by an examination of factors related to the prosecutor's initial decision to accept or decline a case for prosecution. This begins the analysis of the relationship of case characteristics to prosecutorial decision making and is the first component of an examination of how child sexual abuse cases are prosecuted.

There are several reasons why factors associated with prosecutors' acceptance of cases are important for policy consideration. First, the analysis yields greater understanding of the social, psychological, and evidentiary factors that may influence the dispensation of justice in child sexual abuse cases. Second, understanding which cases are likely to be prosecuted helps us understand the conditions under which children are likely to be involved in prosecution. Third, it pinpoints obstacles to prosecution that could be addressed by legislation or other means of policy change.

An earlier study, conducted by the National Council of Jewish Women (NCJW) Center for the Child,³⁸ collected extensive data describing child sexual abuse cases referred to prosecutors. Another study, conducted by the American Bar Association (ABA),³⁹ examined factors related to acceptance for prosecution. Other related studies have a somewhat different focus. The Bureau of Justice Statistics⁴⁰ reported results from the Offender-Based Transaction Statistics (OBTS) data set on outcomes for offenders charged with sexual assault and other sexual offenses against children, delineated by race, sex, and age of offender, but outcomes were not reported by child and case characteristics. Similarly, a Bureau of Justice Assistance study⁴¹ presented outcome data but no data on child and case characteristics. Finkelhor⁴² and Runyan and colleagues⁴³ reported on criminal justice outcomes of child sexual abuse cases, but both employed social service samples. Only a portion of the cases from these samples were referred for prosecution, and the samples were not necessarily representative of the population of cases referred to prosecutors because they excluded cases in which there was no social service involvement. Goodman's study⁴⁴ sampled only cases accepted for prosecution.

Descriptive analysis of the study sample data suggests that victims experienced fairly severe abuse. The majority of cases were intrafamilial and only a small minority of perpetrators were unknown to their victims. Most cases came to light within the social network of victims (i.e., family, friends, and acquaintances), followed quickly by reports to authorities. A majority of cases were accepted for prosecution. Factors related to acceptance for prosecution included child age, perpetrator's relationship to child, several indices of severity

of abuse, several aspects of case reporting and substantiation, and several variables reflecting the nature of the evidence.

A similar analysis was planned for the retrospective data from 1986 to 1987 that was collected from the retrospective abstraction sample during the first year of the project. However, prosecutors' offices in Erie and Ramsey Counties did not maintain records on cases that were referred but not accepted for prosecution during that period. A study of population characteristics and correlates of case acceptance could not be conducted for that period. In a preliminary, exploratory study, data from Polk and San Diego Counties were analyzed. Findings from this preliminary study are presented in the form of an abstract in Appendix B of the supplement. Tables from presentations at two 1990 conferences⁴⁵ are also provided.

Methods

The prospective abstraction sample analyzed in this chapter includes all project-eligible cases of child sexual abuse referred for prosecution during a one-year period starting in 1988. (See chapter One for a full description of sampling procedures.)

To avoid the conceptual and practical problems of analyzing cases in which there are multiple perpetrators or multiple victims, data analysis was restricted to 421 cases in which a single perpetrator and a single victim were identified. When a case involves more than one perpetrator or more than one child, it is extremely difficult to analyze how a perpetrator's relationship to a child affects the decision to prosecute. Recognizing that this restriction omits an important segment of the target population, we are developing methods to analyze multiple perpetrator/victim cases and will incorporate them into future analyses.

The analysis used secondary data collected through case record review. At each site, individuals were trained in the use of a project-developed case tracking form (CTF), a booklet (with supplements) used to encode case-based materials maintained by prosecutors' offices, law enforcement agencies, courts, and child protective services. The CTF and supplements provided data on a broad array of child, family, and case characteristics, including data on investigative interviews and court appearances, and on the process and outcomes of prosecution (see supplement). From prosecutors' records of referrals, project case abstractors in each site identified all eligible cases and examined all necessary case files to complete the Case Tracking Form and supplements.

Profile of Child and Case Characteristics

As virtually all cases referred for prosecution in the four sites were abstracted over a one-year period, descriptive statistics on the sample offer a profile of cases that faced prosecutors. Data describing the children, perpetrators, severity of abuse, case reporting and substantiation, and pretrial screening are presented below.

Children

Data on children are presented in Table 3.1. A large majority of the victims were female. The mean age at referral for prosecution was 10.3 years old, with significant numbers of preschool children (15 percent), elementary school age children (52 percent) and teenagers (35 percent). A large majority of the victims were white, reflecting the racial-ethnic makeup of the sites, but significant minorities of African-Americans (19 percent) and Hispanics (8 percent) were included. Nine percent of the children were identified as having disabilities.

Table 3.1

Child Characteristics of the Prospective Abstraction Sample

Gender	89% Female
Age at Time of Referral (Mean)	10.3 Years
Race or Ethnicity	71% White 19% African-American 8% Hispanic 2% Other
Children with Disabilities	9%

Perpetrators

Data on perpetrators are presented in Table 3.2. Perpetrators were overwhelmingly male and largely white. Half were 32 years old or younger, and nearly three-quarters were 40 or younger. A majority of perpetrators had a high school education or less. A majority was employed in nonprofessional occupations and more than one-quarter were unemployed at the time their cases were abstracted. Slightly more than one-third had a criminal record, although only 8 percent had a record of sex crimes. Based on the judgments made by case abstractors from case records, 25 percent were thought to abuse alcohol, drugs, or both.

A majority of perpetrators were related in some way to the victim (i.e., intrafamilial cases). The largest categories were biological parents (14 percent), mothers' boyfriends (14 percent), and step-parents (13 percent). In only 3 percent of cases were perpetrators unknown to their victims.

Table 3.2

**Perpetrator Characteristics of the
Prospective Abstraction Sample**

Gender	98% Male
Age (Median)	32 Years
Race or Ethnicity	64% White 21% African-American 11% Hispanic 3% Other
Occupation	41% Non Professional 24% Unemployed 5% Professional/Managerial 3% Retired 26% Other
Education	26% More Than High School 31% High School 43% Less Than High School
Criminal Record	41% w/Any Prior Convictions 10% w/Sex Crime Prior Convictions
Substance Abuse	75% None Observed in Record 15% Alcohol 5% Drugs 5% Both
Relationship to Victim	57% Intrafamilial 43% Extrafamilial
Detailed breakdown	14.0% Biological Parent 1.4% Adoptive Parent 12.6% Step Parent 13.7% Mother's Boyfriend 7.2% Uncle 4.4% Grandparent 1.9% Sibling .9% Other Relative 28.6% Acquaintance 4.4% Caregiver 3.3% Stranger .9% Victim's Boyfriend

Severity of Abuse

Most victims in the sample suffered severe abuse, as measured by the type of abusive acts, number of incidents, and duration of abuse (see Table 3.3). Penetration was involved in 37 percent of cases (excluding digital-vaginal penetration), and 68 percent of cases involved some form of genital contact. Nearly half of the children were threatened with force or subjected to force, and over half experienced multiple incidents of abuse. The duration of abuse was over one month in 40 percent of cases and over one year in 27 percent of cases. Alcohol was judged to be involved in over one-fifth of the cases, and drugs in 8 percent of cases.

Table 3.3

Severity of Abuse in the Prospective Abstraction Sample

Types of Abuse (all that apply)	37% Penetration (excluding Digital-Vaginal) 28% Oral-Genital 30% Digital-Vaginal 77% Other
Most Severe Abuse	38% Penetration 16% Oral-Genital 14% Digital-Vaginal 32% Other
Use of Force	53% None 8% Threat of Force 33% Mild Force 5% Violent Force
Number of Incidents	43% Single Incidents 57% Multiple Incidents
Duration of Abuse	57% One Month or Less 11% 2-6 Months 5% 7-12 Months 27% More than 1 Year
Alcohol Use During Incident	21% Cases
Drug Use During Incident	8% Cases

Case Reporting and Substantiation

Data on reporting suggest that cases usually came to light within the social network of the victim (see Table 3.4). In the vast majority of cases, the child victim disclosed the abuse, usually to a family member. An institution or agency was notified first in less than one-quarter of cases. Social services were as likely as law enforcement to be the first government agency notified, and law enforcement was almost exclusively the agency to refer cases for prosecution. A medical examination was conducted in over half of the cases.

Table 3.4

Case Reporting and Substantiation Characteristics of the Prospective Abstraction Sample

Child Disclosed	86% Cases
First Person Notified (regardless of who disclosed)	58% Family 13% Friend/Acquaint 22% Institution/Agency 6% Other
First Government Agency Notified	51% Social Service 49% Law Enforcement
Time From Last Incident Until Report (Median = 2.00 days)	(CUM. %) 52% 52% w/in 1 wk 17% 69% w/in 1 mo 8% 77% w/in 2 mos 3% 80% w/in 3 mos 6% 86% w/in 6 mos 5% 91% w/in 1 yr 9% 100% > 1 yr
Agency Referring Case to Prosecution	98% Law Enforcement 2% Social Services
Time From Report to Authorities Until DA Referral (Median = 1.00 days)	(CUM. %) 29% 29% w/in 1 wk 37% 67% w/in 1 mo 20% 87% w/in 2 mos 7% 94% w/in 3 mos 4% 99% w/in 6 mos 1% 99% w/in 1 yr 1% 100% > 1 yr

Medical Examination Completed

56% Cases

**Time From DA Referral
Until File Opened**

(Median = 0.00 days)

(CUM. %)

80%	80% w/in 1 wk
15%	95% w/in 1 mo
3%	98% w/in 2 mos
1%	99% w/in 3 mos
1%	100% w/in 6 mos

For the majority of cases, reporting ensued soon after disclosure, although in a minority of cases it was considerably slower. Over half of cases were reported within 1 week of the last incident and 69 percent within 1 month. Fully 20 percent of cases, however, were not reported within 3 months of the last incident, and 14 percent were not reported within 6 months. Once reported, less than a third were referred to the prosecutor within a week, but two-thirds were referred within a month and 94 percent within 3 months.

Pretrial Screening

Data were collected on the decision to prosecute and on the nature of the evidence available to prosecutors on which to base that decision (see Table 3.5). A majority (61 percent) of cases were accepted for prosecution. In the majority of cases, interviews with the victim provided evidence of the crime. Although a medical examination was conducted in a majority of cases, medical evidence was available in just under one-third of cases. In nearly one-third of the cases, there were confessions by the perpetrators, and in over a quarter of cases, there was psychological evidence based on the victim's emotional state and behavior.

Table 3.5**Pretrial Screening Characteristics of the
Prospective Abstraction Sample**

Prosecutor's Decision	61% Accepted 39% Declined
Nature of Prosecution Case	9% Physical Evidence 32% Medical Evidence 29% Psychological Evidence 16% Fresh Complaint/ Excited Utterance 15% Other Eyewitness 32% Confession by Perpetrator 53% Victim's Interview

A fresh complaint or excited utterance was available as evidence in 16 percent of cases. These terms refer to forms of hearsay evidence in which witnesses (such as parents, teachers, or police officers) are permitted to testify as to the victims' initial disclosures of abuse. Only 9 percent of cases manifested physical evidence. It should be noted that sites differed considerably on what type of evidence was coded, which may reflect differences in case abstraction, record-keeping, and the priority assigned to different forms of evidence. Further analysis of this sample will compare sites vis-a-vis the availability and use of evidence.

Summary and Analysis

The victims in the sample were mostly female, heterogeneous in age and racial-ethnic background. A large majority of perpetrators were males under the age of 40 and most were of lower socioeconomic status. Prior criminal record and histories of alcohol and drug abuse were represented in substantial proportions. Most abuse appeared to be severe. Disclosure usually took place within the social network of the victim and was generally reported to authorities quite rapidly, although for a minority of cases the disclosure and reporting process was considerably slower. A majority of cases were accepted for prosecution. Victim interviews were available as evidence in a majority of cases; medical evidence and perpetrator confessions were available in about one-third of cases, psychological evidence in about one-quarter, and fresh complaint or excited utterance and physical evidence in smaller proportions of cases.

The findings of three previous studies of court intervention (by the ABA, NCJW, and Runyan, et al.)⁴⁶ may be compared with those of the present study. The descriptive characteristics of our sample are similar to these other studies in a number of ways. Victims were more likely to be female (80–90 percent across all studies) and white (61–71 percent, data not available for ABA). The average perpetrator, across all studies, tended to be a male in his thirties. Comparing the child's relationship to the perpetrator is somewhat more difficult because of differences in definition and categorization. Nevertheless, our sample is rather similar to those of the ABA and NCJW studies, except that the latter included a higher proportion of strangers (14 percent). The North Carolina sample naturally included a much higher proportion of intrafamilial cases as the sample was ascertained through child protective services.

Some differences were observed. The age of child victims varied across the studies. These differences, however, are generally due to differences in sampling procedures and the inclusion/exclusion criteria that were employed. Some variation may be due to differences in how child age was assessed—for example, whether child age refers to age at time of abuse or time of referral. Variation was observed in the racial composition among minorities, which is likely attributable to the ethnic composition of the respective sites within which the samples were obtained. Finally, the type of abuse could not be compared across these studies because of differences in categorization and reporting of data.

The rate of acceptance for prosecution in our data (61 percent) was comparable to the findings of the BJA and ABA studies,⁴⁷ but much lower than the 90 to 95 percent rates for

sexual assault and other sex offenses from four states reported in the findings of the Offender-Based Transaction Statistics analysis.⁴⁸ Possible explanations for this divergence include differences in the research methods used in the OBTS study, possible underreporting of referrals in the OBTS study, or changes in the willingness of professionals to refer cases for prosecution because of heightened awareness of child sexual abuse and more aggressive prosecutors. Analysis of the characteristics of our sample suggest that many of the cases that were referred were difficult to prosecute: most involved intrafamilial relationships, 46 percent involved neither penile penetration nor oral-genital contact, 43 percent involved single incidents, and 57 percent involved abuse of one month or less. The data suggest that the prosecutors' offices received a broad array of cases requiring a significant amount of screening.

Factors Associated with Acceptance for Prosecution

The first prosecutorial decision that crucially influences case outcome is whether to accept or decline a case for prosecution. An important component of our analysis, therefore, is to examine the types of cases accepted for prosecution and the types declined. The discussion below examines a number of factors associated with acceptance for prosecution: child characteristics, perpetrator characteristics, nature and severity of abuse, case reporting and substantiation, and nature of prosecution evidence.

Data analysis involved simple comparison of accepted and rejected cases in terms of percentages, means, and medians (for continuous variables that did not meet the assumptions underlying parametric tests) on single variables. For categorical variables, contingency tables were constructed, the odds of acceptance for prosecution were calculated at different levels of the independent variable, and Pearson's chi square statistic was calculated to test the null hypothesis of independence between the two variables. For 2 X 2 tables, odds ratios were calculated as well. An odds ratio of 1 indicates that there is no difference in the odds of acceptance for prosecution; an odds ratio greater than 1 or less than 1 indicates increased likelihood and decreased likelihood of acceptance for prosecution, respectively. For continuous variables that met parametric assumptions, analyses of variance were conducted to test whether means were significantly different. Several continuous variables had skewed distributions; the Wilcoxon rank sum test, a non-parametric analogue of the t-test, was used to compare the distributions of accepted cases and rejected cases for these variables.

The preliminary analysis is exclusively bivariate and thus, given the complexity of the phenomena studied, must be considered exploratory at this stage in the research. Future analyses will employ multivariate techniques to explore the effects of numerous variables considered together, and thus provide a more realistic model of the interplay of factors related to prosecution.

Readers should take a cautious approach in interpreting these results: statistical relationships may not result from a causal relationship between the variables. A factor may be causally related to the decision to prosecute, or the statistical association may be due to some third factor(s), or, in some cases, the decision to prosecute may help cause the case characteristic.

Child Victim Characteristics

The relationship between child characteristics and acceptance for prosecution is presented in Table 3.6. Only one significant difference appeared between cases that were accepted for prosecution and those that were declined: victims in accepted cases averaged almost 2 years older than victims in cases that were declined. Only 34 percent of cases involving pre-schoolers (age 4 to 6) were accepted, versus 69 percent of cases involving elementary school children (age 7 to 12) and 68 percent of cases in which the victims were teenagers (age 13 to 17). Cases in which children were placed in a relative's home appeared to be less likely to be prosecuted.

Perpetrator Characteristics

The relationship between perpetrator characteristics and acceptance for prosecution is presented in Table 3.7. Three perpetrator characteristics were significantly related to acceptance for prosecution: (1) race or ethnicity, (2) perpetrator relationship to child, and (3) perpetrator substance abuse. Caucasian perpetrators were more likely to be prosecuted than African-American or Hispanic perpetrators. The interpretation of this finding is unclear.

The nature of the relationship between the perpetrator and the victim had a complicated association with acceptance for prosecution. As a group, intrafamilial cases were no more likely to be prosecuted than extrafamilial cases. However, when the specific relationship was examined further, differences emerged. Only a minority of biological parents (overwhelmingly fathers) and mothers' boyfriends were prosecuted, compared to 50 percent or more in every other category. In contrast to biological fathers and mothers' boyfriends, over three-quarters of step-parents (overwhelmingly male) were prosecuted. A majority of cases were prosecuted in every other intrafamilial relationship category as well, including uncles, grandparents, and other relatives.

Evidence of perpetrators having a substance abuse problem (alcohol, drugs, or both) was highly related to acceptance for prosecution. The acceptance rate for substance-abusing perpetrators was much higher than for perpetrators without evidence of substance abuse. It is not clear, however, to what extent this finding reflects real differences between perpetrators in accepted versus rejected cases. It is possible that perpetrators charged with sexual abuse are likely to raise a drinking or drug habit as a defense, or that accepted cases are investigated more thoroughly, increasing the likelihood that substance abuse would be discussed in case records. Indeed, for convicted defendants, pre-sentence investigations including social history are often the norm.

Table 3.6
Relationship of Victim Characteristics to Acceptance
for Prosecution in the Prospective Abstraction Sample

Characteristics	(N=431)	Prosecutor Decision		Odds of Acceptance	Odds Ratio	
		Percent Accepted	Percent Declined			
Gender						
Male	(N= 48)	54	46	1.18 : 1	0.75	
Female	(N= 377)	61	39	1.58 : 1		
Age (mean years)****		11.0	9.2			
Race/Ethnicity						
White	(N= 295)	63	37	1.70 : 1		
African-American	(N= 77)	55	46	1.20 : 1		
Hispanic	(N= 33)	55	46	1.20 : 1		
Other	(N= 8)	75	25	3.00 : 1		
Victim's Residence in County	Yes	(N= 407)	60	40	1.53 : 1	0.56
	No	(N= 17)	73	27	2.75 : 1	
Disabilities	Yes	(N= 40)	60	40	1.50 : 1	0.98
	No	(N= 378)	61	39	1.54 : 1	
Pretrial Placement (all that apply)						
Relative Home ⁺	Yes	(N= 32)	47	53	0.88 : 1	0.54 ⁺
	No	(N= 383)	62	38	1.62 : 1	
Foster Home	Yes	(N=43)	65	35	1.87 : 1	1.24
	No	(N= 372)	60	40	1.51 : 1	
Institution	Yes	(N= 31)	71	29	2.45 : 1	1.64
	No	(N= 384)	60	40	1.49 : 1	
Child Removed From Home	Yes	(N= 56)	70	30	2.29 : 1	1.58
	No	(N= 369)	59	41	1.44 : 1	
Placed Victims Returned	Yes	(N= 27)	67	33	2.00 : 1	1.83
	No	(N= 46)	52	48	1.09 : 1	

Note: Preliminary analysis was restricted to cases with single victims and single perpetrators.

⁺ p < .10 * p < .05 ** p < .01 *** p < .001 **** p < .0001

Table 3.7
Relationship of Perpetrator Characteristics to Acceptance
for Prosecution in the Prospective Abstraction Sample

Characteristics	(N=431)	Prosecutor Decision		Odds of Acceptance	Odds Ratio	
		Percent Accepted	Percent Declined			
Gender						
Male	(N= 416)	61	39	1.57 : 1	3.15 ⁺	
Female	(N= 9)	33	67	0.50 : 1		
Age (mean years)		35.0	33.3			
Race or Ethnicity*						
White	(N= 267)	65	35	1.84 : 1		
African-American	(N= 89)	51	49	1.02 : 1		
Hispanic	(N= 47)	57	43	1.35 : 1		
Other	(N= 12)	83	17	4.99: 1		
Occupation						
Nonprofessional	(N= 138)	66	34	1.94 : 1		
Unemployed	(N= 81)	68	32	2.12 : 1		
Professional or Managerial	(N= 17)	76	24	3.25 : 1		
Retired	(N= 11)	91	9	10.00 : 1		
Other	(N= 88)	68	32	2.09 : 1		
Education						
More than high school	(N= 50)	93	7	13.08 : 1		
High school	(N= 61)	85	15	5.76 : 1		
Less than high school	(N= 84)	88	12	7.33 : 1		
Prior Criminal Record⁺	Yes	(N= 155)	71	29	2.45 : 1	1.96 ⁺
	No	(N= 223)	56	44	1.25 : 1	
Number of priors (mean)		1.4	1.2			

Table 3.7 (continued)

Characteristics	(N=431)	Prosecutor Decision		Odds of Acceptance	Odds Ratio
		Percent Accepted	Percent Declined		
Prior Record of Sex Crimes	Yes (N= 43)	72	28	2.58 : 1	1.44
	No (N= 338)	64	36	1.79 : 1	
Number of sex crimes (mean)		0.2	0.1		
Substance Abuse****					
None	(N= 316)	54	46	1.18 : 1	
Alcohol	(N= 64)	83	17	4.81 : 1	
Drugs	(N= 21)	67	33	2.00 : 1	
Both	(N= 22)	82	18	4.49 : 1	
Relationship to Victim (Dichotomous)	Extrafamilial (N= 181)	64	37	1.74 : 1	1.24
	Intrafamilial (N= 293)	58	42	1.40 : 1	
Relationship to Victim**** (breakdown)					
Biological parent	(N= 59)	41	59	0.69 : 1	
Adoptive parent	(N= 5)	80	20	4.00 : 1	
Stepparent	(N= 54)	76	24	3.15 : 1	
Mother's boyfriend	(N= 62)	48	53	0.90 : 1	
Uncle	(N= 14)	68	32	2.10 : 1	
Grandparent	(N= 19)	58	42	1.38 : 1	
Sibling	(N= 8)	88	13	7.00 : 1	
Other relative	(N= 22)	67	33	2.00 : 1	
Acquaintance	(N= 122)	68	33	2.08 : 1	
Service provider	(N= 24)	50	50	1.00 : 1	
Stranger	(N= 15)	67	33	2.00 : 1	
Other	(N= 20)	50	50	1.00 : 1	

Note: Preliminary analysis was restricted to cases with single victims and single perpetrators.

+ p<.10 * p<.05 ** p<.01 *** p<.001 **** p<.0001

There was also a trend toward associating acceptance for prosecution with a prior criminal record and a trend toward prosecuting female perpetrators less often than males.

Nature and Severity of Abuse

Several indices of the severity of the abuse were significantly related to the decision to prosecute (see Table 3.8). Abuse of longer than one month's duration, use of force, and severity of abusive acts increased the likelihood of prosecution. Cases involving multiple incidents showed trends toward greater prosecution. Of types of alleged abuse, only oral-genital contact significantly increased the likelihood of prosecution. Moreover, when oral-genital contact was the most severe form of abuse, a much higher proportion of cases were prosecuted than if the most severe abuse was another type, including penetration. Cases with penetration were as likely to be prosecuted as those without.

Alcohol use during the incident was significantly related to acceptance for prosecution. This finding may reflect the severity of incidents perpetrated under the influence of alcohol or perpetrators' claims of alcohol use as a defense; alternatively, alcohol use may be more frequently detected in accepted cases because they are more thoroughly investigated than declined cases. There was a trend toward relating the location of abuse in the home of a child's relative (other than the perpetrator) to acceptance for prosecution.

Case Reporting and Substantiation

Several characteristics of case reporting and substantiation were related to acceptance for prosecution (see Table 3.9). When a family member, friend, or acquaintance was the first person notified about the abuse, cases were more likely to be prosecuted than if the first person notified were affiliated with an institution. When social service departments were the first government agency notified, about half of cases were prosecuted as opposed to two-thirds of cases when law enforcement agencies were notified first. In Erie County, the only site in which social services regularly referred cases for prosecution, cases referred by law enforcement to the prosecutor were much more likely to be prosecuted than cases referred by social service departments. The nature of the relationship between case reporting and the decision to prosecute will be investigated further in subsequent data analyses. The possibility that these relationships reflect differences in case mix is quite real. For example, in cases in which a member of an institution is notified first rather than a family member, the nature of the relationship between the child and the perpetrator is likely to differ. Similarly, cases in which a social service department is notified first may be more likely to involve intrafamilial perpetrators than other cases.

Cases referred to prosecutors' offices promptly after being reported were more likely to be accepted than cases referred less promptly. For example, 73 percent of cases that were referred within one week after being reported were accepted, as compared to 51 percent that were referred within 2 months and 40 percent that were referred within 3 months.

Table 3.8
Relationship of Abuse Characteristics to Acceptance
for Prosecution in the Prospective Abstraction Sample

Characteristics		(N=431)	Prosecutor Percent Accepted	Decision Percent Declined	Odds of Acceptance	Odds Ratio
Types of Abuse						
Penetration (excludes digital- vaginal)	Yes	(N= 156)	58	42	1.36 : 1	0.83
	No	(N= 269)	62	38	1.64 : 1	
Oral genital*	Yes	(N= 121)	69	31	2.27 : 1	1.72*
	No	(N= 304)	57	43	1.32 : 1	
Digital-vaginal	Yes	(N= 129)	63	37	1.69 : 1	1.15
	No	(N= 296)	60	41	1.47 : 1	
Other	Yes	(N= 330)	62	38	1.64 : 1	1.36
	No	(N= 95)	55	45	1.21 : 1	
Most Severe Abuse*						
Penetration (excludes digital-vaginal)		(N= 156)	58	42	1.36 : 1	
		(N= 68)	77	24	3.26 : 1	
	Oral genital					
	Digital-vaginal	(N= 58)	57	43	1.33 : 1	
Other		(N= 135)	57	43	1.33 : 1	
Use of Force[†]						
None		(N= 227)	56	45	1.25 : 1	
Threat of force		(N= 34)	62	38	1.62 : 1	
Mild force		(N= 141)	67	33	2.00 : 1	
Violent force		(N= 21)	76	24	3.20 : 1	
Use of Force* (Dichotomous)	Yes	(N= 197)	67	34	1.99 : 1	1.59*
	No	(N= 227)	56	45	1.25 : 1	
Use of Weapon	Yes	(N= 11)	64	36	1.75 : 1	1.15
	No	(N= 412)	60	40	1.53 : 1	

Table 3.8 (continued)

Characteristics		(N=431)	Prosecutor Percent Accepted	Decision Percent Declined	Odds of Acceptance	Odds Ratio
Number of Incidents ⁺	Multiple incidents	(N= 242)	64	36	1.76 : 1	1.24 ⁺
	Single incidents	(N= 182)	56	40	1.41 : 1	
Number of incidents (median)			1	1		
Number of incidents (mean)			4.2	2.5		
Duration of Abuse						
1 month or less		(N= 235)	57	43	1.33 : 1	
2 to 6 months		(N= 45)	73	27	2.75 : 1	
7 to 12 months		(N= 20)	65	35	1.86 : 1	
More than 1 year		(N= 114)	65	35	1.85 : 1	
Number of months (median) ⁺ (cases greater than 1 incident)			12	4		
Duration of Abuse (Dichotomous) [*]	Less than 1 month	(N= 235)	57	43	1.33 : 1	0.65 [*]
	More than 1 month	(N= 179)	67	33	2.03 : 1	
Alcohol Use During Incidents ^{***}	Yes	(N= 79)	78	22	3.48 : 1	2.82 ^{***}
	No	(N= 329)	55	45	1.24 : 1	
Drug Use During Incidents	Yes	(N= 36)	69	31	2.27 : 1	1.54
	No	(N= 386)	60	40	1.48 : 1	
Location of Abuse (all that apply)						
Victim's home	Yes	(N= 67)	57	43	1.31 : 1	0.83
	No	(N= 358)	61	39	1.58 : 1	
Perpetrator's home	Yes	(N= 139)	63	37	1.72 : 1	1.19
	No	(N= 286)	59	41	1.44 : 1	
Shared home	Yes	(N= 163)	60	41	1.47 : 1	0.94
	No	(N= 262)	61	39	1.57 : 1	
School/day care	Yes	(N= 9)	56	44	1.25 : 1	0.81
	No	(N= 416)	61	39	1.54 : 1	

Table 3.8 (continued)

Characteristics		(N=431)	Prosecutor Decision		Odds of Acceptance	Odds Ratio
			Percent Accepted	Percent Declined		
Relative's home ⁺	Yes	(N= 13)	85	15	5.49 : 1	3.71 ⁺
	No	(N= 412)	60	40	1.48 : 1	
Other	Yes	(N= 59)	66	34	1.95 : 1	1.32
	No	(N= 366)	60	40	1.48 : 1	

Note: Preliminary analysis was restricted to cases with single victims and single perpetrators.

+ p < .10 * p < .05 ** p < .01 *** p < .001 **** p < .0001

Curiously, fairly high percentages of cases referred after 3 months were accepted, but small sample sizes make this result difficult to interpret. These results may also be a function of the nature of cases that require longer investigations.

Nature of Prosecution Evidence

Case abstractors coded the nature of the evidence available to prosecutors, and the relationship of this evidence to acceptance for prosecution was examined (see Table 3.9). These relationships, which varied considerably among sites, will be explored in a future analysis. The analyses reported here examine whether particular types of evidence, considered in isolation, were significantly related to acceptance for prosecution.

Relationships between certain types of evidence and increased odds of acceptance were substantial. Almost 90 percent of cases were accepted when physical evidence was present, but under 60 percent when it was absent. When fresh complaint or excited utterance evidence was available, which only applied to Ramsey and San Diego Counties, over 80 percent of cases were prosecuted but under 60 percent when it was not. Confession by the perpetrator was highly related to the decision to prosecute: 90 percent of cases were prosecuted when it was present, compared to just under half when it was not. It was not always possible in this sample, however, to determine if the confession came before or after the decision to prosecute, so these data do not necessarily suggest that confession "predicts" acceptance for prosecution.

Although the reliance on victim interview evidence may truly influence prosecutors to decline a case, this negative association may be confounded by the fact that the two sites (Erie and Polk Counties) that were rated as relying on victim interview evidence in a large number of cases also had somewhat lower prosecution rates. It should be noted that differences between sites in the proportion of cases relying on victim interview evidence may simply reflect site differences in record-keeping or case abstraction practices, not differences in case processing. The relationship between victim interview evidence and acceptance for prosecution will be examined in future analyses.

Summary and Discussion

A number of factors were related to the decision to accept a case for prosecution. Children in accepted cases were older than children in declined cases. Caucasian perpetrators were more likely to be prosecuted than African-American or Hispanic perpetrators. Only a minority of fathers and mothers' boyfriends were prosecuted, compared to 50 percent or more in every other category of perpetrator relationship to victim. Several indices of severity of abuse were significantly related to acceptance for prosecution. When the presence or absence of specific forms of abuse were examined, it was found that only allegations of oral-genital contact were significantly related to the decision to prosecute. Substance abuse generally and alcohol use during the incident were significantly related to acceptance, although this may reflect the effects of prosecution on the type of information that perpetrators or investigators produce about an incident.

Table 3.9
Relationship of Case Characteristics to Acceptance
for Prosecution in the Prospective Abstraction Sample

Characteristics	(N=431)	Prosecutor Decision		Odds of Acceptance	Odds Ratio
		Percent Accepted	Percent Declined		
Child Disclosed	Yes (N= 357)	62	38	1.60 : 1	0.99
	No (N= 55)	62	38	1.62 : 1	
First Person Notified*					
Family	(N= 240)	62	38	1.64 : 1	
Friend/acquaintance	(N= 54)	78	22	3.50 : 1	
Institution	(N= 89)	53	47	1.12 : 1	
First Government Agency Notified**					
Social services	(N= 170)	51	49	1.02 : 1	0.52**
Law enforcement	(N= 248)	67	34	1.99 : 1	
Time From Last Incident to Report					
Within 1 week	(N= 200)	65	35	1.86 : 1	
Within 1 month	(N= 68)	65	35	1.83 : 1	
Within 2 months	(N= 30)	60	40	1.50 : 1	
Within 3 months	(N= 12)	67	33	2.00 : 1	
Within 6 months	(N= 24)	54	46	1.18 : 1	
Within 1 year	(N= 18)	56	44	1.25 : 1	
More than 1 year	(N= 34)	68	32	2.09 : 1	
Number of days (median)		6	7.5		
Number of days (mean)		98.1	84.0		
Agency Referring to Prosecution***					
Social services	(N= 26)	35	65	0.53 : 1	0.32**
Law enforcement	(N= 399)	62	38	1.65 : 1	

Table 3.9 (continued)

Characteristics	(N=431)	Prosecutor Decision		Odds of Acceptance	Odds Ratio	
		Percent Accepted	Percent Declined			
Time From Report to DA Referral[™]						
Within 1 week	(N= 114)	73	27	2.68 : 1		
Within 1 month	(N= 154)	60	40	1.53 : 1		
Within 2 months	(N= 83)	51	49	1.02 : 1		
Within 3 months	(N= 30)	40	60	0.67 : 1		
Within 6 months	(N= 16)	75	25	3.00 : 1		
Within 1 year	(N= 3)	67	33	2.00 : 1		
More than 1 year	(N= 3)	67	33	2.00 : 1		
Number of days (median) ^{**}		14	24			
Number of days (mean) ^{**}		29.0	34.5			
Medical Exam	Yes	(N= 186)	62	38	1.65 : 1	1.06
	No	(N= 238)	58	37	1.56 : 1	
Time From DA Referral to DA File Opened^b						
Within 1 week	(N= 322)	63	37	1.68 : 1		
Within 1 month	(N= 60)	52	48	1.07 : 1		
Within 2 months	(N= 13)	69	31	2.25 : 1		
Within 3 months	(N= 4)	50	50	1.00 : 1		
Within 6 months	(N= 3)	67	33	2.00 : 1		
Number of days (median)		0	0			
Number of days (mean)		5.8	6.6			
Nature of Prosecution Evidence (all that apply)						
Physical ^{***}	Yes	(N= 37)	89	11	8.26 : 1	6.01 ^{***}
	No	(N= 382)	58	42	1.38 : 1	
Medical	Yes	(N= 47)	65	35	1.83 : 1	1.29
	No	(N= 286)	59	41	1.42 : 1	
Psychological	Yes	(N= 47)	65	35	1.86 : 1	1.30
	No	(N= 299)	59	41	1.43 : 1	

Table 3.9 (continued)

Characteristics		(N=431)	Prosecutor Decision		Odds of Acceptance	Odds Ratio
			Percent Accepted	Percent Declined		
Fresh complaint ^{****}	Yes	(N= 68)	82	18	4.68 : 1	3.62 ^{****}
	No	(N= 351)	56	44	1.29 : 1	
Eyewitness*	Yes	(N= 65)	74	26	2.82 : 1	2.02*
	No	(N= 354)	58	42	1.39 : 1	
Confession ^{****}	Yes	(N= 135)	90	10	9.42 : 1	10.83 ^{****}
	No	(N= 284)	47	54	0.87 : 1	
Victim interview*	Yes	(N= 219)	56	44	1.26 : 1	0.65*
	No	(N= 200)	66	34	1.94 : 1	

^b Chi square test results are not valid on this contingency table because of excessive small expected frequencies.

Note: Preliminary analysis was restricted to cases with single victims and single perpetrators.

⁺ p < .10 * p < .05 ** p < .01 *** p < .001 **** p < .0001

Several characteristics of case reporting and substantiation were related to higher rates of acceptance for prosecution, including initial notification of a person known to the victim versus an institution, initial notification of law enforcement rather than social services, and promptness of referrals to prosecution after reporting. The presence of several types of evidence was related to the decision to prosecute, especially perpetrator confession, physical evidence, and fresh complaint or excited utterance evidence. The coding of victim interview evidence was associated with a greater likelihood of declining a case for prosecution, although this may be an artifact of site differences in case record abstraction or record keeping.

The greater likelihood that cases with older child victims were prosecuted is consistent with previous research.⁴⁹ It appears that prosecutors are much less willing to accept cases involving preschoolers, although the extent to which this reflects the nature of the crime, the quality of evidence, or concern about the child victim is unclear. The finding that cases involving teenaged victims were as likely to be prosecuted as cases involving 7- to 12-year-old children contradicts Finkelhor's finding that these cases were less likely to be prosecuted.⁵⁰ This may reflect changes in societal attitudes during the approximately 10 years between the two studies, or may be specific to the sites involved in our study.

The finding that a minority of biological fathers and mothers' boyfriends were prosecuted while majorities were prosecuted in most other categories is consistent with, but more specific than, Finkelhor's finding that extrafamilial cases were more likely to be prosecuted than intrafamilial cases.⁵¹ It is hard to compare these findings to the ABA study's finding that parents were less likely to be prosecuted than non-parents⁵² because the ABA study did not distinguish between biological parents and step-parents. The lower prosecution rates for biological fathers and mothers' boyfriends may be related to the nature of their relationship with the child's mother, whose support may be crucial for successful prosecution. This, however, fails to explain higher prosecution rates for stepfathers. There was only a trend toward higher prosecution rates for perpetrators with a prior criminal record, which deviates considerably from Finkelhor's findings, where it was "one of the single best predictors of prosecution."⁵³

The relationship between severity of abuse and the likelihood of prosecution appears to be straightforward. The more heinous the case, the easier it is to gain conviction and therefore more likely the case will be accepted for prosecution. The statistical trend toward slightly greater prosecution of cases with multiple incidents is not as strong as the ABA study's finding that multiple incident cases were much more likely to be prosecuted.⁵⁴ The fact that penetration was unrelated to acceptance for prosecution is not easily explained, and contrasts with the ABA study's findings of much higher rates of prosecution for sodomy and intercourse.⁵⁵ The significant relationship between oral-genital contact and prosecution is similarly perplexing, as this category of abuse was not examined separately in the ABA study. Future analyses should examine a range of variables that may explain the relationship between type of abuse and prosecution, including age of child, perpetrator relationship to child, and frequency and duration of abuse. An interesting area of inquiry is prosecutors' assessment of the credibility of allegations of different types of abuse in jury trials.

The explanation for the association of reports of substance and alcohol abuse during abusive incidents with acceptance for prosecution is unclear. It may reflect an effect of alcohol use on the nature of the victimization, or it may reflect greater attention to the issue of alcohol use during the alleged incident once a case is accepted. The finding suggests that the role of substance abuse in the incidence of child sexual abuse and in the treatment of the sexual offender deserves further research.

The relationship of several case reporting and substantiation variables to acceptance for prosecution suggests that *how* a case is handled may play a crucial role. It is unclear why cases that are disclosed to institutional personnel are less likely to be prosecuted than other cases, but it may be related to maternal support for the victim. The association between the involvement of social services and cases being declined is consistent with previous research.⁵⁶

The findings on evidence are only suggestive at this point. They appear to indicate that, despite legal innovations to make victim testimony more useful to prosecutors, the availability of victim testimony is not related to acceptance for prosecution. Acceptance is instead associated with fresh complaints or excited utterances and with more traditional forms of evidence, for example, confessions and physical and eyewitness evidence. The difficulty, of course, is that some of these types of evidence are available in only small numbers of cases (e.g., in this sample, physical evidence, 9 percent; eyewitness evidence, 15 percent).

Many of the findings of the analysis of the prospective abstraction sample are similar to the findings of the retrospective analysis of data from two years earlier in two sites (see Appendix B of the supplement). This suggests that a number of findings were reliable over time, at least in Polk and San Diego Counties. The following findings from the reduced retrospective sample analysis were consistent with findings from the analysis of the prospective abstraction sample:

- Cases involved severe abuse.
- Several indices of severity were significantly related to acceptance for prosecution, including the type of abuse.
- Allegations of penetration were not significantly related to acceptance for prosecution, but allegations of oral-genital contact were, and cases were more likely to be accepted if oral-genital contact was the most severe abuse alleged.
- Both perpetrator substance abuse and alcohol use during sexual abuse incidents were significantly related to acceptance for prosecution.
- Perpetrator confession was highly related to acceptance for prosecution.

Several differences existed between the findings of the reduced retrospective sample and the prospective sample, but further analyses are needed to disentangle the effects of actual changes in the sites as opposed to the effects due to the differences in the sites included in the two samples.

This analysis has shed some light on the nature of cases that are referred for sexual abuse prosecution. Preliminary examination of the relationship between case characteristics and the prosecutors' critical first decision to accept or decline a case for prosecution have been described, and a number of factors have been identified that relate to prosecutorial decision making.

Chapter Four: The Impact of the Courts on Children

Design Overview

A major goal of the Child Victim as Witness Research and Development Program has been to characterize the impact of the court process on children through direct interviews with children and their parents. The child component of the study was a cohort study in which allegedly sexually abused or sexually assaulted children were interviewed immediately upon the referral of their case for prosecution. They were interviewed again nine months later. Standard measures with known validity and reliability were used to assess the children's mental health status. At the follow-up interview we also obtained data about all court-related experiences, therapy, and residence changes that had occurred in the interim. Our strategy was to examine differences in the pattern of resolution of mental distress in the children as a function of the investigation, court proceedings, and therapeutic efforts made in each case.

Subjects

In general, all sexually abused children, aged 4 to 17 years, reported to the prosecutors' offices in the 4 study counties over a 16 to 18 month period ending on December 15, 1989, were eligible for inclusion. In one county, San Diego, the sample was restricted to an upper age of 13 years for the first 4 months for procedural reasons, and then expanded to 17 years when it became apparent that the number of cases to be enrolled was going to be smaller than projected. Exclusion criteria included parental or child refusal to consent to the study, inability of the parent to understand the consent process, or inability of the child to understand the interview questions. All study procedures were approved by Institutional Review Boards (IRB's) either at the local site, or in the case of Des Moines where no local IRB was available, by the IRB at the University of North Carolina. Informed consent was obtained from each parent or guardian and from children over age 11 in Polk and Erie Counties and children over age 7 in Ramsey and San Diego Counties. Records were maintained of refusals so the study subjects could be compared to those refusing participation.

Despite the selection of sites with large urban centers that could provide access to large samples, actual recruitment of subjects proceeded much slower than anticipated. We extended the recruitment phase from 12 to 18 months (June 1988 through December 1989) which resulted in a sample of 289 subjects. Reasons for the relatively small sample included parental refusals (33 percent), inability to locate referrals (e.g., no phones, unlisted numbers, changed addresses, no response to letters) in 23 percent of the cases, and a 7-percent "repeat no-show" rate.

Procedures

The cooperation of the county or state social service department, the police or sheriff's department, and the prosecutor's office was elicited in each jurisdiction. Children were identified as early as possible after referral to the prosecutor's office. Prosecutorial records were reviewed weekly to obtain the names and addresses of victims. When possible, old addresses were updated from social service records. An introductory letter was mailed to the child's parent or guardian, followed by a telephone call from the interviewer who further described the study and invited the parent and child to participate. Interviews were generally conducted in university offices, in child advocacy organizations affiliated with children's hospitals, in nongovernmental family services offices, or in the child's residence. Specially trained interviewers with experience in the area of child mental health were used. The parent and child were paid a combined fee of approximately \$20 for the initial interview, which lasted from 60 to 90 minutes.

The families were contacted again 8 to 9 months later for the second interview and a return appointment was made. At this time, we invited mothers of the victims to participate in an ancillary and separately funded study of maternal support to identify factors that influence a mother's support of her sexually abused child, the effects of her support on the child, and the institutional responses to the abuse. If the mother consented, we conducted an assessment using two interviewers; one interviewed the child while the other interviewed the mother separately. The child's interview was essentially a reassessment using the same instruments employed in the first, the only difference being the substitution of an interventions questionnaire for the earlier background summary. The child's second interview was reimbursed at the same rate as the initial interview, while the mothers were reimbursed \$40 for their participation in the maternal support study.

The interview data were then merged with the legal record data collected by EDC's case abstractors to create a combined analysis file.

Measures

Finkelhor and Browne⁵⁷ have proposed that the traumagenic dynamics (or trauma-causing factors) of sexual abuse can be conceptualized as: traumatic sexualization, stigmatization, betrayal, and powerlessness. It has been suggested that societal interventions, such as criminal court involvement, may continue to traumatize child victims with similar dynamics, or if implemented with care and sensitivity, may begin to decrease sexual problems, enhance self-esteem, empower the child, and restore feelings of trust.⁵⁸ Instruments to measure significant aspects of these factors were selected and administered to the children shortly after the disclosure of the purported sexual abuse, and again nine months later. While trauma related to the abuse and other pre-existing conditions would be captured in the initial assessment, we would be able to look at symptom resolution or exacerbation during the followup interview and relate the degree of change to intervening events.

The battery of assessment measures varied by child's grade with separate, but overlapping protocols for preschool through kindergarten, grades 1 and 2, grades 3 to 6, and grades 7 to 12. Table 4.1 lists the measures selected for the initial and followup interviews.

The primary measure of child mental health functioning for the study was the *Child Assessment Schedule (CAS)*,⁵⁹ a semi-structured psychiatric interview with considerable psychometric evidence attesting to its interrater reliability,^{60 61 62 63} test-retest reliability,⁶⁴ and validity.^{65 66} It was administered to children in the third grade or higher at the initial and follow-up interviews. Dr. Kay Hodges, the principal developer of the CAS, trained the interviewers in administration and scoring. This child-friendly measure consists of 189 questions with standardized probes, organized in content areas, including school, friends, activities, fears, worries, self-image, family, somatic complaints, mood, and conduct disorder. It is possible to generate a total psychopathology score, as well as scores for the various content areas, and scores for symptom scales such as depression and anxiety, which are derived from items embedded within the content scales. The original instrument was supplemented with brief content areas on memories of abuse and future orientation. The format of the conduct disorders section was modified as well.

From the CAS, a number of subscales could be viewed as related to the traumagenic dynamics of sexual abuse or sexual abuse intervention. For example, the Self-image Scale could be conceptualized as related to stigmatization; the Fears, Anxiety, and Conduct Disorder Scales as related to powerlessness; and the Depression Scale as an indicator of feelings of betrayal. It is important to note, however, that there is not a one-to-one correspondence between the postulated dynamics and effects on child mental health. For example, feelings of betrayal by a trusted adult may be an important dynamic underlying a child's depression, but feelings of stigmatization and powerlessness could also contribute to depressive symptomatology.

Table 4.1

Summary of Child Assessment Measures

<u>DOMAIN</u>	<u>RESPONDENT</u>	<u>INSTRUMENT</u>
Demographics, Family Problems	Parent	Background Summary
Child's Verbal Intelligence	Child (ALL)	PPVT-R
Maternal Support	Child/Parent	PRADS
Child's Mental Health Status		
Global Functioning	Parent (ALL) Parent (4-5 y.o.) Child (8-17 y.o.)	CBCL-P Preschool Behavior Checklist CAS
Traumatic Sexualization	Parent (4-11 y.o.) Child (12-17 y.o.)	Child Sexual Behavior Inv. Adolescent Sexuality Inventory
Stigmatization	Child (4-17 y.o.) Child (8-17 y.o.)	Perceived Competence Scales CAS Self-Concept Scale CAS Depression Scale
Powerlessness	Child (6-17 y.o.) Child (8-17 y.o.)	Nowicki-Strickland CAS Fears/Anxiety Scale CAS Conduct Disorder Scale CAS Depression Scale
Betrayal	Child (8-17 y.o.)	CAS Depression Scale
Legal/Social Interventions	Parent/Child (ALL)	Interventions Stressors Inven.

The *Child Behavior Checklist-Parent Form (CBCL-P)* was administered to the childrens' caretakers.⁶⁷ This measure examines child mental health through parent report. It has been used extensively in prior child sexual abuse research. We have examined this instrument's performance previously and raised concerns about its use, as well as the use of *all* parent reports, in studies of parental maltreatment.⁶⁸ However, it is one of a small number of instruments that can be used to assess functioning in the very young child, as well as functioning across a broad age range of children (4 to 17 years old). Aside from the Peabody Picture Vocabulary Test-Revised, it is the only measure we were able to use with every child in our sample. To supplement the CBCL-P report on young children, we used Richman and Graham's *Preschool Behavior Checklist*,⁶⁹ a 20-item checklist focusing on behavior problems in younger children.

The *Peabody Picture Vocabulary Test-Revised (PPVT-R)*,⁷⁰ a short, well-studied measure of receptive vocabulary, was used as a gross measure of cognitive functioning because of evidence that vocabulary is one of the best single predictors of IQ.

Purcell et al. assessed traumatic sexualization in children from 4 to 12 years of age with the *Child Sexual Behavior Inventory*.⁷¹ This 35-item parent report is used to measure the sexualization of the children, by comparing sexual behavior scores to those of a normative sample of 880 children. Children older than age 12 completed the *Adolescent Sexuality Inventory*, which we developed to assess past and current sexual activity as well as attitudes toward physical intimacy and sexuality, at the follow-up assessment.

Powerlessness may be manifested in anxiety, acting out, and attributing control of reinforcements to external sources. We used the *Children's Nowicki-Strickland Internal-External Scales* (CNSIE; separate forms for grades 1 through 6 and 7 through 12)⁷² to assess the children's locus of control. When individuals perceive that occurrences in their lives are the result of luck, fate, or under the control of powerful others, they have a more external locus of control. On the other hand, if they believe that events are contingent upon their behavior and relatively permanent characteristics, they have internal control. Research suggests that locus of control becomes more internal with age, and the CNSIE provides age norms for this process. Other possible manifestations of a sense of powerlessness were assessed by the CAS fears and anxiety and conduct disorder subscales.

Stigmatization refers to negative connotations (e.g., badness, shame, and guilt) that are communicated to the child and become incorporated in the child's self-concept.⁷³ In addition to the self-concept scale on the CAS (grades 3 to 12), we used the *Harter Perceived Competence Scale for Children*,⁷² a differentiated measure of self-concept for grade 3 and above, and *The Pictorial Scale of Perceived Competence*,⁷³ a downward extension of the same measure for preschool to kindergarten and grades 1 and 2.

At the followup interview, we collected data from children and caretakers concerning the number and extent of investigative interviews experienced by the child; the number of medical and psychological exams included in the investigation process; the number of court appearances required; the number of times the child had to testify in court; and whether the child or perpetrator changed residence as a result of the investigation. During the interview, children and caretakers were asked about the harshness of interviews, cross examinations, and other similar experiences. These data were coded and scored using the *Interventions Stressors Inventory* (ISI), a measure developed to quantify the relative stressfulness of post-disclosure interventions. We listed the major events of the intervention process, along with important modifying factors. We then asked experts with extensive experience with child sexual abuse victims to rate the relative stressfulness of these events and modifying factors compared to the stressfulness of an interview with a law enforcement officer, which was used as a touchstone and given the arbitrary weight of 50. The ratings of the experts were combined into geometric means allowing the assignment of specific weight to each type of experience. The resulting weights for events ranged from 35 for an interview with a social worker, to 110 for testimony in criminal court, to 149 for returning the perpetrator to the child's home. Modifying events, such as the presence of the perpetrator at an investigatory interview, were rated as greatly increasing stress (in the aforementioned event, by 108 points) or decreasing stress (e.g., stress score for presence at a court hearing is

decreased by 17 points if the child is debriefed following the hearing). The development of the ISI is described in greater detail in the supplement.

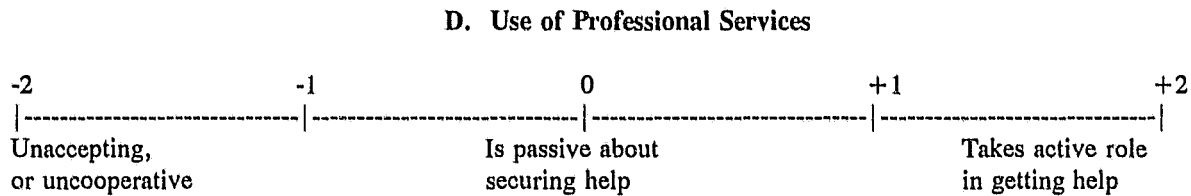
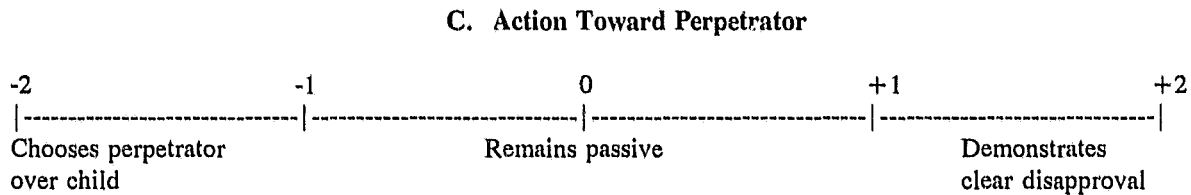
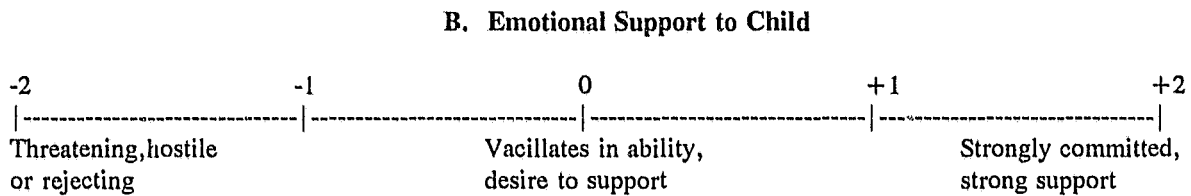
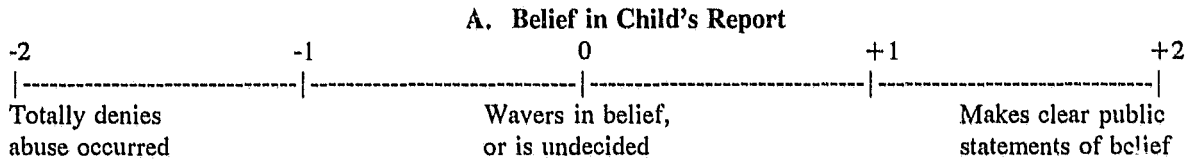
As maternal support of the child victim has been shown to be a significant mediating influence, we modified our previously published scale of parental support for use in this study. The modified scale, the *Parental Reaction to Abuse Disclosure Scale (PRADS)*,⁷⁴ was scored by the interviewer after she asked the mother and child a series of structured questions about the mother's initial and subsequent reactions to the alleged sexual abuse of her child. As displayed in Table 4.2, the PRADS comprises four subscales: belief in child's report, emotional support offered to child, action toward perpetrator's behavior, and use of professional services. Each subscale can be rated from -2 (least supportive) to +2 (most supportive), with the total scale score ranging from -8 to +8. A previous version of this scale performed quite well in categorizing mothers by their degree of support and predicted the level of agreement between a mental health instrument administered directly to children (the CAS) and an instrument completed by adults (the CBCL-P).

Training and Scoring

Site interviewers were assembled for training in the interview process before the study began. Reliability of the CAS, the only instrument requiring interviewer judgment in scoring, was assessed by asking each interviewer to arrange for videotaping three CAS administrations which were scored by all examiners. Intraclass correlation coefficients were calculated to assess reliability and were quite good with a range between .69 to .81. Interview data were checked for consistency and completeness as well as interpretation of responses by one of the authors; the majority of the interviews were audiotaped as a part of this process. The interviewers received feedback about the problems noted in scoring and conducting the interviews.

Table 4.2

The Parental Reaction to Abuse Disclosure Scale (PRADS)



Analysis

A file was compiled of the summary scale scores of the psychological instruments as well as demographic and intervention data. Simple descriptive statistics were generated for the interviewed sample as well as for sample subgroups. The file was analyzed to examine differences between major subgroups of children—intrafamilial and extrafamilial victims, male and female victims, age groupings, and race. Change scores representing the difference between the initial and follow-up assessments were calculated for the measures of mental health functioning. Stratified analyses comparing important subgroupings of children by change score were followed by linear and logistic modeling procedures offering simultaneous control for potentially confounding variables.

These analyses represent the first, preliminary analyses to be conducted on this large and comprehensive database.

Results

Two hundred and eighty-nine children were enrolled in the study in the four counties. We interviewed 256 of these subjects a second time for a follow-up rate of 89 percent. The initial sample is compared to the final sample in Table 4.3 for descriptive purposes only. The children who returned for followup did not differ significantly from those who dropped out of the study in demographic characteristics, abuse characteristics, or baseline scores on the measures of psychological functioning.

Intrafamilial Versus Extrafamilial Cases

Fifty-three percent of the children were victimized by family members and became involved in the child protective service system. In 47 percent of the cases a family member was not the alleged perpetrator and these children were not involved with social services. Table 4.4 presents a comparison of the intrafamilial and extrafamilial victims. There were proportionally more males in the extrafamilial group, but this difference was insignificant. Extrafamilial victims were significantly more likely to be older and to have been the victim of a single incident involving force.

Table 4.4

Intrafamilial Versus Extrafamilial Abuse Victims at Time 2

<u>Characteristic</u>	<u>Intrafamilial</u>		<u>Extrafamilial</u>		significance
	N	%	N	%	
Grade at Interview					
Preschool-Kindergarten	23	16.9%	13	10.8%	
1-2	32	23.5%	14	11.7%	
3-6	46	33.8%	44	36.7%	
7-12	35	25.7%	49	40.8%	p = .01
Gender (% female)	136	86%	120	77.5%	
Race (% nonwhite)	136	35.3%	120	27.5%	
Mother's Ed. (> H.S.)	132	51.5%	116	52.6%	
Penetration (penile/digital)	136	62.5%	120	67.5%	
Use of Force or Threat	136	37.5%	120	48.3%	
Duration (single incident)	132	22.7%	120	50.4%	
(> 1 year)		40.2%		15.1%	p = .000

Surprisingly, intra- and extrafamilial victims did not differ in initial overall maternal support scores, but closer examination revealed significant differences in each maternal support subscale (Table 4.5). As might be expected, mothers of the intrafamilial victims indicated less willingness to believe the allegation of sexual abuse against another family member and were less likely to demonstrate disapproval of the perpetrator. Intrafamilial mothers, however, were perceived to be more emotionally supportive of their victimized children and more willing to seek out and use services to help the child and family. By the time of the

Table 4.5

Initial and Followup Scores by Intrafamilial and Extrafamilial Abuse

Characteristic	Intrafamilial			Extrafamilial			Sig.
	N	mean	SD	N	mean	SD	
TIME 1							
PPVT (verbal IQ)	134	93.6	15.6	118	89.40	17.5	p=.04
PRADS-total score	110	3.65	3.3	100	3.54	2.8	
PRADS-belief	110	1.13	.9	100	1.39	.7	p=.03
PRADS-disapprove perp	110	1.01	1.1	100	1.30	.7	p=.025
PRADS-emotional support	110	.58	1.0	100	.32	.9	p=.06
PRADS-services	110	.93	.9	100	.51	.9	p=.002
CBCL-P-P Behavior Scale	134	64.00	10.3	119	63.7	12.4	
Nowicki-Strickland (1-6)	75	8.87	3.2	56	8.61	3.4	
Nowicki-Strickland (7-12)	35	7.09	2.4	47	8.68	3.8	p=.02
Child Sex'l Beh'v'r Inv	100	8.22	9.3	71	5.55	6.1	p=.025
CAS Global Pathology	81	45.40	17.6	91	49.1	19.6	
CAS Physical Complaints	81	4.12	2.89	91	4.57	2.86	
CAS Conduct Disord Scale	81	5.80	3.4	91	7.20	4.1	p=.014
CAS Family Problems	81	7.23	4.4	91	6.65	4.0	
TIME 2							
PRADS-total score	130	4.01	3.8	120	4.6	2.7	
PRADS-belief	130	1.34	1.1	120	1.58	.7	p=.034
PRADS-disapprove perp	130	1.21	1.2	120	1.74	.6	p=.0001
PRADS-emotional support	130	.58	1.0	120	.55	.9	
PRADS-services	130	.88	1.1	120	.69	1.1	
CBCL-P-P Behavior Scale	135	63.00	9.6	119	62.70	11.0	
Nowicki-Strickland (1-6)	76	7.80	3.5	56	7.90	3.7	
Nowicki-Strickland (7-12)	36	6.25	3.7	45	7.09	3.4	
Child Sex Behavior Inv.	100	5.67	8.3	72	5.10	6.1	
CAS Global Pathology	81	37.50	17.3	88	40.70	20.9	
CAS Physical Complaints	81	2.97	2.3	88	3.72	2.7	p=.06
CAS Conduct Disord Scale	81	5.78	3.6	88	6.89	4.2	p=.06
CAS Family Probs Scale	81	6.42	3.9	88	4.98	3.7	p=.02

followup, these latter two differences had disappeared, although intrafamilial mothers were still ranked lower in the more perpetrator-related subscales.

As shown in Table 4.5, extrafamilial victims had a higher conduct disorder score on the initial CAS, a characteristic that may have preceded the victimization. The initial degree of distress, manifested on the CAS global score and the CBCL-P, is not significantly different

between the two groups of victims despite the difference in perpetrators and the differences in duration of the abuse. The increased frequency of penetration and the threat of force may have offset the shorter duration of abuse for extrafamilial victims. The extrafamilial adolescents in the sample had a more external locus of control than their intrafamilial counterparts at intake, although their locus of control at follow-up was not significantly different. This finding, along with the higher conduct disorder scores at intake, offers evidence of increased feelings of powerlessness among children experiencing extrafamilial abuse. The intrafamilial victims appeared to be more sexualized at baseline which may reflect the longer duration of the abuse. Again, at followup the difference in Child Sexual Behavior Inventory score was no longer significant.

Male Versus Female Victims

Comparisons of the characteristics of the male and female victims revealed few differences (see Table 4.6). Demographically, there were proportionately more males who were white, as opposed to minority race. The only abuse characteristic that differed was type of abuse: females experienced more penetration. With the exception of CAS conduct disorder, where male victims scored higher than females at the first and second assessment ($p=.023$ and $p=.005$, respectively), there were no clear gender differences on the psychological measures at followup. The conduct disorder difference was further supported by observations of significantly higher CBCL-P behavior problems and significantly lower "conduct self-esteem" (Harter) for boys at the followup.

Table 4.6

Demographic and Abuse Characteristics of Female and Male Victims at Time 2

<u>Characteristic</u>	<u>Female</u>		<u>Male</u>		<u>Sig.</u>
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	
Grade					
PK	29	13.8%	7	15.2%	
1-2	35	16.7%	11	23.9%	
3-6	78	37.1%	12	26.1%	
7-12	68	32.4%	16	34.8%	
Intrafamilial	210	55.7%	46	41.3%	$p=.076$
Race (% nonwhite)	210	34.8%	46	17.4%	$p=.02$
Mo's Educ (>HS)	203	51.0%	45	48.9%	
Penetrat'n (Pen/Dig)	210	69.0%	46	45.7%	$p=.003$
Use of Force/threat	210	42.9%	46	41.3%	
Duration	208		43		
(one incident)		35.6%		37.2%	
(> 1 year)		28.4%		27.9%	

Testimony

Seventy-five percent (193/253) of the children had their cases accepted for prosecution. Extrafamilial cases were more likely to be accepted for prosecution than intrafamilial cases (81.4 percent extrafamilial versus 69.6 percent intrafamilial, $p=.031$). Within prosecuted cases, about one-third (65) of the child victims testified. Fifteen children testified twice (5.9 percent) and only one child testified three times. Extrafamilial victims testified more than intrafamilial victims, perhaps because they tended to be older. Victims of extrafamilial abuse cases testified in 45 percent of prosecuted (44/97) cases, while only 22 percent (21/95) of the victims in prosecuted intrafamilial cases testified ($p=.0000$).

More detailed breakdowns revealed striking differences in testimony based on the child's relationship to the perpetrator: victims of biological parents testified in only 8 percent of the cases ($N=37$); children testified in 23 percent of cases involving a maternal boyfriend ($N=26$); when the perpetrator was an acquaintance, 39 percent of the victims testified ($N=80$); and when the assault was by a stranger, over 46 percent of the victims testified ($N=13$) ($p=0.002$). Mothers' residential boyfriends were included in the intrafamilial category; if they had been classified as extrafamilial, the differences in prosecution and testimony observed in these two categories would have been even more dramatic.

Relationships between testifying and other demographic factors were explored. There was a major age effect: only 13.9 percent of preschool and kindergarten children and 11.1 percent of first- and second-grade children testified; whereas 24.7 percent of third through sixth graders, and 39.8 percent of the seventh through twelfth graders were called upon to testify ($p=.001$). Race, too, appeared to be related to testimony: 29.3 percent of white children testified, while only 17.7 percent of non-white children did so ($p=.051$). This result, however, is probably confounded with socioeconomic status (SES). SES, as measured by maternal education, appears strongly associated with testimony. Thirty-one percent of the children whose mothers have more than a high school education gave testimony, whereas children whose mothers had only a high school education or less testified in only 19 percent of the cases ($p=0.03$).

By contrast, victim gender demonstrated no significant relationship to testimony. Similarly, the nature of the sexual abuse was unrelated to likelihood of testifying ($p>0.4$). However, the rate of testimony was 32.4 percent when force was used or threatened, compared to 20.7 percent when there was no force involved ($p=0.035$).

As demonstrated in Table 4.7, simple analyses of change in scores revealed that testimony had no significant effect on any of the psychological measures.

Table 4.7

Changes in Mental Health Measures for Children as a Function of Testimony

<u>Characteristic</u>	<u>Testified</u>		<u>No Testimony</u>		<u>p</u>
	<u>N</u>	<u>mean</u>	<u>N</u>	<u>mean</u>	
Change in CAS total score	54	-6.6	113	-9.3	0.32
Change in CBCL-P-P	64	-0.78	185	-1.21	0.73
Change in Sex Beh, Inv.	32	-1.0	135	-1.82	0.5
Change in N-S (1-6)	27	-1.0	100	-0.65	0.17
Change in N-S (7-12)	30	-1.0	47	-1.76	0.31
Change in Maternal Suppt (belief)	55	.03	150	.173	0.27

Intervention Stressors Inventory Data

To examine more carefully the impact of intervention on the children, including testimony, we developed the Intervention Stressors Inventory (ISI). The ISI provided an alternative method of describing a child's experiences with law enforcement, judicial, and social service interventions on a unitary dimension. The child's experiences were tabulated, and weights derived from expert judgments were assigned for each (a) investigative procedure, (b) adjudication process, (c) testimony experience, and (d) form of social service intervention (see supplement), and added for a total score. Summary scores by site are presented in Table 4.8. The sites varied significantly in mean *subscale* scores, confirming our qualitative observations of different methods of system response to sexual abuse in the four jurisdictions. However, the *total* Intervention Stressor scores for each site were remarkably similar.

Analyses examining the relationship between the ISI score(s) and child and case characteristics provided support for the validity of the method. At the same time, the analyses revealed some unexpected characteristics associated with more invasive investigations, greater numbers of adjudication proceedings, more detailed testimony experiences, and greater social service interventions.

Not surprisingly, age (grade) was significantly related to the ISI subscale for testimony: the oldest group had a testimony stress score of 68.5, while the mean score for the youngest was 15.67. Age was also related to the total score for each child. Children in grades 7 through 12 had a mean stress score of 270.73 (N=83); those in grades 3-6 had a mean score of 182 (N=90); and those in grades 1 and 2 and preschool to kindergarten had scores of 171.3 (N=45) and 156.7 (N=36) respectively (p=.013). Older children appeared to experience more frequent testimony and harsher and more lengthy cross-examinations.

Table 4.8

Intervention Stressors Inventory Scale Scores by Site

Site (N)	Inves ^o	Adjud [#]	Test	Soc serv	Total
San Diego (103)	65.8	48.4	42.4	44.65	201.25
Erie (78)	86.0	41.43	52.01	35.32	214.76
Ramsey (50)	107.58	17.92	26.43	53.83	205.76
Polk (23)	84.38	8.83	21.61	78.2	193.02

Key: Inves=investigation, Adjud=adjudication, Test=testimony, and Soc Serv=social service

^o site is predictive with a $p=.0140$ and $R^2=.0415$, (Tukey grouping San Diego and Ramsey are different from each other)

[#] site is predictive at $p=.0038$ and $R^2=.052$, (Polk and San Diego different by both Tukey and Sheffe)

Caucasian victims' subscale scores for testimony were nearly twice as high as those for minority race victims (47.7 vs. 24.1, $p=0.015$). Similarly, children whose mothers had more than a high school education had higher scores on this subscale than children of less educated mothers. Testimony scale scores were higher for extrafamilial cases (62.1 vs. 20.8, $p=.0001$).

Adjudication scores were higher for older children and children of unmarried mothers, and nearly twice as high in extrafamilial cases as intrafamilial cases (49.5 vs. 25.2, $p=0.0021$). As could be anticipated, the social services stressor score was three times higher for intrafamilial than extrafamilial cases (66.3 vs. 24.7, $p=.0001$). ISI investigation scale scores were also higher in cases in which force was used or threatened (93.4 vs. 73.3, $p=0.048$). The extent and nature of the investigation process, as scored by the ISI, was inversely correlated with change in the maternal support of the child, as shown in Table 4.9.

Neither gender, family income, nor type of abuse appeared to affect any of the subscales or total score for the ISI; no significant differences were observed in the estimated stress of the investigatory interviews, the adjudication, the testimony in court, or social service intervention.

Table 4.9

ISI Score Correlations with Age and Maternal Support

Intervention Stressors Inventory Score

<u>Variable</u>	<u>Investigation</u>	<u>Adjudication</u>	<u>Testimony</u>	<u>Soc. Serv.</u>	<u>Total Intervention</u>
Age	.1494	.1694	.2879	.1279	.3020
<i>p</i>	.017	.0068	.0001	.0417	.0001
Change in maternal suppt ($t_2 - t_1$)	-.2456	-.0817	-.0346	-0.1126	-0.1907
<i>p</i>	.0004	.2431	.62	.10	.006

Modeling to Assess the Impact of Intervention

Before proceeding with multivariate modeling, site differences in the nature of the abuse, race, use of force, type of abuse, and age of the perpetrator were examined. After controlling for baseline characteristics, we found *no* site-specific effects on the mental health functioning of the children.

Preliminary multivariate models were developed to examine the impact of the intervention process on the child's mental health. Models for the impact of the testimony experience are presented in Table 4.10. The models attempted to control for the relationship of the perpetrator (intrafamilial versus extrafamilial), the duration of the abuse, the nature of the abuse, the use of force, maternal support for the victim child, and the child's age, race, gender, and estimated IQ. The sample size for the small number of children in the preschool and kindergarten ages precluded extensive control for these potential confounding factors. Since different measures were used for children of different ages, we examined the dependent variables from the second interview with respect to presence or absence of testimony, the number of times each child testified, and the ISI testimony score.

In preliminary analyses, the ISI stress score for testimony appeared to perform better in predicting children's mental health status at the time of the followup interview than either the simple experience of testimony or the number of times that the child testified in all venues.

Table 4.10

Models for Impact of Testimony Controlling for Competing Influences

Dependent Variable: CAS total score-T. 2 Model R² =.21 p=0.0014
(N=160)

<u>Independent & Control variables</u>	<u>Beta</u>	<u>p</u>
ISI interview / investigation score	0.003	.87
ISI testimony score	0.053	.02 *
ISI adjudication score	-0.047	.12
ISI Soc Service Score	0.018	.27
Intrafamilial	-5.21	.12
Duration > 6 months	2.79	.40
Vaginal or rectal penetration	-0.77	.84
Oral /genital assault	1.78	.75
Force	1.85	.53
Maternal support (time 2)	-1.72	.0001
Race	-3.71	.34
Age	0.44	.47
Female	-1.72	.68
PPVT (estimated verbal IQ)	-0.90	.37

* When same model is tested with baseline CAS total pathology score as covariate the model R² is .538 with p<.0001. The testimony score loses significance (p=.22) but maternal support remains significant (p=.0123)

Dependent Variable: Child Behavior Checklist-Parent-T.2 Model R² =.514 p=0.0001
(N=237)

<u>Independent & Control variables</u>	<u>Beta</u>	<u>p</u>
CBCL-P at time 1	0.58	.0001
ISI interview / investigation score	0.011	.12
ISI testimony score	0.004	.61
ISI adjudication score	-0.016	.12
ISI Soc Service Score	0.009	.17
Intrafamilial	0.047	.97
Duration > 6 months	-0.515	.64
Vaginal or rectal penetration	0.517	.67
Oral /genital assault	4.89	.014
Force	0.617	.54
Maternal support	-0.262	.098
Black race	-1.16	.38
Age	0.015	.92
Female	-2.14	.11
PPVT (est. verbal IQ)	-0.068	.028

Dependent Variable: Preschool Beh'r Inventory-T.2 Model $R^2 = .477$ $p=0.00$
 (N=35)

<u>Independent & Control variables</u>	<u>Beta</u>	<u>p</u>
Pre Behav Inv- time 1	0.445	.0004
ISI interview/investigation score	-0.021	.021
ISI testimony score	-0.041	.01
ISI adjudication score	0.024	.012
ISI Soc Service Score	-0.0035	.64

Dependent Variable: Child Sexual Behavior Inv.-T.2 Model $R^2 = .445$ $p=0.0001$
 (N= 158)

<u>Independent & Control variables</u>	<u>Beta</u>	<u>p</u>
Child Sexual Behavior Inv. score- Time 1	0.482	.0001
ISI interview / investigation score	0.001	.86
ISI testimony score	-0.002	.87
ISI adjudication score	-0.004	.70
ISI Soc Service Score	-0.006	.47
Intrafamilial	-0.999	.31
Duration > 6 months	0.606	.56
Vaginal or rectal penetration	1.067	.31
Oral /genital assault	3.18	.13
Force	-0.133	.89
Maternal support	-0.410	.01
Race (black)	-3.77	.002
Age	-0.22	.27
Female	-0.94	.44
PPVT (est. verbal IQ)	-0.016	.55

Dependent Variable: CAS Depression - T. 2
(N=161)

Model $R^2 = .415$ $p=0.0001$

<u>Independent & Control variables</u>	<u>Beta</u>	<u>p</u>
CAS Depression score- time 1	0.478	.0001
ISI interview / investigation score	-0.0006	.89
ISI testimony score	0.0105	.05
ISI adjudication score	-0.013	.063
ISI Soc Service Score	0.0005	.89
Intrafamilial	-0.344	.67
Duration > 6 months	-0.015	.98
Vaginal or rectal penetration	0.296	.73
Oral /genital assault	1.357	.31
Force	0.292	.68
Maternal support	-0.269	.009#
Race	-0.770	.40
Age	0.24	.09
Female	-0.22	.83
PPVT (est. verbal IQ)	-0.005	.81

With CAS dependent variable "Somatic complaints" the only predictive variable other than the time one somatic complaints is maternal support.

The Impact of Project Innovations to Reduce the Stress of Intervention on Children

The ISI total and subscale scores suggest a trend toward lower stress due to the investigation/adjudication process over the duration of the study. The mean ISI interview/investigation stress score for children enrolled in the study during the first 6 months in the field was 101.3, with a statistically significant reduction to 74.7 for the children in the latter half of the study who had sufficient time to have all interventions ($p=0.03$). (Sufficient time for interventions was defined as all children enrolled in the study for a minimum of 8 months of follow-up.) The mean score for the ISI adjudication subscale for the first 6 months was 47.3 compared to 30.9 for the latter half of the data collection period ($p=.09$). The mean testimony subscale score did not change significantly (47.4 vs. 41.3), and the overall level of stress related to social service intervention did not change at all from the first half of the study to the latter half.

These data suggest that the innovations implemented under the Child Victim as Witness project may have had the desired effects on reducing the stress related to the court process. Although there were no significant differences in the early versus late ISI and ISI subscale scores for any individual site, when aggregated across sites, scores were lower for the

investigation and adjudication subscales of the ISI for children who entered the study after the project had been underway for 6 months or more.

Discussion

These data represent a large sample of children, identified from prosecutors' records, in which the permission of the parent or guardian was obtained for prospective study. A significant number of children did not participate due to parental refusal or inability to locate the families. This latter observation was instructive because the records of social services' and prosecutors' offices were searched to ascertain their whereabouts. Unlike the earlier and smaller effort in North Carolina,⁷⁵ which obtained its sample from social service records, the refusal rate here was quite high, perhaps due to the families' concurrent legal involvement. Also unlike the North Carolina study, children placed in foster care were greatly underrepresented in this sample because social service agencies were reluctant to help us locate these children or to give permission for participation without parental consent.

Significant differences emerged in terms of social class, age of the child, and relationship to the perpetrator between cases in which the children testified and those in which the child did not testify. Specifically, older children and children with more educated mothers were more likely to testify. The ISI data amplify these observations by suggesting a very strong positive relationship between age and testimony, as well as between age and harsh or extensive cross-examination.

Baseline data support the earlier observation that sexually abused children appear to be quite distressed at the time of intervention. While the CAS used in this study differs modestly from earlier versions, the baseline scores for the subjects who completed this instrument are consistent with earlier findings indicating very high levels of distress. Similarly high scores on the CBCL-P are also noted. Surprisingly, the baseline levels of distress do not differ significantly between the intrafamilial and extrafamilial victims, with the exception that more sexualized behavior was observed in intrafamilial victims and more conduct problems were observed in extrafamilial victims. Intrafamilial victims experienced longer durations of abuse by perpetrators in closer relationships, while extrafamilial victims were more likely to have experienced threats and force while being abused.

Gross comparisons between children who testified and those who did not revealed no significant effects of testimony on the level of mental health distress. However, when the testimony score on the ISI (reflecting number of times testified as well as harshness and length of cross-examination) was entered in a regression model with other intervention experiences, age, relationship to the perpetrator, gender, race, nature of the abuse, duration, and use of force, *there was a significant adverse effect* on children old enough to have completed the CAS. The parental report of behavior for the youngest children, ages 4 and 5, suggested that testimony might have been helpful for these children (although all of the testimony scores were low for this group, indicating a far less stressful experience of testifying than that encountered by the older children).

The Interventions Stressors Inventory results promise to provide helpful data for program development in the area of system response to child sexual abuse, by identifying the areas of intervention that are most traumatic for children. For example, preliminary results suggest that it is not *testimony*, but the *harshness* of the testimony experience that further harms child victims. Through further exploration of the data, we hope to learn how to structure interventions to provide a just and therapeutic response to child victims and their families. The longitudinal comparison of mean ISI scores showed significant reductions in the mean ISI scores for those areas that were targeted for improvement in the technical assistance part of the Child Victim as Witness project. There was no reduction in the scores over time for the social service intervention area, which was not so targeted.

The study data represent the largest prospective effort to date to examine the impact of court intervention on sexually abused children and provide a new perspective on the intervention process. As such, the data need to be considered along with the data from prior studies by Runyan, et al.⁷⁶ and Goodman, et al.⁷⁷ Runyan's study, with a North Carolina sample, found a higher rate of anxiety reduction in children who had recently testified in juvenile court (i.e., a child protection hearing as opposed to criminal court), suggesting either that the court experience was therapeutic or that there was a "relief" effect at having put a stressful experience behind them. Examination of adolescent adjustment, at a second follow-up in the North Carolina study, indicated that testifying more than once (in any type of court setting) contributed to negative long-term outcomes, such as dropping out of school, teenage pregnancy, suicide attempts, etc. This finding is consistent with Goodman's finding that testimony, particularly the number of times testified, has an adverse effect on children. Preliminary findings in the current study are not inconsistent with these earlier efforts. With the older children in our sample, it appears to be the amount and harshness of testimony that are related to ill effects. The younger children who testified appeared to have had a less stressful court experience, perhaps similar to a juvenile court proceeding.

Chapter Five: Discussion and Conclusions

Challenges in Studying the Effect of Legal Interventions on Child Sexual Abuse Victims

The Child Victim as Witness Research and Development Program was envisioned as a large, naturalistic experiment with a strong practitioner orientation. This design had important ramifications for the conduct of the study:

- Recognizing the value of local investment in the research project, the intervention strategy focused on the needs of the participating communities rather than promoting predetermined interventions.
- As the adjudication process is a complex set of policies and procedures, which cannot be assessed in isolation, the totality of each child's experience in the system was reviewed and changes in the legal and institutional environment were recorded throughout the study.
- To meet the standards of ethical research and to reduce the possibility that families would feel pressured, we made participation in the interviews voluntary. None of the communication between the project and the families was in any way connected with social control agencies (i.e., prosecutors, law enforcement, and child protection).

Precautionary procedures were implemented to accommodate specific concerns raised by Human Subjects Committees at each site. For example, the concept of informed consent was explained verbally and in writing to parents and older children. Specialized training was provided to interviewers to prepare them for children who might manifest suicidal gestures or other dangerous tendencies. In one location the interviewer gave copies of a community resource handbook to families who sought additional counseling or support services.

The project confronted a number of difficulties inherent in studies of this nature. The need for voluntary participation, in particular, limited the size of our interview sample. To recruit volunteers successfully, small stipends were paid to participating families, and interviews were sometimes conducted at the children's homes. At two sites, prosecutors were concerned that the study's intervention might adversely affect the adjudication process, and we were asked to delay contacting families until after the prosecutors had conducted their interviews. This decision reduced our recruitment prospects because many families felt overwhelmed by the number of appointments that the legal system required by the time we reached them. One prosecutor allowed us to contact families as soon as possible after their cases were referred to his office; this decision resulted in an immediate increase in the proportion of families who agreed to participate. Despite these measures, we achieved a 35-percent response rate. It will be important to analyze differences between the cases and children in the interview sample and their counterparts in the larger prosecution sample.

Although a moderate proportion of eligible families elected to participate in the study, the rate of attrition between the initial and final interview remained low. The ability to retain subjects over a 7- to 9-month period attests to the subject-friendly nature of the interviews, particularly when the children were also participating in the interview-intensive investigation and adjudication of the case. Although conducting research in this field is challenging, it can be accomplished with satisfactory results.

Further complicating the study is the number of variables that are thought to affect children's psychological well-being before and after prosecution. Reducing these variables to a manageable analytical framework is a methodological challenge. To reduce the massive amount of data gathered from the prosecutors' files, we developed the Intervention Stressors Inventory and clustered certain variables to measure the severity of abuse and the nature of the child's relationship to the perpetrator. Other challenges, such as the appropriate encoding and aggregation of variables introduced when cases involve multiple perpetrators and victims, will be addressed more comprehensively in future analyses.

Despite the challenges inherent in conducting research on a sensitive population in a complex environment, we have developed the largest extant database on child sexual abuse cases referred for criminal prosecution. We have collected case-level data on 430 single victim/single perpetrator cases referred during the baseline year and an additional 543 single victim/single perpetrator cases referred during the prospective period. Additional cases involving multiple perpetrators and victims will be added to the database. Extensive psychological data on 289 children at the initial interview and parallel data on 256 of those children at the followup interview have been assessed. The data sets (case tracking and child interview) offer an opportunity for exploration of the relationships between elements of the adjudication process and the characteristics of sexually abused children, their families, and the nature of their victimization.

Findings presented in this report represent a preliminary effort to analyze the database in terms of the factors influencing the decision to prosecute. Case flow has not been described, nor have factors affecting conviction, sentencing outcomes, time to disposition, or other questions arising in the context of criminal adjudication been addressed.

The analysis of child interview data offers a preliminary view of the children's psychological status at the time their cases were referred for prosecution and nine months later. Differences in outcome by relationship to perpetrator, gender, and age of the child victim were explored. Initial attempts to relate psychological outcomes to criminal justice interventions are based on the children's and parents' self-reports, not on case tracking data. (Preliminary evidence in this study suggests that victims' recollections may not accurately reflect their actual experiences.)

Summary of Interim Findings

The Intervention Process

As noted in chapter 2, each of the sites entered the study with certain strengths. Some interventions chosen tended to capitalize on or extend these strengths. For example, Polk County has long enjoyed a multidisciplinary approach to intrafamilial abuse through its IFSAP program; its primary intervention was to enlarge the scope of the case review team to embrace extrafamilial cases as well. In Ramsey County, most of the interventions that were adopted were localized within the prosecutor's office, such as the expansion of the special unit to include all cases involving children as victims or perpetrators, and procedures to routinize communication between the prosecutors' office and victims. Elsewhere, interventions were expressly designed to address identified weaknesses. In San Diego, for example, recognizing that the large number of cases precluded individualized attention to all child victims, the Children in Court educational program was expanded to be uniformly available. And in Erie County, a community that had not yet established a strong multidisciplinary approach, the Program Team worked to develop interagency case management protocols.

Each community experienced a number of changes unrelated to the project that could be expected to have implications for the adjudication process. For example, new laws were passed in Minnesota to increase presumptive sentences for most sex crimes and in California to allow felony prosecution of resident molesters. In Erie County, a new prosecutor was elected and a new pediatrician arrived with innovative ideas which included a specialized clinic for abused children. In Polk County, a special prosecutor was retained specifically to screen child sexual abuse cases. On a national scale, decisions on *Coy v. Iowa* and the *McMartin* Preschool case in California had results that affected prosecution.

The four communities studied employed different approaches in responding to child sexual abuse cases. But do these variations have discernible impact on the children's experience of the adjudication process? The results of the Intervention Stressors Inventory (ISI), depicted in Table 4.8, suggest they do. This measure attempts to capture the stress engendered by the criminal justice process by assigning expert ratings to specific elements of the process (here summarized as interviews, adjudication, testimony, and social services intervention), and moderating factors that affect that stress. The ratings are then applied to parents' and children's self-reports of their experiences. (For more indepth discussion of the ISI, refer to chapter 4 and the supplement.) A higher score reflects higher stress.

Total scores did not vary significantly across the four sites; however, each site ranked highest in stress in one of the four subgroups for reasons that can be partially explained by the nature of their respective systems. For example, on the *interview* scale, Ramsey County scored significantly higher than San Diego, which may reflect the policy among law enforcement and child protection agencies in San Diego to conduct joint interviews. Conversely, San Diego rated highest in stress for the *adjudication* component of the ISI.

This finding very likely reflects California's requirement for adversarial preliminary hearings in all cases. Ramsey and Polk Counties scored lowest in that category, as Minnesota's procedure does not require any pretrial appearances of child victims, and Polk County assigns a substantial proportion of its cases to the IFSAP diversionary program.

Mean ISI stress scores for children entering the study during the first six months were compared with scores for children entering during the latter half of the recruitment period. Statistically significant reductions in mean ISI scores for the interview and adjudication components, a non-significant reduction in scores for the testimony component, and no difference for the social services intervention component were observed. This suggests that the intervention process introduced by the project may have modified the investigative and adjudicative processes in ways that benefited child victims. Alternatively, the intervention process may have capitalized on trends already active in the participating communities.

The Adjudication Process

Results of the study's case tracking component illuminate the decision-making process employed by prosecutors confronted with child sexual abuse allegations.

The most important characteristic is that most victims suffered severe abuse, as measured by the type of abusive acts, number of incidents, and duration of abuse. Indices of severity of abuse were significantly related to increased odds of acceptance for prosecution versus declination.

Prosecutors were less likely to accept cases involving victims of pre-school age than school-aged or teenaged victims. Cases involving Caucasian perpetrators were more likely to be prosecuted than cases involving African-American or Hispanic perpetrators, and cases involving biological fathers and mothers' boyfriends were less likely to be prosecuted than cases involving perpetrators in any other relationship to the child victim. Explanations for these findings are not self-evident.

Alleged oral-genital contact was significantly related to greater odds of acceptance, but alleged penetration was not. The fact that alleged penetration does not affect the probability of acceptance for prosecution may reflect prosecutors' expectation that juries would not believe these allegations without medical evidence (which is usually lacking).

Perpetrator confession, physical evidence, and fresh complaints made by the victims were highly related to acceptance for prosecution. Perpetrators' reports of alcohol use during incidents were also related to significantly greater odds of acceptance for prosecution.

Effects of Prosecution on Child Victims

Preliminary findings from the analysis of child interview data are intriguing. For example, sexually abused children are highly distressed at initial intervention, regardless of whether

the perpetrators were intrafamilial or extrafamilial. Intrafamilial victims tended to have been abused for a longer period of time by someone closely related to them, whereas extrafamilial victims tended to experience more threats and force. Despite these differences in the nature of abuse, the findings suggest that child victims are equally traumatized.

Older children and children with more educated mothers (a proxy for higher socioeconomic status) were more likely to testify. Older children were also more likely to experience harsh cross-examination. Although the act of testifying was not found to have a significant effect on children's mental health, as measured before and after the adjudication process, there was a significant adverse effect among older children who scored high on the Intervention Stressors Inventory testimony scale (which accounts for number of times testified as well as the length and harshness of cross-examination). At the same time, parental reports for younger children suggest that testifying is far less stressful for them and may in fact be helpful.

These preliminary results suggest that it may not be testifying per se, but the harshness of the testifying experience, that is harmful to children.

Summary and Conclusions

The principal research question of the Child Victim as Witness project was: How can child sexual abuse cases be effectively prosecuted without exacerbating the children's trauma?

The research team in each community worked with representatives of key criminal justice and human service agencies to identify local needs and implement new policies or procedures intended to address those needs. Staff of the American Prosecutors Research Institute were available for technical assistance throughout the project period, and qualitative data on the implementation process were gathered periodically.

Quantitative data collection was two-pronged. First, case level data were gathered from existing case files on two prosecution samples: a baseline sample drawn from cases referred for prosecution before the project began, and a prospective sample of cases referred during the project period. Second, psychological data were gathered on children representing a subset of the prospective prosecution sample. Two waves of interviews were conducted: the first shortly after cases were referred for prosecution, and the second roughly seven to nine months later.

Interim findings suggest:

- The process of implementing new policies and procedures to improve a community's response to child sexual abuse is complex as several agencies are involved in interactive ways. Nevertheless, preliminary results of the Intervention Stressors Inventory developed for this project suggest that the

process employed was effective. Using this measure we documented change in the nature of societal interventions occurring in the participating communities.

- Cases that are referred for prosecution tend to involve more severe allegations, and those that involve oral-genital contact are more likely to be prosecuted than those involving penetration or other forms of proscribed sexual activity. This finding may reflect prosecutors' perceptions that jurors expect positive medical findings when penetration is alleged. (Such findings are infrequently available.)
- A history of alcohol abuse by the perpetrator is reported in a large number of cases that are accepted for prosecution. At this time, however, it is unclear whether alcohol abuse is a factor that is considered in the decision to prosecute or whether it is detected and/or documented after a case has been accepted.
- Testifying per se does not appear to produce significant changes in the child victims' mental health. However, measures of stressful testimony, which include testifying more than once and enduring long and/or harsh cross-examination, do appear to have significant adverse effects. This finding is limited to children over the age of 8, who were more likely than the younger children to experience more stressful testimony.
- In a corollary finding, preliminary results suggest that testifying is less stressful for younger children (than older children) and may even be helpful. Yet our case tracking data reveal that prosecutors are reluctant to pursue cases involving preschool children.

The supplement to *The Child Victim as a Witness* is available at the NCJRS library and may be obtained through Interlibrary Loan, Copy Reproduction Services, or on microfilm. If interested in obtaining the supplement, call the Juvenile Justice Clearinghouse at 800-638-8736.

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