CHILD SEXUAL ABUSE: SELECTED PROJECTS

National Center on Child Abuse and Neglect
Administration on Children, Youth and Families
Administration for Children and Families
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Distributed by the National Resource Center on Child Sexual Abuse
107 Lincoln Street, Huntsville, Alabama 35801

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DISCLAIMER

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FOREWORD

The National Center on Child Abuse and Neglect (NCCAN) is pleased to present this document which synthesizes the work of many committed and knowledgeable researchers and experts in the field of child sexual abuse. This work represents NCCAN's first effort to synthesize past research into one framework, and we believe that this document significantly adds to the growing body of knowledge about child sexual abuse available at this time. The publication of this document marks NCCAN's continued efforts to enlighten those who work in the field of child abuse and neglect about current research to help them surmount the many challenges that this field presents.

The volume of information currently available about child abuse and neglect reflects the substantial gains that have been made by professionals in this field in the past decade. Because the history of NCCAN mirrors the events and acheivements made in the field of child abuse and neglect, a brief overview of NCCAN's history is presented below.

The Federal Government's concern regarding the problem of child abuse and neglect was focused by a series of hearings held across the country under the leadership of former Senator Walter Mondale and former Congressman John Brademas in the early 1970's. These hearings highlighted the fact that State and local efforts to address the escalating problem of child abuse and neglect were woefully inadequate. The hearings revealed that although all 50 States had child abuse reporting laws, most States had incomplete legal frameworks for child protective services, lacked adequate child abuse treatment and prevention services, had insufficiently trained child protective services workers, and lacked the coordination necessary to effectively handle allegations of child abuse.

Congress responded to this critical situation by passing the Federal Child Abuse Prevention and Treatment Act of 1974 (CAPTA), often called the Mondale Act because of its chief sponsor. CAPTA, which authorized the establishment of NCCAN, was signed into law on January 31, 1974.

Although child abuse and neglect funding awards were made in 1974, child sexual abuse was not designated as a priority until 1978, when NCCAN received authorization to earmark funds for child sexual abuse grants. The grantees of the

1970's were pioneers in the field, and most remain active in the field and are recognized as experts by their peers. Several of the early child sexual abuse grants were awarded to agencies that provided training to thousands of professionals in a wide array of disciplines that work toward preventing, identifying, and investigating child sexual abuse; prosecuting offenders; and treating child sexual abuse victioms.

NCCAN continued to fund diverse projects in child abuse and neglect, some of which included child sexual abuse activities. In 1978 an amendment to Public Law 93-247 placed special emphasis on child sexual abuse by authorizing NCCAN to earmark funds to projects to manage and treat intrafamilial child sexual abuse.

In 1985 NCCAN developed a supplemental *Federal Register* announcement to provide funding for child sexual abuse projects. The continued designation of funds for child sexual abuse represented Congress' recognition that child sexual abuse was a grave problem that required specific attention. This recognition was motivated by issues emerging in the field and was in response to the Appropriations Act requirement that at least $3 million be spent annually in the area of child sexual abuse.

This document presents findings from all of the child sexual abuse projects funded since 1985 that have submitted final reports to NCCAN. Our original notion was to create a document that would synthesize the reports sent to us. We feel that this work has gone far beyond our original notions and that it conceptualizes the findings of these projects in a creative manner that is useful to researchers and practitioners alike. We at NCCAN are both pleased and excited to present this document and hope that you will find it both interesting and informative.

It also is our hope and wish that this document will inspire those of you in the field by reminding you of the heroic efforts of all who commit themselves to understanding and preventing child sexual abuse. It is by your efforts that we have come so far in the last decade, and we are counting on your inspiration to help us continue to make progress in the future.

Jan Kirby-Gell, M.S.W., L.C.S.W.
Sexual Abuse Specialist
NCCAN
November 1991

PREFACE

While even 1 case of child sexual abuse is an overwhelming injustice, professionals estimate that approximately 130,000 to 250,000 children are sexually abused each year. As the number of reported child sexual abuse cases increases, the issue of child sexual abuse is quickly gaining recognition as a problem of national importance.

The research and demonstration projects presented in this document address the problem of child sexual abuse by providing new information about the characteristics and dynamics of abuse; determining the impact of system responses on child victims and their families; and refining existing practices, procedures, and protocols used in child sexual abuse cases. What is most visible throughout this research is not the realization that child sexual abuse is a widespread problem but the awareness that the shared knowledge of professionals is an essential resource for the advancement of the field and the prevention of child sexual abuse nationwide.

The summaries included in this document provide an overview of the field and a window into several of the many NCCAN-sponsored projects on child sexual abuse. The following review of NCCAN-sponsored research and demonstration projects does not attempt to be an all-inclusive report of these projects' findings. Rather, this document aims to inspire professional curiosity, stimulate ongoing discussion, and encourage further exploration of these and other projects on the problem of child sexual abuse.

Should the reader desire original research reports, copies are available for 10¢ per page from the Clearinghouse on Child Abuse and Neglect Information, P.O. Box 1182, Washington, D.C. 20013, (703) 821-2086. As indicated, many of the findings reported here also have been published in peer-reviewed professional journals. Articles that were under review or in press during the writing of this document may have been published since. A list of the principal investigators and their addresses is included as Appendix A. Information about the authors of this document are included as Appendix B.

Before reading this document, the reader is advised to note some definitional issues concerning the research projects. The definition of what constitutes a "case" of child sexual abuse varies dramatically among the projects presented here. Although some research was based on reports made to child protectice services, other research was

based on reports to the judiciary or to clinicians. Reports that were considered to be valid by individual research projects were assumed to be accurate for our purposes as well. Thus, this review does not attempt to reconcile the discrepancies that may exist between projects' definitional terms but uses each project's own terms to examine its research findings. In order to reach informed conclusions, the reader is advised to reference the original research reports, which provide more complete descriptions of the research processes and findings.

The projects in this document stand to contribute a great deal to our knowledge about the problem of child sexual abuse and the complexity of conducting research in this field. Without careful analyses by professionals in the field, however, the value of this work is lost. This document aims to facilitate a critical evaluation of a variety of projects, based not only on their findings but also on their settings, methodologies, and samples. It is our hope that careful examination of research relevant to child sexual abuse will help professionals clarify the future directions of research, policy, and practice in the field.

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November 1991

AN OVERVIEW OF CHILD SEXUAL ABUSE IN THE 1990'S

1

Sexual abuse of children, like physical abuse, is much more common than originally believed. Cultural inhibitions and the secretive nature of child sexual abuse hide the true incidence of incest and sexual exploitation of children...Many factors support the belief that the reported cases of sexual abuse represent the tip of the iceberg.

D. De Panfilis[1]

INCIDENCE AND DEMOGRAPHICS OF CHILD SEXUAL ABUSE

Since 1970 we have become aware that child sexual abuse occurs much more frequently than previously imagined and that child sexual abuse occurs among all social strata, ethnic groups, and races.[2] The latest data indicate that between 132,000 and 155,900 children are reported to child protective services agencies annually as having been sexually abused by a caregiver.

These data exclude children whose abuse is not reported and children who are sexually molested by someone other than a caregiver. If these two groups of children are included in the data, the number of children sexually abused per year rises to an estimated 250,000 children. Virtually every study indicates that children are sexually molested by someone they know. Only 10 to 15 percent of reported cases of child sexual victimization are committed by strangers. The older literature states that adolescent girls are the most frequent victims of incest. However, sexual abuse treatment programs have found that sexual abuse occurs as frequently to children between the ages of 5 and 12 as it does to adolescents. The average age at which a child is sexually abused has decreased since the late 1970's; evidence of sexual abuse has been found much more frequently in preschool-aged children today than was found 20 years ago.

In addition, recent studies indicate that boys are victimized much more frequently than was originally thought. Up to 25 percent of the caseloads of some sexual abuse treatment programs are composed of male victims of molestation. However, these victims usually are not sexually abused by caregivers. This finding is supported by studies of incarcerated adult sexual offenders and psychiatric inpatients.

Although most child sexual abuse offenders are male, by an overwhelming margin, recent studies of both adult survivors of child sexual abuse and adult sexual offenders indicate that a surprising number of offenders were sexually abused by women during childhood and adolescence. Some clinicians believe that the percentage of female offenders may be as high as 15 percent. Another recent critical research finding is that the sexual victimization of children by adolescents is higher than originally thought. This finding is corroborated by the research finding that many adult offenders began sexually molesting children when they were adolescents.

TYPES OF CHILD SEXUAL ABUSE

In 1970 we thought that children were subjected to vaginal intercourse and the touching of genitalia and breasts. Today we know that children are subjected to

This chapter was written by David W. Lloyd, J.D., Director of the National Center on Child Abuse and Neglect. Mr. Lloyd's previous experience includes serving as project director of the National Resource Center on Child Sexual Abuse, general counsel for the National Center for Missing and Exploited Children, and counsel for the Division of Child Protection at the Children's National Medical Center. Mr. Lloyd has provided training across the Nation on legal topics affecting missing, sexually abused and exploited, physically abused, and neglected children. He also has provided technical assistance to Federal, State, and local governments on legislative and regulatory issues in the field. Finally, Mr. Lloyd has authored, coauthored, and edited numerous book chapters, articles, reports, and monographs on child maltreatment.

every conceivable kind of sexual act—vaginal intercourse, anal sodomy, oral sodomy, touching of breasts and genitalia, intercourse with animals, and intercourse with the aid of a foreign object—both as the actor and as the one acted upon. Children often are paid to perform sexual acts with individuals at private gatherings and on stage. Some child victims are photographed and videotaped while engaged in such sexual acts with other children, adults, and animals or while displaying their genitalia lewdly and lasciviously.

Most child victims are subjected to a "grooming process" by which they are first exposed to suggestive innuendo and/or pornographic materials, then they are exposed to touching, oral sex and, finally, intercourse. Some child victims are forcibly assaulted by the use or threat of use of a gun, knife, fists, or other weapons. While some children may be duped or drugged into participation in such acts, others are emotionally manipulated or extorted into participation. Virtually all child victims are threatened or blackmailed into secrecy.

EFFECTS OF CHILD SEXUAL ABUSE

Assumptions found in the early literature include the belief that sexual abuse did not happen or if it did happen, the children were not seriously harmed by the abuse. In fact some psychiatrists actually viewed sexually abused children as seductive.

Current research with sexually abused children and adults who were sexually abused as children reveals a mixed picture of symptoms. Most sexually abused children exhibit negative behaviors and attitudes.

However, it is unclear whether the behaviors and attitudes exhibited by the children are preexisting problems; effects of sexual abuse; or effects of the intervention and, in particular, the legal process. A sexually abused child may suffer common symptoms, such as depression, low self-esteem, guilt, isolation, suicidal ideation, aggression, dissociative disorders, compulsive sexual behaviors or the child may develop antisocial behaviors in adolescence and/or adulthood, such as sexual aggression. Whether a child develops common symptoms or more serious antisocial behaviors depends on many variables. These variables include the events that occurred; the relationship of the child to the abuser; the child's idiosyncratic personal strengths; and support from the child's family, other adults, and peers.

The physical effects of child sexual abuse are wide ranging and may include the following:

- Sexually abused children may contract most sexually transmitted diseases, which often is a means of discovery of their victimization;
- Juvenile runaways and prostitutes are at high risk for contracting HIV; and
- Some sexually abused children suffer injuries to their genitalia.

Fortunately for the children, most sexually abused children do not exhibit visible physical trauma at the time of their medical examination, and many of the abnormalities that are observed are not specific to sexual penetration. Unfortunately for

investigators, the lack of consistent, specific findings can greatly complicate the investigation of child sexual abuse.

Currently no set of indicators—medical, behavioral, or psychological—has been empirically shown to be accurate for forensic purposes and unique to sexual abuse, despite the efforts of researchers. Thus, even expert opinions from physicians and mental health professionals cannot conclusively identify whether a given child has been sexually abused.

TREATMENT FOR CHILD SEXUAL ABUSE

Two of the clearest trends in the field of child sexual abuse are the increased emphasis on legal proceedings and the use of multidisciplinary intervention.

None of the various forms and methods of treatment—whether for the child, abuser, or nonoffending family members—has been proven by evaluation studies to be clearly superior. While hypnosis frequently is used with adults who have few or no memories of experiencing child sexual abuse, there are concerns about the accuracy of memories retrieved by hypnotic suggestion, particularly if the client experiences dissociative disorders such as multiple personality.

Although there is no consensus as to the appropriate treatment of child sexual abuse victims, current treatment approaches frequently address both cognitive and affective components. The child must be helped to acknowledge the reality of what occurred, to understand that what occurred was a result of the abuser's behavior and was not the child's fault, and to have memories that do not cause undue distress or dysfunctional behavior. Art therapy and play therapy often are used with young children, while individual and group therapy are more likely to be used with adolescents. Treatment generally focuses on efforts to change maladaptive coping behaviors, such as denial, dissociation, and global distrust (of all men).

There also is widespread disagreement as to the appropriate treatment for child sexual abuse offenders. This is due in part to the difficulty in classifying offenders, such as in the following cases:

- Incest offenders who have molested one or more other children;
- Pedophiles who have molested their own children;
- Offenders who have other paraphilia;
- Offenders who are violent and have extensive criminal histories;
- Offenders who have substance abuse problems; and
- Offenders who were sexually abused as children.

In any event, treatment focuses on helping offenders to accept responsibility for their actions and to identify decision points in daily life where different actions can be chosen to avoid similar behavior. Despite differences in professional opinion about treating offenders, most programs use both individual and group therapy, and most therapists believe that the offender should not have contact with the child until treatment is well underway.

Treatment for nonoffending family members shares many of the same themes as that for the child victim and is typically composed of both individual and group treatment. Denial of child sexual abuse by the offenders' spouses is common; offenders' spouses often are emotionally and/or financially dependent on the offender. In such situations, treatment focuses on helping the nonoffending parent to avoid blaming the child for the sexual abuse. While it was once thought that the nonoffending parent knew, consciously or subconsciously, that the sexual abuse was occurring, recent studies have raised questions about this assumption. A significant number of nonoffending parents also are victims of physical or emotional abuse by the child sexual abuse offender. Recently efforts have been made to train foster and adoptive parents about the potential effects of sexual abuse on children and the need for treatment.

One central treatment decision is whether the family should remain unified during treatment. This decision rests at least in part on the judicial determination of whether the child protective services agency has used reasonable efforts to avoid placement. In contrast to what is generally believed, family preservation in cases of child sexual abuse usually is contraindicated initially. A second major treatment decision is if and when the family may be reunified. While no guidelines have been generally accepted, it is agreed that when reunification occurs, monitoring and treatment must continue for a lengthy period thereafter.

INVESTIGATION AND LEGAL PROCEEDINGS

Two of the clearest trends in the field of child sexual abuse are the increased emphasis on legal proceedings and the use of multidisciplinary intervention at the investigation and case management stages. In the last decade professionals in the field have become more supportive of (or at least resigned to) the use of criminal prosecution, although professionals still widely disagree about the effects of such proceedings on the child sexual abuse victim and the benefits of incarceration versus probation for the offender.

Whether by statute or agency policy, joint investigation by child protective services and law enforcement currently is the goal, although actual working arrangements vary among jurisdictions. The police officer gathers evidence oriented toward the possibility of an arrest and criminal prosecution, while the child protective services caseworker gathers evidence oriented toward the protection of the child. Ideally, the two investigators then share and compare information. It is increasingly common to find written protocols for such joint investigations, particularly in the investigation of out-of-home care cases, where there may be multiple victims and multiple offenders.

It also is increasingly common to find jurisdictions with child advocacy centers where the child may be interviewed and medically examined in an environment that is less threatening to the child than the typical government agency office or hospital.

Recently professional groups and researchers have sought to standardize the components of the interview of the child, although these may change based on the

results of additional research using concepts of child development and linguistics. Like any other investigative technique, interviewing is an art and not a science.

Despite the efforts of reputable researchers, there is no "gold" standard for evaluating the results of investigative interviews, and any standards purporting to be criteria of whether sexual abuse occurred should be discounted—no single criterion has proven to be accurate.

Research of children's memory about events has had mixed results. Most practitioners believe, based on both research and experience, that school-aged children can and generally do relate child sexual abuse experiences accurately. However, the data with respect to preschool-aged children are inconclusive, which is especially troublesome in contested custody and visitation cases and in day care cases where the children may have experienced ritualistic abuse.

Multidisciplinary teams are being used more frequently to set case management and treatment goals and to review progress toward achieving these goals. Multidisciplinary teams are used when the child is the subject of a petition in the juvenile court. The teams also may be used when criminal proceedings are initiated or in cases in which there are no legal proceedings. In many jurisdictions the district attorney's office serves as either the coordinator or an active participant on the team. One of the biggest challenges for such teams is to set realistic case management goals when there is no legal proof that the child was sexually abused.

Great concern has been expressed about the need for and the appropriate use of expert testimony in child sexual abuse cases. Many practitioners believe that judges and juries need expert testimony to overcome myths about child sexual abuse; other practitioners are more cautious, because there is no scientifically based consensus on many issues and because of the potential for creating a "battle of the experts." Both groups are dismayed at the admission of much of the expert testimony proffered by the defense because the testimony, generally, has little scientific merit and frequently is speculative "pseudoscience" masquerading as research.

CHILD SEXUAL ABUSE PREVENTION

Prevention efforts have focused on two strategies: (1) helping children identify and escape situations where they may be sexually abused and (2) encouraging children who have been sexually abused to report the abuse so that it does not recur. Many professionals in the field believe that the second strategy has been more successful because reports of child sexual abuse have increased dramatically in the last decade.

The strategy of helping children to identify and escape potentially abusive situations has been implemented by curricula in public schools and kindergartens using books, such as coloring and comic books; films; videotapes; and other written and audiovisual materials. Evaluations of this strategy have been mixed. While most children seem to retain most of the information, at least for some period of time, it is unclear whether they are able to use their knowledge to avoid victimization. Similarly, it

is unclear to what extent sexually abused children blame themselves if they fail to use what they have learned or if their attempts to use that knowledge are unsuccessful.

Prevention strategies are being reconsidered in light of information gathered from convicted child molesters, who claim that they can identify potential victims as socially isolated and use "grooming" methods to accomplish their abuse.

PROFESSIONAL COMPETENCE

The field has benefitted greatly from professional training as has been conducted in the last decade. However, professional training typically has been conducted in 1- or 3-day multidisciplinary conferences, rather than as a separate course in the agency's curricula (some law enforcement agencies are the exception). The quality of such training conferences varies. Graduate professional education curricula are just beginning to include courses in child sexual abuse.

In the absence of accepted professional practice standards, professional competence varies widely throughout the Nation. This may change as the field matures and as various professional groups attempt to set practice standards.

The NCCAN-sponsored research projects presented herein examine a variety of issues relevant to child sexual abuse, including the characteristics of offenders and child victims, the short- and long-term effects of child sexual abuse, and the incidence and dynamics of sexual abuse in out-of-home care settings. The projects also review system responses to sexual abuse, such as the efficacy of different forms of intervention, tools for the assessment of child sexual abuse, and the appropriate role for children in the legal system. Finally, this work presents research and demonstration projects which are using innovative tools for the prevention of child sexual abuse. Each of the research projects discussed in this work contributes to a growing body of research that is shaping the practice of professionals in the field of child sexual abuse nationwide.

ENDNOTES

1. **De Panfilis, D.** 1987. *Literature Review of Child Sexual Abuse.* Washington, DC: U.S. Department of Health and Human Services.
2. Child sexual abuse is defined as sexual victimization or sexual molestation of a child by the child's caregiver.

DIMENSIONS OF CHILD SEXUAL ABUSE

II

Dear Offender,

It's all your fault I have to go to court on Monday of next week. It's already Wednesday. Didn't you care about what you were putting me through? You probably treat your cats better. I'm just a little kid. Weren't you ever a kid? I hate you. If you had said you hated me instead of loved me it wouldn't hurt so much.

From a survivor (no thanks to you)

Letter from a 14-year-old
sexual abuse victim
to her offender[1]

Professional literature on child sexual abuse is dominated by scenarios of male offenders and female victims, which typically depict fathers or father figures abusing their daughters in the home. The five studies discussed in this chapter examine aspects of abuse that were generally unexplored prior to the initiation of this NCCAN-funded research. Topics include female offenders, male victims, children abused in day care, nonoffending mothers, and families in treatment. The studies, which are primarily descriptive, offer enriched information of child sexual abuse, providing professionals in the 1990's with a more thorough foundation for understanding the characteristics, dynamics, and extent of the problem.

The first study, "A Comparative Analysis of Women Who Sexually Abuse Children," examines female offenders, bringing attention to the fact that women may be the offenders in cases of child sexual abuse. The study reveals some significant differences between female and male offenders and raises new issues related to research and intervention.

The second study in this chapter focuses on the sexual abuse of boys. Because the sexual victimization of boys is reported less frequently to child protective services or other authorized agencies, professionals lack sufficient knowledge about male victims. The study, "The Sexual Abuse of Boys: An Empirical Analysis of Current Knowledge," examines data collected from a range of studies, offering new insights on sexually abused boys. The significance of this study is heightened by findings from other studies which show that many adolescent and adult male sexual abuse offenders have childhood histories of sexual abuse.

The problem of child sexual abuse in day care settings received heightened media attention in the 1980's, which raised public awareness about the problem while also creating a host of new concerns for parents and professionals. Numerous questions were raised about the dynamics, detection, extent, and investigation of the problem as well as about the impact of day care abuse on children and families. Some of these questions are addressed in the third study in this chapter, "Sexual Abuse in Day Care: A National Study," which provides a thorough description of child sexual abuse in day care settings. The study's findings establish the basis for recommendations that aim to reduce the risk of abuse to children in day care.

The fourth study in this chapter examines the nonoffending mothers of sexually abused girls. Past research has shown that maternal support may play a key role in a child's ability to recover from a sexual abuse experience. The study, "The Impact of Maternal History and Behavior Upon the Sexually Abused Child," examines a group of nonoffending mothers to identify the factors that affect the mother's response to her daughter. Factors related to maternal history and current functioning were reportedly associated with a lack of support for the child, more severe abuse, more child abuse-related symptomatology, and placement in foster care. These research findings suggest important new directions for researchers and practitioners in the future.

The final study of this chapter, "Services to Sexually Abused Children and Their Families: Characteristics of Children and Families in Treatment," provides an

overview of sexually abused children and their parents at the point of entry into a specialized treatment program. This study describes families in treatment, explores children's experiences of abuse, and provides information on the child's, offender's, and nonoffenders' responses to the abuse incident(s). In addition, this work highlights the complexity of treating families for child sexual abuse.

The studies discussed in this chapter provide an overview of some of the least understood and little investigated aspects of child sexual abuse. This work highlights the importance of continuing research on new topics in child sexual abuse and provides the basis for refined research and intervention in the 1990's.

Comparative Analysis of Women Who Sexually Abuse Children

To date, female child sexual abuse offenders have received little attention in professional literature. Presumptions about the psychogenetic differences in the sexuality of men and women, male sexual dominance, and the socialization experiences of male offenders have contributed to the impression that female offenders are scarce. The resulting view of child sexual abuse as a male-centered problem has led to less professional scrutiny about the sexual misbehavior of mothers, less research on female offenders, and a lack of information on how female offenders compare to male offenders.

In the study, "A Comparative Analysis of Women Who Sexually Abuse Children," Allen adds to past research on the characteristics of female offenders.[2] Allen sought to address the following four questions through his research:

- What factors differentiate women who sexually abuse children from men who sexually abuse children?
- How do men's and women's own childhood victimization experiences compare?
- Are the sexual abuse patterns of female offenders similar to those of males?
- Should female offenders be treated in the same fashion as male offenders?

In general, the results of Allen's research suggest that female offenders warrant a great deal of professional attention. While differences do exist between male and female offenders, the female offender is not rare, nor is she characterized by factors such as severe psychiatric disturbance, mental retardation, organic brain damage, or male coercion. Allen's profile of female offenders suggests that their lives have involved particularly harsh childhood histories, marked by instability and abuse. This work also suggests that female offenders may be more resistant to child sexual abuse investigations and interventions than male offenders.

Sample and Methodology

The sample for this study was comprised of 65 female and 75 male sexual abuse offenders identified from therapists in Minnesota and from reports of child sexual abuse in Iowa and Missouri. More than 90 percent of the offenders were white. All

the offenders in the sample initiated the abuse, abused children in their role as caregiver, and volunteered to participate in the study. The abusive acts committed by men and women in this sample included exhibitionism, voyeurism, touching, fondling, oral and sexual intercourse, anal intercourse, and bestiality. Face-to-face interviews with the offenders were used to gather information on the offenders' demographics, substance abuse and antisocial behavior, family background and relationships, and child sexual abuse patterns. Data were also collected on the offenders' experiences during the investigative process and on the consequences of the abuse investigations.

Selected Findings

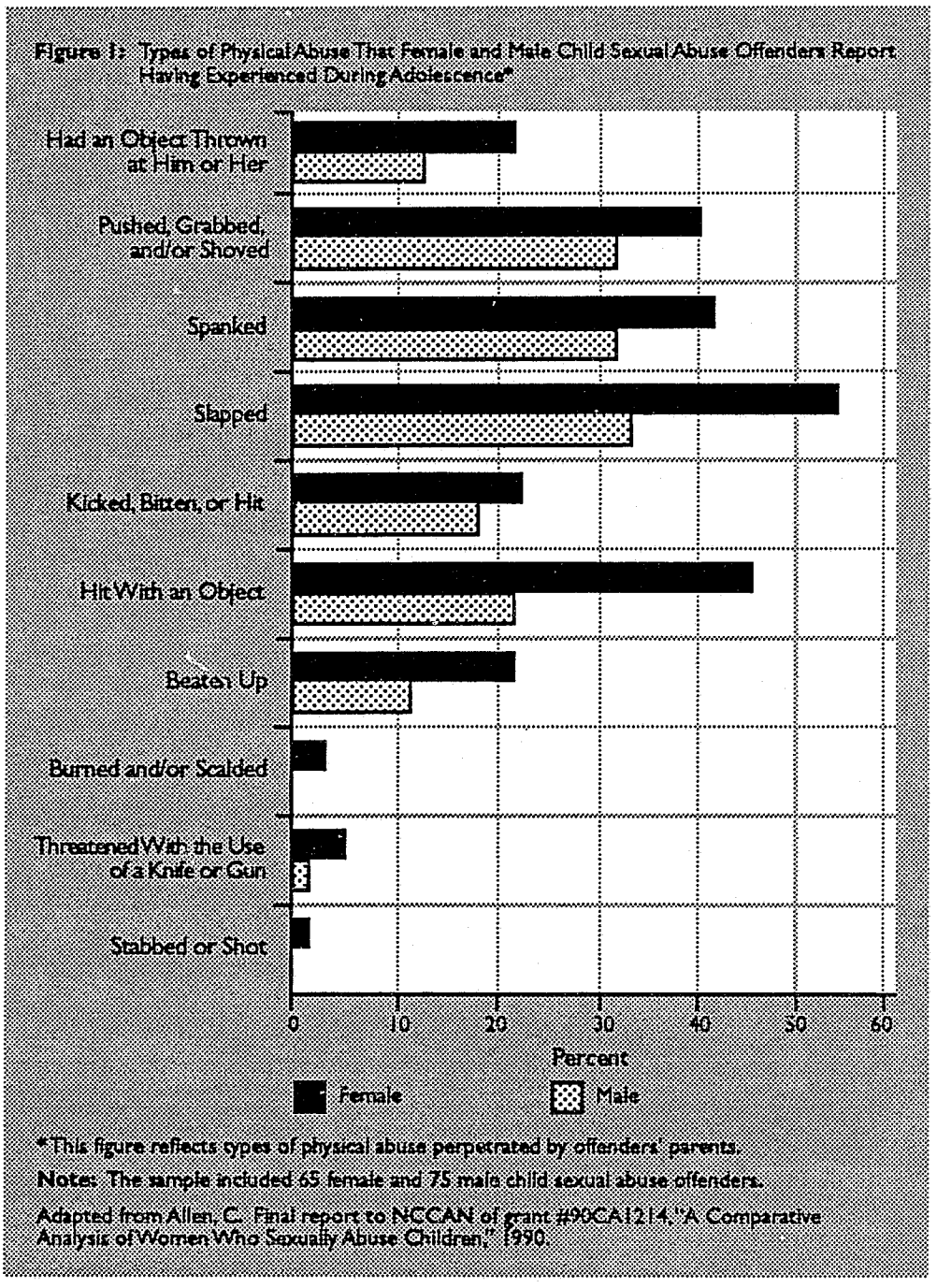
Allen reported a number of differences between the profile of female offenders and the profile of male offenders in this study, such as the following:

- Female offenders had lower incomes and were more likely to be unemployed or engaged in part-time employment than male offenders. Although women and men had comparable education levels, female offenders were more likely to work as professionals than men (10 percent of the female group versus 3.5 percent of the male group).
- Nearly twice as many female offenders as male offenders (43 versus 23 percent) reported that they ran away from home as adolescents. Females also reported experiencing harsher childhoods that involved more severe incidents of physical and emotional abuse throughout adolescence (see Figure 1). For example, 73 percent of female offenders versus 27 percent of male offenders reported experiencing sexual abuse as children. Female offenders had been victimized most often by men (91 percent), whereas male offenders had been victimized by similar percentages of men and women (51 and 49 percent, respectively).
- Compared to the male offenders, female offenders were more sexually active, had a greater number of sexual partners, and reported more incidents of being paid for sex. Female offenders also reported a greater need for both emotional and sexual intimacy than male offenders.

Both male and female offenders reported that their victims were most often members of their immediate and/or extended family.

Differences between male and female offenders also were found in regard to the type of abusive acts they perpetrated and how they responded to these acts. These differences include the following:

- The gender relationship between offenders and victims was reported as follows, in descending order of frequency: (1) male offender/female victim, (2) female offender/male victim (at substantially lower levels than male offender/female victim relationships), (3) female offender/female victim, and (4) male offender/male victim.
- Both male and female offenders reported that their victims were most often members of their immediate and/or extended family. In interviews with researchers, however, female offenders were more likely to discuss abuse that involved children who were strangers. In contrast, male offenders were more likely to discuss abuse that involved children in their extended family.



- In discussing acts of sexual abuse, female offenders were less likely to admit guilt than male offenders (27 versus 48 percent). Additional comparisons revealed that female offenders perceived child sexual abuse as a greater social deviance and were less inclined to believe such behavior could be changed.
- Compared to males, female offenders were less cooperative during the investigation process, experienced more anger toward informants and investigators, and expressed a greater sense of injustice from the legal system. They also experienced less guilt, sorrow, and relief following disclosure as compared to male offenders. Although the legal consequences for both groups were similar,

children were removed more often from the homes of female offenders than from the homes of male offenders.

Study Implications and Recommendations

This research identifies characteristics of female child sexual abuse offenders that differ from the characteristics of male offenders. Allen recommends further research to clarify the differences between male and female offenders' development of sexually abusive tendencies, sexual abuse processes, and experiences in the child protective and criminal justice systems. In addition, Allen contends that comprehensive theories need to be developed to help explain the differences in the behaviors and psychology of female versus male offenders.

Although this study was not designed to compare rates of child sexual abuse between female and male offenders, Allen agrees with other researchers that the number of female offenders is markedly lower than that of male offenders. Nevertheless, Allen asserts that female offenders are not rare, and that the incidence of abuse perpetrated by females is much higher than is generally believed. This research suggests that professionals need to be prepared to recognize and deal with the population of female offenders in the future. Allen suggests that future research needs to focus on the different treatment needs of children abused by females and children abused by males, although the potential for significant harm to child sexual abuse victims remains the same in either case.

The Sexual Abuse of Boys: An Empirical Analysis of Current Knowledge

Fewer reports of the child sexual abuse of males, coupled with a professional focus on father-daughter incest, have created the impression that males are far less likely than females to experience child sexual abuse. As a result, research has concentrated on female child sexual abuse victims, leaving the problem of male child sexual abuse virtually unexamined. Despite the many unanswered questions about male child sexual abuse victims, most professionals agree that the actual number of males experiencing child sexual abuse is not accurately reflected in official reports.

The underrepresentation of male child sexual abuse victims in current statistics may be due to the failure of male child sexual abuse victims to disclose sexual abuse. Male socialization, particularly fears about the homosexual connotations of male-perpetrated abuse, may be a key variable in explaining the underreporting in this population. The relative silence of male victims is of particular concern, however, since clinical studies suggest that male child sexual abuse victims' failure to disclose abuse may put them at higher risk of long-term psychological effects, such as low self-esteem, depression, and feelings of vulnerability and helplessness.

In their study, "The Sexual Abuse of Boys: An Empirical Analysis of Current Knowledge," Finkelhor and Hotaling examined prior research on sexual victimization, comparing the effects of sexual abuse on male versus female child sexual abuse victims.[3] Comparisons of the two victim populations focused on the risk factors

associated with abuse and the characteristics of male versus female child sexual abuse. Finkelhor and Hotaling examined the short- and long-term effects of childhood sexual abuse and reported that adult males who experienced child sexual abuse reported less successful marriages and sexual relationships than nonvictimized adult males.

Finkelhor and Hotaling also examined the rate of male child sexual abuse and reporting by male victims. Based on data from this study, the researchers determined that males are subject to child sexual abuse at approximately one-third the rate of females, which is higher than generally believed. However, the researchers also found that the child sexual abuse of males is reported at one-fourth the rate of child sexual abuse of females, suggesting that the abuse of males is probably significantly underreported.

Sample and Methodology

This study used secondary analyses of existing data to calculate incidence of male child sexual abuse. Analyses were completed on 11 available data sets and 9 samples, including random national samples from the United States and Canada, a sample of high school students, a sample of college students, and various samples based on official reports of abuse. To explore the characteristics of male child sexual abuse, Finkelhor and Hotaling conducted an indepth study using a clinical sample and a parent sample.

Sample sizes ranged from 18,378 reports of physical and sexual abuse to a sample of 156 child sexual abuse victims. Definitions of child sexual abuse varied across data sets and ranged from structured definitions of attempted or completed sexual intercourse to unstructured definitions of abuse that relied upon the interpretation of individual respondents. Major differences in the samples' target populations and operational definitions should be considered in reviewing the findings of this study.

Selected Findings

Finkelhor and Hotaling report that their analyses of data on male victims of child sexual abuse suggest that male socialization experiences may impact the number of self-reports of abuse. Results of this study suggest that sexual abuse is particularly underreported among adolescent males and male children from certain minority populations. Directing educational efforts at these two populations may help narrow the gap between actual and reported incidents of male child sexual abuse victimization.

In addition to the finding that males are abused at one-third the rate of females, Finkelhor and Hotaling report a number of differences between male and female victims of child sexual abuse such as the following:

- On average, male child sexual abuse victims were slightly older than female child sexual abuse victims, more likely to report abuse by women (16 percent of males versus 2 percent of females according to a 1985 *Los Angeles Times*

survey), and more likely to report abuse by a stranger or acquaintance than abuse by a family member. Male victims also were more likely to report abuse by persons 4 to 10 years older than themselves, suggesting that males may be abused by adolescents and young adults more often than are females.

- Male child sexual abuse victims were considerably more likely than female child sexual abuse victims to report that they had never told anyone about the abuse. When recalling the abuse, male victims tended to report the experience as being less upsetting than did female victims.
- Child sexual abuse cases involving male victims were substantiated at a lower rate than cases involving female victims. This suggests that there may be a professional bias against believing that males experience child sexual abuse.
- Males were less likely than females to be victims of child sexual abuse homicide. Analyses of Federal Bureau of Investigation data covering a 9-year-period revealed that 85 to 90 percent of the 131 child sexual abuse fatalities were females. Black victims of child sexual abuse homicide also were overrepresented as compared to white victims. Overall, two-thirds of child sexual abuse homicides were committed by family members or acquaintances, although female victims were twice as likely as male victims to be murdered by a family member.

Other studies report finding more similarities than differences between male and female child sexual abuse victims. For example, child sexual abuse is most often reported by both males and females as being a one-time occurrence (according to a 1985 *Los Angeles Times* survey). The manifest symptomatology also is very similar for male and female child sexual abuse victims, although males tend to exhibit more aggressive and antisocial behavior. In addition, risk factors associated with child sexual abuse are similar for both groups: children living in unhappy families and/or in families with one or both of the natural parents absent most of the time are more likely to be victimized.

The long-term effects of childhood sexual abuse are reportedly similar for both men and women. Both male and female victims of childhood sexual abuse report more marital disruption in adulthood, a lower level of satisfaction in their current sexual relationships, and a greater tendency not to practice any religion than do nonvictims. These findings are particularly significant because they establish that male victims, as adults, experience sexual and marital difficulties similar to the difficulties reportedly experienced by female victims in previous studies.

Study Implications and Recommendations

While this study found differences between the two victim populations, the research suggests that male and female sexual abuse victims share similar difficulties during childhood and adulthood as a result of their childhood sexual abuse experiences. Finkelhor and Hotaling stress that the impact of child sexual abuse on both males and females is not only psychological in nature but also may affect a victim's life course in a variety of ways, such as through marital disruption, less satisfactory interpersonal relationships, or lack of religious practices.[4] While resources need to

focus on efforts to reduce the risk of long-term impairments in both male and female victims, the underreporting of male victimization suggests a particular need to give male victims of child sexual abuse more opportunities to disclose and deal with their abuse experiences.

Sexual Abuse in Day Care: A National Study

The American Humane Association estimates that day care employees account for only 1 to 1.5 percent of child sexual abuse reports nationwide. Despite this relatively low estimate, sexual abuse in day care was the focus of tremendous media attention throughout the 1980's. This attention singled out child care providers as a group of adults at high risk for perpetrating abuse against children, which precipitated great concern among both parents and professionals. Numerous questions were raised about how to identify and prevent the problem of day care abuse, such as:

Sexual abuse in day care was the focus of tremendous media attention throughout the 1980's.

- How many children are sexually abused in day care settings and what are the indicators of risk for children in day care?
- How can potentially abusive day care staff be screened from employment?
- How can the program licensing and evaluation skills of day care regulatory staff be improved?
- Which investigative approaches used by child protective services and law enforcement agencies are most effective?

To meet the need for accurate information on the problem of abuse in day care settings, Finkelhor, Williams, Burns, and Kalinowski conducted a national study on child sexual abuse in day care settings.[5] This work, which provides a comprehensive overview of the characteristics of abuse in day care settings, also is discussed in Chapter VII. In addition, Finkelhor et al. recommend a variety of practical measures for the prevention, identification, and investigation of cases of child sexual abuse in day care.

This research helps to identify the distinctive features of out-of-home abuse while also helping to dispel many misconceptions about the incidence and characteristics of sexual abuse in day care settings. One of the most significant results of this research is the finding that children are at higher risk of abuse in their own homes than in a day care facility. Finkelhor et al. note that this finding in no way negates the gravity of the problem of out-of-home abuse but may help parents and professionals keep the problem in perspective.

Sample and Methodology

Finkelhor et al. attempted to identify all reported cases of child sexual abuse that occurred in day care settings nationwide between January 1983 and December 1985. Data on identified cases of abuse were obtained from day care licensing and child protection officials in all 50 States, 48 sexual abuse specialists, and a search of newspaper articles. Cases were considered to be within the study's scope if they (1) were reported within the specified time period, (2) involved a facility caring for

at least six children, (3) involved at least one child under the age of 7, (4) involved a family day care provider or a day care center but not a residential facility, and (5) if the abuse was substantiated by an investigating agency.

In addition to studying all the cases of child sexual abuse described previously, the researchers conducted an indepth study on a random sample of 43 day care settings where substantiated cases of child sexual abuse had occurred. The cases in the random sample involved 98 child victims, of whom 75 percent were white, 12 percent were black, and 9 percent were Hispanic. The racial representation of the abuse sample is similar to the representation established by U.S. Bureau of Census statistics on children in day care. White adults represented 68 to 69 percent of the offenders in the indepth study.

Selected Findings

Findings about the incidence of children abused in day care settings suggest that the rate of out-of-home abuse is relatively low in comparison to the rate of in-home abuse. Finkelhor reported the following data on child sexual abuse in day care:

- Seven million children are served by approximately 229,000 day care centers, nationwide. This study identified 270 facilities in which about 1,639 children were sexually victimized. After additional calculations were conducted to account for missed cases, Finkelhor et al. estimated that between 500 and 550 substantiated cases of sexual abuse involving 2,500 victims occurred during the 3-year study period.
- Finkelhor et al. estimated that the risk of sexual abuse to children in day care centers is 5.5 abused children per 10,000 day care enrollees. In comparison, the estimated risk of sexual abuse to children under age 6 in their own homes is 8.9 abused children per 10,000 children.

Little is known about the profile of offenders in cases of child sexual abuse in day care settings. The results of this study suggest that day care abuse offenders may be difficult to identify, since they lack the stereotypical characteristics commonly associated with sexual abuse offenders. Finkelhor et al. reported the following about offenders in day care abuse cases:

- The majority of day care sexual abuse cases (83 percent) involved a single offender, while 17 percent of the cases implicated multiple offenders. In 40 percent of single offender cases, the offender was female.
- Multiple-offender cases were the most serious and usually involved the most children, the youngest children, the most serious sexual activities, and the highest likelihood of involvement in pornography and ritualistic abuse.
- In 38 percent of all child sexual abuse cases the offender was not a direct child care provider but a peripheral staff person (such as a janitor or bus driver), someone from the staff's family (such as a husband or son), or an outsider. Only 8 percent of the offenders had a prior arrest for a sexual offense.

Data on victims revealed a great deal of variation. Finkelhor et al. reported that of the victims' characteristics (i.e., race, family income, or popularity), no single factor determined the selection of certain children for abuse. Data on the child victims in this study are presented below.

- Sixty-two percent of the child sexual abuse victims in this study were females, and 38 percent were males. Finkelhor et al. noted that reports of males being abused in day care may be more common than reports of males being abused in other settings. Fifty-nine percent of male child sexual abuse victims and 50 percent of female child sexual abuse victims were abused by female offenders.
- In this study, two-thirds of cases of sexual abuse in day care involved one or two child victims. Abuse occurred most often in the bathroom during children's naptime (see Table 1). The touching and fondling of children's genitals was the most common form of abuse, although penetration (oral, digital, and through the use of objects) occurred to at least one child in 93 percent of the day care abuse cases. In many instances, child sexual abuse victims also experienced terrorizing coercion and intimidation by the offender.
- A range of fears and sleep disturbances were the most common manifestations of the impact of sexual abuse on child victims. The greatest number of symptoms were exhibited by children whose abuse involved ritualistic activities or physical force and whose mothers provided them with limited support.

The findings of Finkelhor et al. about disclosure and investigation in cases of sexual abuse in day care suggest that many cases may go undetected and that the cases which are investigated may lack sufficient evidence for prosecution. Relevant findings of Finkelhor et al. are discussed below.

Table 1: Location of Child Sexual Abuse Events in Day Care Settings — Indepth Sample

Location	Percent of Cases* (Sample=43)
Bathroom	63%
Common Activity Area	25%
Bedroom	22%
Living Space	18%
Office	13%
Closet	7%
Outside of Facility	15%

*The total equals more than 100% because the sexual abuse may have occurred at multiple locations.

Adapted from Finkelhor et al. Final report to NCCAN of grant #90CA1155, "Sexual Abuse in Day Care: A National Study," 1988.

- Day care abuse was rarely disclosed by day care staff. Sixty-three percent of disclosures resulted from parents or other adults questioning a child about certain behaviors or symptoms. The remaining 37 percent occurred when the child disclosed the abuse without any prompting.
- Some parents reportedly exhib-

ited disturbing patterns of behavior following disclosure. Specifically, these parents either did not believe the child or attempted to avoid formal reports by arranging informal solutions with the day care staff. The number of parents who silently withdrew their children from day care following disclosure is unknown; however, a significant number of cases may not be investigated as a result of such actions.

- Many of the day care facilities in this study had been investigated previously for allegations of child sexual abuse, although the allegations had not been substantiated. According to investigators, the lack of substantiation generally was due to insufficient evidence.

Finkelhor et al. examined a number of day care facilities to identify factors that might be associated with either high or low risk for child sexual abuse. The following results were reported:

- High-quality day care was not necessarily associated with a lower risk for child sexual abuse. In fact, the key factor in reducing risk was allowing parents to have ready access to their children in the day care setting.
- Surprisingly, factors associated with less risk of sexual abuse in day care included the facility having numerous day care staff and/or being located in a high crime, inner-city neighborhood. This suggests that children may receive more protection in settings that have a general wariness about suspicious activities and therefore offer more supervision.

Several studies report that the level of maternal support is more predictive of the child's psychological functioning following disclosure than are the characteristics of the abuse experience, such as the type and duration of abuse.

Study Implications and Recommendations

Finkelhor et al. concluded that child sexual abuse in day care is a very serious problem that is often extremely detrimental to child victims and their families. The researchers stress, however, that day care is not an inherently high-risk locale for children and that the actual risk of abuse to a child in a day care setting is relatively low. Day care abuse can be further prevented by educating parents about their role in the prevention and early detection of child sexual abuse. Nevertheless, Finkelhor et al. assert that both parents and policymakers should be encouraged to keep the problem in perspective; there are many other forms of child abuse that demand equal attention.

Based on the findings of this study, Finkelhor et al. proposed a series of recommendations focused on the prevention, early detection, and investigation of sexual abuse in day care settings, including the following:

- Staff screening should focus on evidence of emotional problems, substance abuse, criminal behavior, sexual difficulties, poor judgement, and insensitivity or punitiveness towards children. In contrast, the sole reliance on police record checks should be discouraged. In addition, since offenders are frequently members of the day care staff's family or household, licensing authorities should interview all such persons who have access to the children.
- Day care facilities can reduce the risk of sexual abuse that occurs in the bathroom by establishing policies on bathroom use and by making architectural changes that maximize surveillance.

- Parents, day care licensing staff, and investigators need to be educated about the potential for children in day care to be sexually abused by women. Furthermore, parents may benefit from learning about the early warning signs of abuse and the importance of having free access to their child in day care. In addition, parents, day care licensing staff, and investigators should be discouraged from relying on informal solutions to abuse allegations.
- Investigators must provide parents of sexual abuse victims with the information, support, and assistance necessary to help child victims and their families cope with the ramifications of the abuse experience. Mental health services need to be available to all families whose children have been abused in day care and should be required in some cases to increase the likelihood of parental support to the child and to maximize the chance that the family will have a successful recovery.

The Impact of Maternal History and Behavior Upon the Sexually Abused Child

Previous research indicates that the support nonoffending mothers offer to their children following disclosure of sexual abuse is related to the child's recovery. Several studies report that the level of maternal support is more predictive of the child's psychological functioning following disclosure than are the characteristics of the abuse experience, such as the type and duration of abuse. There is evidence that when mothers believe the child's allegations and take action to support the child, the child (even when placed in foster care) can cope more effectively with the initial trauma of child sexual abuse. In addition, studies of women who were victimized as children show that the long-term effects of abuse on adult functioning are less severe for women who recall maternal support, which suggests that the benefits of maternal support may extend beyond childhood.

There are contradictory findings in professional literature with regard to the percentage of mothers able to be supportive of their sexually abused children. While some studies find that most mothers provide adequate support, other studies report that less than one-half of the mothers provide sufficient support. The evidence appears consistent, however, regarding the association between maternal support and the abused child's removal from the home. Children are more likely to be placed in foster care in cases that depict inadequate maternal support.

To examine the effects of maternal support on child functioning, Leifer, Shapiro, Martone, and Kassem conducted the study "The Impact of Maternal History and Behavior Upon the Sexually Abused Child."[6] This research is based on a broader study conducted by Martone and Leifer entitled "Child Sexual Abuse: A Longitudinal Study of the Effects of the Removal of the Perpetrator Versus Removal of the Victim From the Home Upon the Development of the Child and Family."[7] This work used a sample of nonoffending mothers to examine how factors in maternal history and current behavior, such as a history of sexual abuse or current substance abuse, affect

the mother's response to the abused child.[8] The impact of these same factors on the child's functioning and the decision to place the child in out-of-home care also are examined. Other aspects of Martone and Leifer's work are discussed in Chapter III.

The results of this research highlight the many difficulties experienced by nonoffending mothers. For example, more than one-half of nonoffending mothers reported a childhood history of sexual abuse, and mothers' current functioning was characterized by high rates of substance abuse. In turn, children of substance-abusing mothers and mothers expressing dissatisfaction with the social support they received experienced less maternal support, more severe abuse, more abuse-specific symptoms, and more frequent removal from their homes than their counterparts.

Sample and Methodology

The sample for this study consisted of 68 nonoffending mothers of sexually abused females. Mothers in this study had predominantly low socioeconomic status, and 66 percent were receiving public aid. The mean age of mothers was 34; 46 percent of the mothers had less than a high school education. Cases were included in this study if (1) they were substantiated by the State's child protective services agency, (2) the offender was at least 5 years older than the child and was well known to the child, and (3) the sexual abuse involved some form of genital touching.

Children in this study were between 5 and 16 years of age, with a mean age of 8.9 years. All the children were black. Fifteen percent of the children were in foster care at the time of the assessment. Of the children sexually abused, 73 percent had been subjected to some form of penile penetration, and 32 percent had been sexually abused by more than one person during their life. The median duration of abuse was approximately 5 months. In 73 percent of the cases, the offender lived in the household at the time of the abuse.

The caregivers (natural mother or foster mother) and children were evaluated between 1 week and 6 months following disclosure of abuse. Data were obtained using maternal interviews, record reviews, and a variety of child- and parent-report measures. The adequacy of maternal support at the time of disclosure was determined based on three items: (1) the overt protective actions taken by the mother, (2) the mother's belief in the child's account, and (3) the mother not blaming the child for the abuse.

Selected Findings

Leifer et al. report that nonoffending mothers had childhood histories marked by sexual abuse, the loss of significant others, and significant unhappiness. Statistics on nonoffending mothers are reported below.

- Fifty-three percent of the mothers reported sexual abuse in childhood;
- Fifty-seven percent of the mothers had experienced the loss of a significant loved one through death, divorce, or other means; and

- Fifty-two percent of the mothers described their relationship with their parents as physically, sexually, or emotionally abusive or neglectful, or as characterized by constant conflict, anger, and unhappiness.

Overall, variables related to maternal history were not associated with measures of mothers' current functioning, such as socioeconomic status, quality of the mothers' support system, or maternal support for their abused daughters. The exception to this was the variable of maternal substance abuse which was found to be more common among mothers who experienced childhood histories of sexual abuse or who described poor relationships with their own parents. Leifer et al. found the following associations between mothers' current functioning and their ability to support their children:

- At the time of the study, 38 percent of mothers reported ongoing substance abuse or substance abuse on a regular basis during the previous year. Maternal substance abuse was associated with evidence of inadequate maternal support for the abused child. Specifically, none of the 10 mothers who reported using cocaine showed adequate support for their sexually abused daughters.
- Only 28 percent of the mothers felt that their current social support networks met their needs. These mothers were less likely to show support for their daughters than were mothers who reported that their social support networks met their needs.

Leifer et al. reported that a significant number of mothers in this study did not strongly support their children following the disclosure of child sexual abuse. Data on maternal support revealed the following:

- Less than one-half of the mothers (49 percent) received positive ratings on the three items used to determine adequate maternal support;
- Forty-two percent of the mothers failed to take any protective action on the child's behalf, such as calling the police or taking the child to a doctor;
- Twenty-nine percent of the mothers did not believe their daughter's allegations; and
- Fifteen percent of the mothers blamed their daughter for the abusive incident(s).

The researchers reported that children who did not receive adequate maternal support fared worse on a variety of measures of child functioning than children who received adequate support. In general, children exhibited more sexual acting out and more anxiety in response to the abuse than did their counterparts whose mothers were more supportive. Specific findings on children's functioning are discussed below.

- Children of substance-abusing mothers experienced more abuse and were more likely to have experienced previous abuse by a different offender than were children of mothers who were not substance abusers.
- In comparison to children whose mothers reported adequate social support, children of mothers lacking such support experienced a longer duration of abuse,

were more likely to have experienced past abuse by a different offender, and more often were abused by an in-home offender.

Leifer et al. found that maternal support of the child's disclosure was related significantly to the decision to remove the child from the home and place the child in foster care. The researchers' findings regarding childrens' removal from the home include the following:

- In 74 percent of the families with an unsupportive mother, the abused child was placed in foster care;
- In 85 percent of families with a supportive mother, the abused child remained in the home;
- Other variables related to removal of the child included low socioeconomic status, maternal substance abuse, lack of maternal social support, and maternal histories of negative familial relationships; and
- Children who had histories of previous abuse or who had experienced a large number of abuse incidents were more likely to be placed in out-of-home care.

Study Implications and Recommendations

The results of this study suggest that mothers of child sexual abuse victims may themselves have histories of childhood victimization and familial chaos. According to Leifer et al., 53 percent of mothers in this study reported that they had been sexually abused in childhood. This is particularly high in comparison to the rate of childhood sexual abuse in the general population, which is reported at 21 percent. The researchers emphasize that the results reported in this study may not be as pronounced for mothers who are functioning at a relatively higher level. To address the possibility that these findings may be confounded by other problems in the mothers' lives, Leifer et al. recommend that the impact of maternal history be further examined using a control group of mothers of nonabused girls.

In light of the findings of this study, Leifer et al. offer recommendations to direct future intervention strategies and treatment programs. For example, Leifer et al. feel that nonoffending mothers and their daughters could benefit from programs that aim to increase maternal support and improve the parent-child relationship as well as from programs that address the child's abuse-specific symptoms. Programs for nonoffending mothers could include drug treatment, intervention aimed at reducing social isolation, and/or counseling that addresses problems in the mother's childhood. Leifer et al. add that drug prevention programs aimed at child sexual abuse victims also may help alleviate the problem of substance abuse in the future.

In conclusion, Leifer et al. assert that maternal support may be a key variable in helping children to recover from the short- and long-term effects of child sexual abuse. Programs that help increase maternal support following abuse disclosures not only help alleviate the problems associated with sexual abuse but also may help reduce the number of children placed in foster care.

Characteristics of Children and Families in Treatment

Specialized treatment programs for child sexual abuse victims and their families have been developed in recent years to help deal with the problems children and their families may face following child sexual abuse. Communities that have implemented specialized sexual abuse treatment programs report having difficulty keeping up with the demand for services. Despite this fact, little is known about the population served by sexual abuse treatment programs or about these programs' impact on children and adults who have been involved in sexual abuse cases. In general, studies indicate that treatment is needed to help individuals involved in cases of child sexual abuse cope with the ramifications of the experience. Potential benefits of treatment include helping child sexual abuse victims cope with the trauma of abuse, increasing the capacity of the nonoffending parent to protect the child from future victimization, and resolving the problems of the offender.

In Part II of the final report for the study "Services to Sexually Abused Children and Their Families: Characteristics of Children and Families in Treatment," Deveney, Rintell, Starr, and Roab-Protentis focus on the characteristics of children and families in treatment.[9] This study contributes to knowledge about the sexual abuse treatment population by providing descriptive data about the children, their offenders, and their families; the characteristics of the abuse experience; and the family's response to the abuse. See Chapter V for a discussion of the research conducted by Deveney et al. about case management and treatment outcomes.

Treatment is needed to help individuals involved in cases of child sexual abuse cope with the experience.

The findings of Deveney et al. offer a series of profiles on children and families at the time they entered treatment for child sexual abuse. These profiles, coupled with data on abuse characteristics and responses to abuse, provide insights into the diverse needs of the sexual abuse treatment population and the complexity of treatment tasks. The most striking findings indicate that while most sexually abused children feel in some way responsible for the abuse, few offenders feel any responsibility. Deveney et al. also reported high rates of physical and sexual abuse in offenders' childhood histories and a significant number of nonoffending parents who either pressured their child to recant the disclosure or failed to take any protective action on their child's behalf.

Sample and Methodology

To provide data on the characteristics of children and families in treatment, Deveney et al. surveyed 10 publicly funded sexual abuse treatment programs in Massachusetts. The programs represented a range of organizational settings, including hospitals, mental health centers, and private social service agencies. The sample consisted of all the children and families who participated in these publicly funded treatment programs beginning in 1986. The resulting sample was comprised of 240 treatment cases from 222 families and involved 188 offenders.

Data on children and families entering treatment were obtained from intake forms which included both client- and therapist-reported information. All cases of abuse in this study were substantiated by the Department of Social Services prior to referral

to treatment, and all subjects voluntarily entered the Department of Social Services-funded treatment programs. In some instances data from this study were compared to 1986 statewide statistics on 2,965 substantiated sexual abuse cases.

Selected Findings

Deveney et al. reported that most of the children in treatment were white females, although males were the victims of abuse in one-fourth of the cases. The following profiles emerged of children in the treatment population:

- Female child sexual abuse victims in treatment ranged from 3 to 18 years old; on average, male child sexual abuse victims were younger than the female child sexual abuse victims. For example, two-thirds of the male victims, versus one-half of female victims, were under age 10. The mean age of onset of sexual abuse was 7.5 years for the females and 6.1 years for the males. Interestingly, these ages are considerably lower than the ages of child sexual abuse victims reported in a number of other studies.
- Sixty-one percent of the children were abused by a parent or parent figure, 19 percent by other family members, and 20 percent by people who were not family members. Males were abused more frequently by people who were not family members than females (30 and 20 percent, respectively) and were more likely to be victimized by a female (15 versus 6 percent).

Deveney et al. reported a number of findings on the characteristics of families in treatment including the following:

- The number of children in families in treatment ranged from 1 to 12, with a mean of 2.8 children per family. In 40 percent of the families with more than one child, more than one child was the victim of sexual abuse. Male child sexual abuse victims, significantly more often than female child sexual abuse victims, had one or more sexually abused siblings.
- Most families in treatment had low incomes. Only 17 percent had incomes of $25,000 or more, while 62 percent had total incomes of only $15,000. Deveney et al. noted that this finding may be influenced by the possibility that economically disadvantaged families are more likely to be reported to State agencies and seek treatment in publicly funded programs than wealthier families.

Deveney et al. reported the following findings about the profiles of offenders in this research:

- Female offenders were underrepresented in the treatment population, as compared to statewide statistics on substantiated cases of child sexual abuse. State data reported female offenders in 11 percent of cases, however, data from this study suggest that only 3 percent of the cases in treatment involved female offenders.
- The majority of offenders in the treatment sample were the sexual abuse victim's father or stepfather, most of whom were living in the home at the time of the

abuse. In contrast to other studies that report a higher risk of sexual abuse in families with stepfathers, Deveney et al. found that the risk of sexual abuse by biological fathers was about three times higher than the risk of abuse by stepfathers.

- Many offenders reported childhood histories of abuse. One-half of offenders reported childhood physical abuse, and one-third reported childhood sexual abuse. This research suggests that offenders with childhood histories of sexual abuse were more likely to sexually abuse male victims. Offenders' current functioning often involved the use of alcohol and other drugs.

Characteristics of the abuse experience reported by Deveney et al. are discussed below.

- Three-fourths of child victims endured more than one type of sexual abuse. Most abuse involved penetration, and the younger the child the more likely it was that penetration occurred. The duration of abuse was 1 year or longer for about one-half of the victims, although 10 percent experienced abuse over the course of 5 years or longer.
- Children who experienced a single incident of abuse (19 percent) were significantly more likely to be abused by someone who was not a family member or by a relative who was not their parent.
- Virtually all children were coerced into the abuse. Coercion ranged from threats of physical harm to actual physical injury, which was experienced by more than one-third of the victims. In addition, many children experienced emotional threats, such as the loss of affection or family dissolution.
- In cases in which offenders used their position of authority to threaten children with the loss of affection or family breakup, children experienced more types of abuse, more frequent abuse, and abuse of longer duration.
- About one-third of the children in the treatment sample reported making attempts to resist, escape, or otherwise avoid the sexual abuse. Children who made attempts to resist tended to be older and less likely to blame themselves for the abuse. The longer and the more frequently the children were abused, the more likely they were to passively submit to the abuse or cope with the abuse by pretending it was not occurring.

Deveney et al. reported that children, parents, and offenders had a range of responses to the disclosure of child sexual abuse, including the following:

- Children initiated the disclosure of abuse in 70 percent of the cases. About one-half of the children reported experiencing pressure to recant the disclosure. Of these, more than one-third were pressured by the offender while nearly one-fourth were pressured by a nonoffending parent. Children who had experienced abuse over long periods of time experienced greater pressure from offenders to recant.
- Seventy-three percent of nonoffending parents responded to their child's disclosure by taking action to protect the child, such as informing someone or

facilitating the offender's removal from the home. Mothers were more likely to take protective action when the abuse had a short duration (less than 6 months) or when the offender was not a family member.

- Mothers with histories of childhood sexual abuse (39 percent) were less likely to intervene on behalf of their children than mothers who were not abused. For example, 65 percent of mothers with sexual abuse histories, versus 82 percent of mothers without such history, took protective action following the disclosure of sexual abuse.
- One percent of the children held themselves fully responsible for the abuse, and 52 percent held themselves partially responsible.
- Two-thirds of the offenders (69 percent) denied responsibility for the abuse or the occurrence of abuse. An additional 24 percent of offenders offered excuses or justifications for the abuse. In fact, only 7 percent accepted full responsibility for the abuse. Those who denied responsibility were the most likely to try to pressure the child to recant his/her disclosure.

Study Implications and Recommendations

The results of this research underscore the diversity of issues raised by sexually abused children and their families as they enter treatment and suggest a need for treatment for all involved in a case of child sexual abuse.[10] Among the issues that are particularly relevant to victims are (1) victims' feelings of responsibility for the abuse and (2) the pain associated with the loss of affection and family dissolution that often accompany a child's disclosure of sexual abuse.

The primary treatment issue for offenders is to accept responsibility for their abusive behaviors. In addition, many offenders need to deal with issues surrounding their own histories of child abuse and, often, their current substance abuse. Nonoffending parents may feel a need to examine their failure to take protective action on behalf of the child or their failure to provide emotional support for the child following the abuse disclosure. This research also suggests that nonoffenders may have to deal with their own histories of childhood sexual abuse. Thus, a range of issues raised by different family members in response to the disclosure of child sexual abuse warrant close therapeutic attention.

CHAPTER SUMMARY

Although the five studies discussed in this chapter deal with different aspects of child sexual abuse, together they provide a comprehensive overview of the child sexual abuse problem and add significantly to prior research. Each of these studies represents landmark research in the field, offering valuable insight into aspects of child sexual abuse that, until now, have been virtually unexplored.

Allen's study of female offenders and Finkelhor and Hotaling's examination of the sexual abuse of boys substantiate the fact that these populations have unique needs and warrant more attention in the 1990's. New approaches to the reporting and

investigation of child sexual abuse should be sensitive to the underreporting of abuse by female offenders and abuse involving male victims, so that these populations can be identified in the future. The research in this chapter also suggests the need for intervention and treatment strategies that are tailored to the needs of male child sexual abuse victims and female offenders. As the researchers point out, further research on the psychology of female offenders and the abuse of male victims is indicated to help clarify the unique dynamics that these types of abuse may entail.

The study by Finkelhor et al. of child sexual abuse in day care sought to identify the incidence of child sexual abuse in out-of-home care settings. This study addressed many misconceptions about the frequency and dynamics of the problem of sexual abuse in day care, placing the problem in perspective for parents and professionals.

In addition, the study's recommendations offer practical guidance to parents and professionals about how to help alleviate the problem of day care abuse in the 1990's. For example, Finkelhor et al. reported that most cases in this study involved a single offender. Many offenders were not members of the direct child care staff but were peripheral employees or employees' relatives.

Children who receive maternal support following an abuse disclosure truly have an ally in recovery.

Finkelhor et al. reported that the risk of sexual abuse in day care settings decreases in centers with numerous direct staff. This suggests that the risk of abuse to children in day care can be minimized by creating situations in which the children receive a lot of supervision from well-screened day care workers.

The study of Leifer et al. on nonoffending mothers provides new insight on the impact of variables associated with maternal history on mothers' current functioning. Mothers in this study were characterized by high rates of childhood sexual abuse, histories of poor familial relationships, and high rates of current substance abuse. In turn, mothers with these variables were reported as less likely to provide adequate support to their sexually abused children. Maternal support, however, may be a critical variable in helping a child to recover from sexual abuse.

These findings suggest that effective intervention and treatment programs need to simultaneously address the needs of the mother and the needs of her sexually abused child. By addressing the intergenerational aspects of child sexual abuse, intervention and treatment programs can help support the family as a unit and may result in fewer placements of children in foster care. Children who receive maternal support following an abuse disclosure truly have an ally in recovery, whereas children without maternal support may be at risk for a host of psychological problems and ongoing abuse. The research of Leifer et al. offers a new challenge to practitioners in the 1990's—a challenge to focus on nonoffending mothers and to determine whether the interventions suggested in this research prove effective in practice.

The study by Deveney et al. of the characteristics of children and families in treatment reaffirms the variability in the needs of child victims and their families. The findings reported in this study suggest dramatic differences in various family

members' reactions to the disclosure of abuse, highlighting the need for specialized treatment programs to address a spectrum of issues.

Many of the studies in this chapter show that the problem of child sexual abuse has complex dimensions and far reaching implications. The recurring theme of childhoods marked by sexual abuse is striking across the various studies and suggests that the lives of female and male sexual abuse offenders, nonoffending parents, and male and female child sexual abuse victims may be characterized by a variety of abuse-related problems. For many victims, the severity and duration of abuse have few boundaries. The impact of the abuse experience is, perhaps, most significantly illustrated by child victims who perpetuate the problem as adolescent or adult sexual abuse offenders. While most victims do not become adult offenders, numerous short-term, long-term, and intergenerational problems can be avoided through the treatment of child sexual abuse victims, offenders, and victims' families.

ENDNOTES

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10. Ibid.

THE CHILD VICTIM III

I was afraid of what was being done to me, how it was going to affect me. Sometimes it didn't hurt physically it hurt emotionally, I mean sometimes I would just sit there and ask God to make him stop...Sometimes I'd feel sick, you know, I'd feel like I don't understand...My privacy, you're invading it. It was always in the morning when I got dressed...it was always, "Please, don't come in." You know, I would stand right, literally right next to the door, and get dressed, you know, so I could hear him coming, or if he was going to open the door he was going to hit me, you know, and it would be my way of, I wouldn't want to say protecting, but knowing in advance...One of the hardest things is that it's an adult figure and, you know it's easy to say, "No, I don't want any hot chocolate today," but you can't say, "No, I don't want you to touch me." Well, I'm not saying that you can't say it, but after it's been going on and you live with that person, you know it's going to cause problems...It's hard to pretend something like that's not happening. I don't care how hard you try, it's hard to pretend it's not happening 'cause...it is happening, and every single day you get up in the morning, it's there, whether it's happening every single day in the morning or not, you get up with that load on your shoulders, and there is no way you can pretend it's not there, it's just not right.

From a clinical interview with a 12-year-old chronic child sexual abuse victim at the Seattle Sexual Assault Center[1]

An act of child sexual abuse takes only minutes to commit, yet the psychological repercussions may extend across a victim's lifetime. Research documents both short-term and long-term effects of sexual abuse on child victims, with sexually abused children evidencing a range of psychological consequences.[2,3]

Problems exhibited by sexually abused children often include acting out behaviors such as aggression, hyperactivity, and hostility, as well as internalizing disorders such as depression, anxiety, and low self-esteem.[4] Other symptoms commonly reported include excessive rumination, intrusive thoughts, and a high degree of self-blame.[5] Additionally, sexual acting out behaviors, although rarely observed, are often considered a hallmark of childhood sexual victimization.[6]

The symptomatology exhibited by child sexual abuse victims varies, ranging from children who experience few effects to those who are virtually crippled by extreme psychological dysfunction. Such variability suggests that the impact of sexual abuse on child victims may be mediated by factors independent of the sexual abuse experience itself. In an attempt to explain the differences in children's reactions to sexual abuse, past studies have examined numerous factors related to abuse, such as the relationship of the offender to the victim, the duration of abuse, and the use of force during sexual abuse. Variables related to the victim also have been examined, including the victims' age, gender, and developmental characteristics.[7]

In general, studies exploring the relationship between children's adjustment and mediating variables have produced inconsistent results.[8] For example, while some studies have found the child's age at the time of sexual abuse to be influential in predicting the impact of abuse, other research reports that age was not predictive of children's functioning. Similarly, research has failed to provide unequivocal support for the assertion that incestuous abuse is, per se, more detrimental to children's functioning than abuse perpetrated by someone outside the family.[9]

While several studies report positive correlations between the duration of sexual abuse and the level of emotional distress experienced by the child, other studies have found negative correlations between the duration of abuse and child outcome, with children who experienced a longer duration of abuse evidencing relatively less psychological trauma. In contrast, analyses of the impact of the use of force during sexual abuse have found that sexual abuse involving force has a particularly detrimental effect on abused children's subsequent functioning.[10]

Historically, investigations of child sexual abuse have been beset with a variety of methodological limitations. The most prevalent among these are the lack of nonabused comparison groups, the use of subjects from clinical populations (who may experience a variety of problems in addition to those resulting from sexual abuse), and variations in definitions of sexual abuse used in different research projects. Perhaps the most problematic limitation, however, has been the almost exclusive reliance of past studies on self- and parent-report measures. Both children's self-reported accounts and parental observations are notoriously subject to bias, which may account for at least some of the variation in research results.[11]

These issues are particularly relevant when interpreting previous studies of the effects of child sexual abuse. For example, several studies that used self- and parent-report measures found the level of anxiety, depression, and self-esteem of abused children to be comparable to that of normative, nonabused children.[12] Explanations for such findings raise questions about the ability of existing measures to reflect accurately the effects of sexual abuse on child victims.

One possible explanation for the finding that sexually abused children show normative levels of anxiety and depression is that sexually abused children may be particularly reluctant to disclose painful emotions, thus confounding self-report measures with their guardedness. Parent reports may be subject to a similar bias and may provide information that reflects the parents' level of psychological distress rather than provide an objective indication of the child's level of functioning.[13]

This chapter highlights selected findings of three NCCAN-funded studies which explore variables that may influence the impact of sexual abuse on child victims. These studies seek to clarify the relationship between characteristics associated with sexual abuse and the subsequent functioning of abused children, as well as try to refine existing techniques for measuring child outcomes. The forthcoming research addresses these issues with quantitative and qualitative data on the effects of sexual abuse, using projective assessment techniques, such as the Rorschach, as well as parent- and self-reports. In addition, this chapter examines the development of new tools to measure children's functioning in the aftermath of sexual abuse.

The results of these studies reaffirm the variability in children's responses to sexual abuse and underscore the range of symptomatology that may emerge following a sexual abuse experience. Investigating the variables which may influence the impact of sexual abuse provides professionals with a better understanding of the role these factors have in shaping the child's functioning. Such investigations also help to facilitate the development of effective intervention and treatment programs in the future.

The Impact of Child Sexual Abuse

Previous research reports substantial variation in individual responses to child sexual abuse. In an attempt to clarify the relationship between psychological functioning and sexual abuse, recent research has focused on specific factors that could account for differences in children's adjustment following abuse.

The following section examines research from La Rabida Children's Hospital and Research Center. Entitled "Child Sexual Abuse: A Longitudinal Study of the Effects of Removal of the Perpetrator Versus Removal of the Victim Upon the Development of the Child and Family," this work focuses on the psychological effects of child sexual abuse and explores factors that may influence children's functioning following abuse.[14] A full description of the findings of this research are reported in the following two articles: "Rorschach Assessment of Psychological Functioning in Sexually Abused Girls" and "Cognitive Functioning, Social Competence and Abuse-

Related Variables as Predictors of Maladjustment in Sexually Abused Girls."[15,16] These articles compare the functioning of abused versus nonabused females, examining the association between social and cognitive competence and emotional distress.

Variables hypothesized to intensify or reduce the effects of sexual abuse included factors internal to the child, such as age and social or cognitive competence, and abuse-related variables, such as a prior history of abuse/neglect, the duration of abuse, and the relationship of the offender to the victim. Other findings from this study are discussed in Chapter II.

Sexually abused children exhibited marked problems in functioning as compared to their nonabused counterparts.

The results of this work support the assertion that children suffer a variety of effects following sexual abuse, ranging in severity from mild maladjustment to severe psychological distress. Comparisons of abused and nonabused subjects' Rorschach data suggest that abused subjects experience more disturbances in thinking, more negativity, and a higher level of stress relative to their coping skills. Surprisingly, advanced cognitive competence was consistently related to higher levels of emotional distress, a finding that endured over time. Overall, the symptoms manifested by child sexual abuse victims were related both to internal variables and to ecological and abuse-related factors.

Sample and Methodology

The full sample for this study consisted of 109 black females between 5 and 16 years of age who had experienced some form of genital touching within the 2 years prior to the study. Sixty-eight percent of the subjects came from families receiving public aid. The nonabused comparison sample was matched with the abused sample by age and consisted of black females who had no known history of sexual abuse and were medical patients at La Rabida Children's Hospital and Research Center.

Longitudinal findings were based on data collected in a baseline interview and at three subsequent points in time: between 1 week and 6 months following disclosure, between 10 and 15 months following disclosure, and between 21 and 26 months following disclosure. Data analyses for subjects who had data at all 3 points in time included 43 cases.

The researchers used a variety of self- and parent-report measures to assess children's functioning. Parent-reports included measures of internalizing and externalizing disorders, social competence, sexual acting out, and sexual abuse anxiety. The subjects' intellectual functioning was measured through a series of standardized tests. Additionally, in an attempt to minimize reporting bias associated with self- and parent-reporting techniques, the Rorschach Inkblot Test was used to measure children's functioning and level of distress. Projective techniques, such as the Rorschach, provide information not readily apparent through observation and access aspects of the children's functioning that they may not be willing or able to report. Other analyses included measures of ego functioning, adaptive coping and stress, affective functioning, interpersonal engagement, and sexual and bodily concerns.

Selected Findings

The study reported that sexually abused children exhibited marked problems in functioning as compared to their nonabused counterparts. This suggests that children may experience significant psychological dysfunction as a result of sexual abuse. The sexually abused children in the study sample were characterized as follows:

- Abused females evidenced marked problems in ego functioning, including disturbed thinking, impaired reality testing, and sexual acting out. When compared with nonabused females, female abuse victims described relationships more negatively, had higher scores of hostility, and were more preoccupied with sexuality (see Table 2).
- Abused subjects reportedly experienced more stress relative to their ability to cope. Specifically, abused females reported higher levels of lifestress and more emotional demands, although their capacity for coping remained comparable to that of nonabused females.
- The psychological effects of sexual abuse remained fairly stable across time, with the exception of self-report measures of depression, which indicated that abused children felt less depressed as time passed.

Table 2: Percentage of Abused Children Exhibiting Sexual Acting Out Behaviors*

	Never	Sometimes	Often
Acts Seductively or Provocatively	79%	19%	2%
Is Too Affectionate With Men and/or Boys	70%	21%	9%
Sexually Acts Out With Others	92%	4%	4%
Acts Promiscuously	92%	6%	2%
Sexually Victimizes Younger Children	98%	2%	0%
Is Preoccupied With Sex in Play and/or Talk	81%	13%	6%

* Based on ratings completed by children's caregivers.

Adapted from Shapiro et al. "Cognitive Functioning, Social Competence and Abuse-Related Variables as Predictors of Maladjustment in Sexually Abused Girls", Unpublished manuscript submitted to NCCAN as part of the Final report to NCCAN of grant #90CA1395, 1990.

Analyses of the role of social and cognitive competence revealed an interesting pattern of correlations between cognitive activity and the psychological effects of child sexual abuse, including:

- Abused subjects' Rorschach data suggested an association between variables related to intellectual striving, coping resources, and richness of emotional experience and variables related to emotional pain. Children who were cognitively advanced exhibited more distress and more indicators of psychopathology. These results remained consistent across time.

- Lower social competence was associated with increased externalizing behaviors and sexual acting out. Analyses of baseline data indicated that social competence was predicted by factors such as the number of abuse incidents and the length of time the child lived with the offender. The strength of these associations, however, reportedly abated across time.

Study Implications and Recommendations

Based on these findings, the researchers concluded that child sexual abuse is associated with a range of symptomatology, representing varying levels of psychological dysfunction. Study results indicate that abused subjects experience more difficulties than nonabused subjects, including experiencing more stress relative to their ability to cope. This finding was supported by data that suggested that although subjects showed similar coping capacities across groups, abused subjects exhibited disproportionate amounts of emotional distress. The researchers believe that such gaps between available coping resources and the level of stress experienced by child victims may contribute to the illogical thinking shown by so many abused subjects in this study.

The researchers reported a surprising pattern of associations between psychological distress and internal mediating variables. Specifically, a positive relationship was reported between emotional distress and level of cognitive functioning in abused subjects. This suggests that children with higher cognitive and emotional functioning may experience more severe psychological distress than victims who are emotionally or intellectually constricted.

This research notes the possibility that qualities ordinarily considered beneficial, such as high intelligence, may intensify the emotional distress experienced by sexually abused children. Symptoms common to sexual abuse victims, such as rumination and intrusive thoughts, may be exacerbated for children with higher cognitive functioning, who may find the implications of sexual abuse overwhelming. While it is unclear how long such symptoms will endure, it is possible that they represent more than the victims' initial efforts to make sense of the abuse and may persist across time. These findings highlight the need for intensive therapy for child sexual abuse victims, particularly for those children who have a high level of cognitive competence and intellectual activity.

Similar associations were reported between lower social competence and increased behavioral disturbances in the initial interviews. The researchers hypothesized that the association between low social competence and increased acting out could be affected by a child's level of internal control. This suggests that children with low social competence may lack the self-control necessary to manage their behavior in response to stressful situations. Thus, children with low social competence might be prone to acting out internal stress. In contrast, children with higher social competence would control their impulse to act out when they feel stressed.

The researchers addressed a number of the methodological limitations of this type of research. First, the subjects in this study did not represent a random sample but

were an identified group of children referred to La Rabida Children's Hospital and Research Center for sexual abuse assessments. Second, the subjects were compared to controls on only two of the measures used in this study (the Rorschach and Children's Depression Inventory). In these instances, data were interpreted in comparison to normative scores for children who were from low socioeconomic backgrounds but who were not black. These findings raise new issues about the differences between short-term consequences and long-term effects of child sexual abuse. The researchers noted that additional longitudinal research is needed to explore the relationship between cognitive competency and emotional distress.

This research has vast implications for the future of intervention and treatment programs for child sexual abuse. The variability in individual responses to sexual abuse implies a need for a range of treatment options and alerts researchers to the potentially powerful role of internal variables in determining a child's functioning subsequent to sexual abuse. Finally, this work affirms the need for ongoing research on the impact of sexual abuse on children's functioning, both during the days immediately after disclosure as well as in the years to follow.

Immediate Effects and Long-Term Manifestations

Despite a growing body of research on the effects of child sexual abuse, questions surrounding immediate versus long-term effects remain largely unanswered. Little is understood about the variables which determine a child's reaction to sexual abuse or about the influence such variables may have on the functioning of adults who were sexually abused during childhood.

Hunter's work explores the different effects of child sexual abuse across age groups, focusing on variables that may predict the impact of sexual abuse on subjects at different stages of their lives. Hunter's reports entitled "The Manifestations of Child Sexual Abuse at Critical Developmental Stages" and "A Comparison of the Psychosocial Maladjustment of Adult Males and Females Sexually Molested as Children" examine the role of variables internal to the victim, such as age and gender, as well as external factors, such as family functioning and abuse-related variables.[17] Hunter's examination of adults who were sexually abused as children provides a fresh perspective on the often far-reaching effects of abuse, examining the role of different factors at various points across the lifespan.

Hunter reported that sexual abuse victims in this study exhibited a range of symptoms, varying both within and between groups of subjects. Evidence of the deleterious effects of sexual abuse was most dramatic in adults sexually abused as children, who showed particularly high levels of maladjustment relative to nonabused subjects. Hunter reported that sexual abuse victims were frequently the products of unstable families who were beset by multigenerational problems. Although the majority of abuse-related variables were not strongly associated with subsequent functioning, the use of force during abuse emerged as a powerful predictor of victims' subsequent adjustment.

Sample and Methodology

Hunter's sample was comprised of 200 child sexual abuse victims in 4 developmental categories: preschool (aged 3–5), latency (aged 6–12), adolescence (aged 13–17), and adult (aged 18 and over, who had been sexually abused as children). The adult subjects selected by Hunter included those who (1) were less than 18 years old at first sexual abuse experience, (2) had at least a 3-year age difference between themselves and the offender, and (3) had physical contact of a sexual nature between themselves and the offender. Most of the subjects were white. Comparison data for the adult sample were obtained from a matched sample of nonabused males and females. Data from child subjects were obtained between 1 and 6 months following investigation by the Department of Social Services but prior to referral for treatment. Only cases which were determined to be "founded" were examined.

A variety of measures were used to determine subjects' level of psychosocial adjustment, including self- and parent-report measures and projective techniques, such as the Rorschach.

Selected Findings

The descriptions of sexual abuse experiences reported by subjects in Hunter's sample are consistent with profiles of offenders and child victims reported in previous research. Hunter's findings on offenders and child victims include the following:

- Adolescent offenders were responsible for 28.5 percent of sexual abuse cases across groups, accounting for 40.6 percent of the abuse of males and 16.4 percent of the abuse of females.
- Female victims were abused for longer periods of time and were more likely to have been abused by relatives than were males, with fathers accounting for 50 percent and stepfathers accounting for 28.5 percent of the reported cases. The duration of sexual abuse in this sample ranged from 1 to 17 months.

High levels of dysfunction and instability were present in the profiles of families of child sexual abuse victims. Families in this study were characterized as follows:

- Parents of sexually abused children were likely to have been sexual abuse victims themselves, with 29 to 50 percent of mothers and 12 to 17 percent of fathers reporting sexual abuse during their childhood.
- 30.8 to 77.7 percent of abused children came from divorced families, and paternal alcohol abuse was reported in 22 to 87.5 percent of cases. Spousal violence was similarly high, ranging from 35 to 75 percent.

Of the abuse-related factors examined in this study, Hunter reported that the use of force during sexual abuse was the strongest predictor of the impact of sexual abuse on victims' later functioning. In this study, 41.5 percent of the subjects reported that force was a part of their sexual abuse experience, and force was associated with higher levels of maladjustment for subjects in various age groups.

Females manifested such symptoms as heightened anxiety, low self-esteem, and emotional maladjustment. Male victims evidenced increased distrust of others, psychosomatic disturbances, identity conflicts, and low self-esteem.

Comparisons between adults who were sexually abused during childhood and their nonabused counterparts revealed the most dramatic results; abused adults evidenced higher levels of dysfunction across measures. Adults abused as children reportedly displayed lower levels of self-esteem, less satisfaction in intimate relationships, more emotional maladjustment, and more symptoms of sexual dysfunction than nonabused adults.

Although examinations of the role of gender revealed more similarities than differences, Hunter noted that there were some differences in the reactions of male versus female subjects.

- Comparisons of the Minnesota Multiphasic Personality Inventory (MMPI) profiles of adult males indicated that abused males experienced higher levels of anxiety and rumination than nonabused adult males, especially surrounding identity issues. These traits were shared by latency-aged abused boys, who also exhibited significant concern over body image and identity.
- Similar comparisons of adult females' MMPI profiles indicated that subjects abused as children experienced more body image incongruencies relative to nonabused females. Specifically, discrepancies existed between abused subjects' notably positive ratings of physical appearance and their poorer scores on measures of self-esteem, importance placed on physical appearance, and evaluation of physical health.

High levels of dysfunction were present in the families of child sexual abuse victims.

Study Implications and Recommendations

Hunter reported that victims in this study evidenced a range of symptoms, from mild effects to intense distress. Furthermore, Hunter concluded that these data support an association between childhood sexual abuse and maladjustment in later life.

Hunter's profiles are consistent with those found in other recent studies, suggesting that adolescent offenders may be responsible for a substantial number of sexual abuse incidents involving male victims. Similarly, Hunter's finding that females are more likely to be abused by relatives than are males parallels other accounts found in the research literature. In addition, Hunter introduced findings which suggest that child sexual abuse is but one component of a constellation of family problems, which often include parental psychiatric disorders, divorce, substance abuse, and spousal and child physical abuse. The extent to which such familial instability compounds existing difficulties associated with child sexual abuse remains unclear, highlighting the need for further research into the dynamics of sexual abuse.

Hunter asserted that a sense of "psychological guardedness, caution, and reserve" was common to most victims in this study. While quantitative analyses of females' and males' adjustment reportedly revealed more similarities than differences, subtle gender distinctions did emerge. For example, MMPI profiles of adult males who

were abused during childhood revealed increased anxiety about identity issues as compared to the MMPI profiles of nonabused adult males. These data are consistent with those of latency-aged males, who placed more importance on physical appearance than did latency-aged females, while simultaneously judging themselves more negatively. Additionally, these exaggerated identity concerns may be exacerbated for males who were abused by same-sex offenders. Hunter hypothesized that males may undergo a painful process of introspection and self-criticism, beginning during latency and continuing through adulthood.

Trends emerged in the analyses of females' MMPI profiles as well, which suggested that abused women may suffer more from body-image incongruencies and disturbances related to their self-esteem than they do from identity concerns. For example, adult female victims rated their physical appearance more positively than nonabused controls but scored lower on measures of physical health and self-esteem. Furthermore, female victims' overall ratings of physical appearance did not correlate with other measures of body image or self-esteem, indicating significant discrepancies between body image and confidence. Hunter hypothesized that females may dissociate their physical appearance from their self-esteem to divert attention from their bodies, thus avoiding their discomfort with their sexuality.

To explain these variations in sexual abuse victims' reactions to abuse, Hunter examined the role that characteristics of the sexual abuse experience might play in victims' subsequent adjustment. While most of these factors did not clearly differentiate between child victims, the use of force reportedly proved to be a powerful predictor of children's functioning following sexual abuse. Although this finding is consistent with those of previous studies, Hunter cautions professionals about using the characteristics of the abuse experience to predict a child's future adjustment.

The potential bias of parent- and self-reports is a methodological limitation common to sexual abuse research and is present in this study as well. Specifically, abused subjects' self-reports frequently fell within a normative range, contrary to the results of parent-reports and Rorschach measures, which often indicated significant levels of maladjustment. Thus, no correlation was found between children's adjustment as measured by self-reports and adjustment measured by parent-reports and projective techniques. This raises the issue of whether existing measures should be used to assess sexual abuse victims' level of distress and coping.

The problem of reporter bias may be exacerbated by the high levels of familial turmoil present in this population. As Hunter noted, just as self-reports are subject to individual biases, parent-reports of a child's adjustment may be distorted by a parent's state of mind. Factors that could affect the objectivity of parent-reports include parents' level of emotional distress following the abuse and expectations of how their child should cope relative to the child's actual adjustment. Hunter suggests that parents who are emotionally distraught may project such feelings outward, in turn reporting higher levels of anxiety and maladjustment in their children.

Hunter's work highlights a number of topics to be explored in future research. While this study was unable to control for a variety of intervening variables in the

adult population, significant variations were found between children's and adults' levels of maladjustment. Hunter suggests that these distinctions may represent differences in short- versus long-term effects of child sexual abuse, or they may be the result of early identification and intervention, two factors which characterize the majority of youth but the minority of adults in this sample. Investigations of the use of self-reports, parent-reports, and projective techniques offer rich ground for future studies, potentially overcoming the limitations associated with existing measures.

Ongoing research plays a vital role in helping professionals to develop more effective measurement tools, intervention programs, and treatment plans. The interaction between child sexual abuse, mediating variables, and child outcomes weaves a complex web that has a profound impact on the future development of instruments and treatment programs in the field of child sexual abuse.

Tools for Assessing the Impact of Child Sexual Abuse

A number of sexual abuse investigations have noted the limitations of popular assessment tools in measuring the effects of sexual abuse on child victims. Specifically, many of the assessment techniques commonly used to evaluate child victims' adjustment following abuse were initially designed to identify other problem areas, such as depression or anxiety, and may be insensitive to disturbances specific to child sexual abuse. Such criticism frequently includes the charge that existing measures are too broad and assess functioning in abstract terms, rather than providing structured evaluations of specific emotional and behavioral outcomes.

In response to such critiques, Conte, Collins, Mehlman, Hartley, and Berliner designed three new measures, Child Impact Checklist, Parent Impact Checklist, and Social Worker Impact Checklist, to assess symptomatology specific to child sexual abuse. The final report of Conte et al. to NCCAN, entitled "The Effects of Sexual Abuse on Children," explores preliminary findings using Impact Checklists and includes qualitative data from clinical interviews with sexually abused children.[18]

The work of Conte et al. supports the assertion that child sexual abuse is both traumatic and disturbing. High impact scores, which reflect the impact of abuse upon the child, were reportedly associated both with the number of stressful events experienced by the child as well as with the degree of difficulty of abuse-related and normal family events. Similarly, victims who were given special privileges, blamed themselves for the abuse, and feared negative consequences from disclosure were more affected by their sexual abuse experiences. Conte et al. concluded that such findings indicate the importance of reducing the number of stressful changes experienced by a child following the disclosure of sexual abuse. Furthermore, the study's clinical interviews exemplify the pain and confusion felt by victims of child sexual abuse, who often conveyed a sense of fright and helplessness.

Sample and Methodology

The sample for this study was comprised of 94 sexually abused children between 7 and 17 years of age. Subjects were seen at the Seattle Sexual Assault Center

between 1984 and 1989, following their disclosure of sexual abuse. Eighty percent of the sample were female, 80 percent were white, and 15 percent lived in families whose annual income was $29,000 or less. A comparison sample of 49 nonabused children and their families, who were recruited through a variety of advertisements, was examined as well.

Demographic data were collected from intake profiles routinely administered at the Seattle Sexual Assault Center. Children, parents, and social workers completed Impact Checklist protocols to provide information about specific functioning dimensions and difficulties in adjustment that children may experience following sexual abuse. Each protocol yielded an overall impact score for individual children, reflecting the degree to which the abuse event affected the child.

Twenty-six percent of the children reported that someone was aware of the abuse but did nothing to help.

The Child Impact Checklist consists of 95 descriptions of feelings, thoughts, and behaviors children often experience following abuse (see box). Children in this study were asked to rate the frequency of each of these on a three-point scale of "never," "sometimes," or "always." The Child Impact Checklist also includes a list of major life events to assess how many stressful life events the children had experienced within the previous year. Finally, children were asked to respond to 16 statements describing their beliefs to evaluate the children's view of the role they have in relation to the world.

Information gathered by the Parent Impact Checklist parallels that in the Child Impact Checklist. Parents were asked to rate the presence and frequency of 65 behaviors that children may exhibit by indicating whether that behavior occurs "never," "rarely," "sometimes," "often," or "very often." Parents also completed a life events scale, describing stressful events that occurred in the previous year. Finally, parents were asked to rate a list of 19 statements about family life, indicating the degree to which each statement characterized the qualitative features of their family situation. Social worker protocols assessed similar aspects of family life and addressed various facets of both child and parent functioning.

Sample Items From the Child Impact Checklist

I have dreams of what happened.

I have memories or thoughts of what happened that are hard to stop.

I suddenly feel as if the abuse were happening again because of a reminder.

After something reminds me of what happened I have problems coming back.

I avoid activities which are reminders of what happened.

I am afraid of certain people.

I have guilty feelings.

From Conte et al. Final report to NCCAN of grant #90CA1182. "The Effects of Sexual Abuse on Children," 1990.

Items from the Impact Checklists were grouped to measure the major dimensions of functioning believed to be associated with childhood sexual abuse. These categories included fear, symptoms of posttraumatic stress, depression, cognitive disturbances, self-esteem, somatization, and relationship functioning. Moderate to high internal consistency was reported for each

dimension, with larger numbers being indicative of increasingly negative child functioning.

Finally, clinical interviews were conducted to obtain qualitative data about the impact of and circumstances surrounding child sexual abuse experiences. Abused children were asked a series of 75 questions pertaining to their thoughts and feelings during the abuse, their efforts to stop or prevent further abuse, who they felt was responsible for the abuse, and what they perceived to be the consequences of disclosure.

Selected Findings

Conte et al. found a number of associations between the Impact Checklist items and children's overall impact scores. While this suggests that certain discrete factors may be associated with variations in the impact of sexual abuse, Conte et al. noted that specific factors were selectively related to some measures of functioning and not others. Thus, no one checklist item consistently predicted variations in children's functioning across measures. The study's findings include the following:

- The impact of sexual abuse, as reflected by Parent and Child Impact Checklist scores, was reportedly greater for children who were afraid during the abuse, had a high number of stressful life events, and had difficulty with abuse-related or normal family events.
- Similarly, children who felt the abuse was their fault, feared negative consequences for themselves or others, or received special privileges following the abuse had higher Parent or Social Worker Impact Checklist scores, indicating a more severe impact of abuse.

The descriptive accounts of abuse revealed by children during clinical interviews captures the pain and complexity of child sexual abuse. These accounts add depth and texture to the statistical profiles of the world of sexually abused children. While the accounts differ between individuals, a number of general themes emerged from these interviews. The data on some of the themes raised in the clinical interviews are presented below. (The statistics add up to more than 100 percent due to multiple responses.)

- When asked what they felt during the abuse, 39 percent of the children reported fear, 18 percent reported confusion, and 17 percent reported anger. When asked directly if they had felt afraid, 88 percent of the children replied yes. Fifty-three percent reported that they pretended the abuse was not happening when it was occurring.
- Sixty-eight percent of the children made some effort to stop the abuse: 38 percent reported trying to fight back, and 28 percent reported telling the offender to stop. Data suggest, however, that 65 percent of the actions children took to avoid sexual abuse were not successful.
- The researchers noted that a first step in avoiding sexual abuse is being able to tell when that abuse is imminent. Of the children who were sexually abused repeatedly, only 35 percent reported being able to tell when they were about to be abused. Twenty-six percent of the children reported that someone was aware of the abuse but did nothing to help.

Study Implications and Recommendations

Conte et al. concluded that while the ultimate utility of Impact Checklists can be judged only with repeated use over time, initial examinations of these measures indicate moderate to high internal consistency. Moreover, the development of these tools marks the increasing attention being given to the specific needs of sexually abused children and the growing awareness that the scope of existing assessment tools is too limited.

Impact Checklists seek to overcome the difficulties of biased reporting by obtaining data about the child's functioning from a variety of sources, including the child, the parent, and the child's therapist or social worker. The inclusion of a child's therapist as an information source is an important development in the field. It remains clear, however, that parents and professionals frequently disagree about the child's level of functioning subsequent to sexual abuse. The researchers believe that such differences may reflect the fact that parents and professionals often observe the child in different settings and may have different expectations about the child's level of functioning. While this research was unable to examine factors which shape parents' and therapists' opinions and expectations, Conte et al. emphasize the need for future research in this area.

The information gathered by Impact Checklists differs from that of previous assessment measures in content as well as source. Impact Checklists ask subjects to describe specific dimensions of functioning believed to be most affected by child sexual abuse, thus potentially indicating effective treatment options for particular children. The researchers point out, however, that in this study no one factor predicted the overall effect of sexual abuse on child victims' functioning. Thus, Conte et al. assert that child functioning is subject to multiple influences, any combination of which may account for variations in a child's level of adjustment following a sexual abuse experience.

The researchers explored the implications of specific quantitative and qualitative findings, highlighting areas for future development and research. Most of their findings support previous research and suggest that childhood sexual abuse is a potentially traumatic experience. The finding that stressful changes experienced by the child following abuse, including receiving special privileges, are associated with higher impact scores emphasizes the importance of being sensitive to consistency in a child's life following disclosure.

Evidence suggests that children who blame themselves for the abuse or are fearful during the incident may experience stronger effects. As the researchers point out, this implies that variables associated with the impact of sexual abuse are not always factors that can be influenced by therapy. In the future, research that identifies aspects of functioning which influence the impact of child sexual abuse and are accessible through therapy may help professionals to develop effective treatment programs.

Although children expressed distinct reactions to their sexual abuse during clinical interviews, these opinions were not strongly influential in quantitative analyses. The

researchers suggest that this discrepancy may be due to the fact that children's descriptions were interpreted too broadly to identify significant variation across subjects, or that the number of children making statements was too small to support significant findings in the quantitative data. Finally, it is possible that although the children's statements were powerful, they expressed general pain and trauma, rather than addressed specific difficulties in isolated dimensions of functioning.

This research focuses on the need to further refine these and other tools for measuring the impact of abuse on areas of functioning unique to child sexual abuse. Issues requiring further exploration include the report that a substantial number of children are unable to identify when they are about to be abused and that children are so often unsuccessful in preventing repetitive sexual abuse incidents. Conte et al. feel that existing methodological limitations could be resolved in the future by increasing multisite collaborative research. This would expand the scope of the research and size of the subject pool, making the findings applicable to a broader range of individuals.

CHAPTER SUMMARY

The NCCAN-sponsored studies in this chapter examine the effects of sexual abuse on child victims, seeking to explain the variation in children's adjustment following abuse. The findings reported by Conte et al. support the assertion that children experience a range of effects subsequent to sexual abuse, varying between individuals and groups of sexual abuse victims.

Researchers have explored numerous variables in an attempt to define the relationship between sexual abuse and children's subsequent functioning. Although associations were reported between a number of mediating variables and the impact of abuse, no one factor or set of factors consistently predicted the effects of sexual abuse on child victims. This lack of a direct cause and effect relationship raises several questions, both about the methodological complexities of such research as well as about the variables believed to influence children's functioning subsequent to sexual abuse.

Research from La Rabida Children's Hospital and Research Center suggests that internal variables, such as the child's level of cognitive or social competence, may mediate the impact of child sexual abuse. Future research should explore in greater depth the role of children's subjective impressions about their abuse in determining their level of emotional distress following an incident of sexual abuse.

Another variable that demands further investigation is the role of family structure in child sexual abuse situations. Hunter's report that sexually abused children often come from families beset with numerous problems is a graphic illustration of the common sense notion that sexual abuse does not occur within a vacuum but is one component of a set of interrelated problems. These data are particularly important in guiding future treatment programs for sexually abused children, implying that a range of treatment options are necessary for both child abuse victims as well as their families.

The need for further research is not limited to examinations of mediating variables alone, but should encompass investigations of short-term versus long-term effects of sexual abuse as well. Little is known about the differences between the immediate effects of disclosure and the coping strategies that may evolve over time. As Conte et al. suggest, these issues could best be answered through multisite, collaborative, longitudinal research projects in the future.

These studies also raised numerous methodological issues, particularly surrounding the utility of existing measurement techniques. The research reported here and elsewhere indicates that there is an immediate need to develop and refine assessment tools that are sensitive to the effects of child sexual abuse. Ideally, such techniques will clarify the specific aspects of child functioning most affected by child sexual abuse, thus facilitating the development of increasingly effective treatment programs.

Examinations of the effects of child sexual abuse are vital in developing effective intervention and treatment programs.

Examinations of the effects of child sexual abuse are vital in developing effective intervention and treatment programs. The variability in effects documented by these studies reaffirms the need for a broad range of treatment programs and the continuation of research into the relationship between mediating factors and adjustment following sexual abuse. Ideally, such investigations will provide insight into the role previous abuse may play in the development of abusive behavior, thus providing professionals with knowledge needed to help end the ongoing cycle of child sexual abuse.

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IV

INTERVIEWING TOOLS FOR THE ASSESSMENT OF CHILD SEXUAL ABUSE

"Maybe what we need is more research. And we need to educate the public—who are going to be our jurors—about the process of disclosure. What is killing us is the misconception in the public that children's disclosures come immediately. Often [members of] law enforcement, if they cannot get an immediate disclosure, have to close a case. If they get a disclosure that has tentative features, then it is called unsubstantiated and is left behind."

Dr. Barbara Snow,
clinical therapist[1]

The task of substantiating an allegation of child sexual abuse is laden with complexity. Investigative efforts often are frustrated by the child's emotional distress and may be complicated further by a lack of corroborating physical evidence. In cases involving young children, the children's developmental limitations—such as language deficits, limited memory, and potential suggestibility—must be overcome.[2]

Accurate interviewing tools for assessing child sexual abuse have become increasingly important as reports of child victimization have risen nationwide. In their deep concern for the welfare of abused children, professionals have sought to develop assessment tools that are psychologically sensitive as well as legally sound. While this aim is complicated by the diversity of professions involved in assessment, a number of tools have been developed in response to this burgeoning need.

Recent years have seen improvements in facilitative techniques such as psychological assessments, structured victim interviews, and medical procedures. Despite the fact that one method has yet to receive universal acceptance, several tools have gained widespread use and recognition.

One such tool, the anatomically detailed doll, has become a popular but controversial technique for assessing the sexually abused child. The controversy centers on the question of the potential of anatomically detailed dolls to elicit false accounts of sexual abuse versus the potential of dolls to facilitate truthful testimony.

Proponents of anatomically detailed dolls assert that the dolls support children's accurate recollection of prior sexual abuse by providing cues to aid memory and props to allow children to demonstrate events that they are uncomfortable about or unable to express verbally. Some professionals contend that the dolls give children permission to talk about otherwise taboo sexual topics, clarifying children's descriptive terms and supplementing their language limitations with a visual tool.[3]

In contrast, those who oppose the use of anatomically detailed dolls contend that the dolls' explicit nature may promote sexually exploratory actions that can be misconstrued as evidence of sexual abuse. It also has been suggested that the dolls promote the use of leading questions during assessment interviews, particularly when used by untrained investigators. Critics predict that, given children's suggestibility and imagination, anatomically detailed dolls may interfere with the children's ability to report sexual abuse accurately by encouraging fantasy. Furthermore, assessments relying on anatomically detailed dolls are considered by some to be so suggestive that they are, of themselves, detrimental to the children.

A brief literature review of previous research on anatomically detailed dolls provides data on children's use of the dolls in both free play and structured interview settings. Past studies provide evidence for both sides of the debate, suggesting that while nonabused children do occasionally exhibit sexually explicit doll play, such instances are relatively rare. Comparative research on sexually abused versus nonabused children's use of anatomically detailed dolls reports significantly higher rates of sexual doll play among abused samples, including explicit demonstrations of sex acts with dolls (an extremely rare occurrence among the nonabused sample).

Several studies of nonabused children report that sexual play with the dolls was rare but was observed in a small percentage of subjects. For example, in Jampole and Weber's study of 3- to 8-year-old abused and nonabused children, sexual doll play was markedly more common among sexually abused subjects, although 2 of 10 nonabused subjects exhibited such behavior as well.[4] In similar research with nonabused 3- to 6-year-olds, Glaser and Collins reported that children incorporated dolls into their imaginative play 78 percent of the time and that sexual doll play and aggressive behavior towards the dolls were rarely observed. Nevertheless, 2 of the 86 nonabused children in the study did engage in sexual play using the dolls.[5] These results suggest that while sexual doll play is rarely observed in a nonabused sample, it is not nonexistent.

In contrast, other studies of nonabused children report no evidence of sexual doll play among the study samples. For example, in a study of 144 nonabused children, Sivan, Schor, Koeppl, and Noble reported that none of the children used the anatomically detailed dolls in explicit sexual demonstrations and that displays of aggression towards the dolls were rare.[6] August and Foreman reported similar results in their comparison of abused and nonabused 5- to 8-year-old girls' free play and directed storytelling with anatomically detailed dolls. In this study, abused children were more likely than nonabused children to play with the dolls, show higher levels of aggression toward the dolls, and make references to the doll's genitalia.[7] Lastly, White, Strom, and Halpin's study of 2½- to 5-year-olds showed comparable results. In structured interviews, nonabused children did not exhibit sexual play, whereas abused children evidenced overt demonstrations of sexual intercourse using the dolls.[8]

In a cross-tabulation of previous research on nonabused children's use of anatomically detailed dolls, Boat and Everson reported that less than 2 percent of nonabused children enacted explicit sexual play with the dolls.[9] Thus, taken as a whole, previous research does not provide strong support for the assertion that anatomically detailed dolls instigate sexually explicit behaviors in nonabused children. This work also suggests that qualitative differences may distinguish abused versus nonabused children's use of anatomically detailed dolls.

A variety of methodological issues must be considered when interpreting past research. Limitations of this work include small sample sizes and a lack of screening of supposedly nonabused children for possible prior sexual abuse. These factors may affect the degree to which the samples of previous studies reflect a truly nonabused population.

The studies highlighted in this chapter build upon previous research and seek to illuminate some of the complexities of child sexual abuse assessment. The chapter is divided into two sections. The first section examines the differential effectiveness of popular interviewing tools, identifying the strengths and weaknesses of existing measures. This section contains a study by Steward, which compares a variety of assessment techniques, including traditional verbal interviews, an innovative computer-assisted interview, and interviews using drawings or anatomically detailed dolls.

The second section presents three studies that focus on the use of anatomically detailed dolls during assessment, exploring circumstances under which the dolls may elicit false accounts of sexual abuse as well as conditions under which the dolls are most useful. The first study in this section presents work by Boat and Everson, which examines nonabused children's use of anatomically detailed dolls in both free play and structured interview settings. This study is followed by Goodman and Aman's research, which focuses on nonabused children's use of anatomically detailed dolls as props to help report past events and investigates the effects of misleading questions on children's doll use. The final study in this section, by Levy, profiles abused children's use of anatomically detailed dolls in making disclosures about their sexual abuse.

In the research presented here, professionals consistently emphasize the importance of interdisciplinary communication and cooperation in the development of tools for the assessment of child sexual abuse. This chapter does not attempt to provide a definitive answer to the debates surrounding different assessment techniques. Rather, this chapter aims to facilitate an ongoing dialogue between the many professionals who face the difficult task of assessing child sexual abuse.

DIFFERENTIAL EFFECTIVENESS OF ASSESSMENT TECHNIQUES

The breadth of professionals involved in child sexual abuse assessments ranges from police officers to prosecutors and from physicians to psychologists. While this diversity has led to much interdisciplinary debate over the appropriateness of various assessment techniques, several tools have received widespread use. Steward directed the research project "The Development of a Model Interview for Young Child Victims of Sexual Abuse" to examine the differential usefulness of existing assessment techniques as well as to explore some innovative new methods.[10]

Designed as a longitudinal analogue study, this project contrasts the effectiveness of verbal assessment interviews with interviews supported by anatomically detailed dolls, outline drawings, or computers. Children's memories of pediatric outpatient clinic visits were used to examine which materials were most supportive of children's clear recall and accurate reporting of past experiences. Children's age and judgments of pain also were examined as factors mediating children's memory of being touched.

Steward's results suggest that supported interviews provide effective alternatives to traditional question-and-answer format interviews in eliciting accurate information about past events from young children. Steward contends that the use of different stimulus cues, such as graphics and dolls, may account for variations in children's reporting across age groups and interview types, with children in supported interviews frequently doing as well, if not better, than those in traditional verbal interviews. Examinations of age revealed more similarities than differences, particularly in supported interviews in which younger children performed as well as older children.

Sample and Methodology

The sample included 130 children aged 3 to 7 years. The children were classified into "younger" (aged 3 to 4) and "older" (aged 5 and older) groups. Fifty-nine percent of the children were white, 20 percent were Hispanic, 9 percent were black, 7 percent were Native American, and 3 percent were Asian. The ethnicity of 2 percent was not identified. The majority of the children who participated in the initial interview returned for 1- and 6-month followup interviews. Seventy-four children (41 from the younger age group and 33 from the older age group) participated in the 6-month followup.

Children experienced a spectrum of touching in their medical examinations, ranging from routine physical examinations to extensive and painful medical procedures. Some children kept all of their clothes on, some removed selected items, and others sat completely naked on the examining table.

Children were interviewed using one of four parallel interview protocols to obtain narrative information about the central people, places, and events of their pediatric clinic visit. All of the protocols included the same questions in identical sequence and grammatical form. Drawings, anatomically detailed dolls, or computers with graphics software then were added selectively to support children's reports of the visit.

The core interview included questions about the touching that the children received, the people present during the examination, and the location of the examining room. Questions about pain and emotion were supported by four drawn faces with increasingly pained expressions and by eight thermometers representing varying levels of different feelings. In drawing- and doll-supported interviews, the children were encouraged to use the dolls and drawings to tell about the touching they had experienced. Computer-assisted interviews took place entirely at the computer terminal, with interviewers controlling the keyboard and children controlling the mouse. The children "clicked" on outline drawings to show where they had been touched as well as on the faces and thermometers to show how the touching felt. Children's accounts were judged against written records and videotapes of their examinations.

Supported interviews provide effective alternatives to traditional question-and-answer format interviews.

Selected Findings

Steward reported that the type of interview protocol children received affected the children's accounts of the touching involved in their medical examinations. Data on the impact of different types of interviews are presented below.

- Children used a combination of verbal description and demonstration 58 percent of the time, more than either gestures (25 percent) or verbal descriptions alone (17 percent), and often used nicknames to describe sexual body parts.
- In initial interviews, children reported 27 percent of the touching they had received with 94 percent accuracy. Children in traditional verbal interviews disclosed the touches they had received at a lower rate than children in supported interviews. Younger children disclosed the touching they had received less than older children.

- In regard to genital touching, children reported 33 percent of the genital touching they had received with 91 percent accuracy in initial interviews. At the 6-month followup, reports of genital touches from children in supported interviews increased slightly, with a similar accuracy rate as in initial interviews. Analyses suggest that children in verbal interviews were less likely to disclose genital touching than children in supported interviews; children in verbal interviews also disclosed less information than children in computer-assisted interviews.

Steward also examined the role of children's judgments of pain as mediating children's reports of being touched. Steward reported the following data about the influence of children's judgments of pain:

- Forty-seven children rated at least one touch as extremely painful in the initial interview. Children who said they experienced a great deal of pain initially reported receiving more touching overall than other children, although this rate evened out across time.
- Reports of children who experienced a great deal of pain remained quite accurate at the 6-month followup, while the accuracy of other children decreased. Additionally, children who reported that they had experienced extreme pain disclosed genital touches at a significantly higher rate than other children; this difference remained constant across time.

Study Implications and Recommendations

Steward concluded that traditional verbal interviews may not be the most effective way to elicit accurate information from young children, and that supporting interviews with stimuli cues may prove instrumental. According to Steward's clinical accounts, children frequently "stonewalled" interviewers, disclosing little information about their experiences at the pediatric clinic. Supportive materials, such as drawings, pictures, dolls, and computers reportedly helped circumvent this problem, especially in facilitating younger children's reporting of touch and identification of people.

Steward pointed out that, overall, anatomically detailed dolls did not elicit inaccurate accounts from children and may be useful tools for assessment when used in conjunction with verbal investigative interviews. These findings suggest that younger children are able, on the whole, to provide clear and accurate accounts of past events. The use of anatomically detailed drawings also appeared to help children, especially young children, report the details of their medical examinations. Furthermore, Steward asserts that drawings and dolls focus children on the interview task, providing an opportunity for them to respond silently to questions that they are unable or unwilling to answer aloud.

Steward concluded that computer-assisted interviews were as effective as other supported interview protocols in eliciting accurate information about general body and genital touches. She hypothesized that the computer screen focuses the child's attention, thus reducing distraction. This shift in focus, from the interviewer (who

may be an intimidating authority figure) to the computer screen, may help relax the child as well as reduce the potential for well-meaning adults to ask leading or coercive questions in their search for the truth. Computer-assisted interviews could potentially serve a range of professionals, ensuring the inclusion of critical questions and helping less skilled interviewers conduct reliable and consistent assessment interviews.

Steward pointed out, however, that the analogue of a visit to a pediatric outpatient clinic may not be a perfect fit for the study of child sexual abuse, since adult figures have dramatically different roles in these two scenarios. Steward also recognized the limitations of the supportive materials employed by the study, acknowledging that two–dimensional drawings and graphics may restrict children's ability to demonstrate interactions between themselves and others. It also should be noted that the sample sizes changed across the three interviews, with analyses of data from the 6-month followup including fewer children than analyses of the initial sample.

This work suggests a number of directions for future research. One such direction is to test the efficacy of computer-assisted interview formats with frontline personnel. Another direction is to investigate computer protocols with elementary school-aged children, who may be more susceptible to guilt or embarrassment surrounding sexual issues.

CHILDREN'S USE OF ANATOMICALLY DETAILED DOLLS

While a variety of interviewing tools are available for the assessment of sexually abused children, intense debate has arisen among professionals over the efficacy of using anatomically detailed dolls during assessment. This debate is exacerbated by the scarcity of empirical evidence on which to base conclusions, combined with the exceedingly high cost of misinformation. The three projects in this section examine abused and nonabused children's doll use and explore questions central to the doll debate in an attempt to unravel the mysteries surrounding this controversial method of assessment.

Children's Normative Interactions With Anatomically Detailed Dolls

The lack of normative data on nonabused children's use of anatomically detailed dolls has led professionals to rely primarily on their own subjective judgments of what differentiates age-appropriate doll play from illustrative reenactment of sexual abuse. In an attempt to obtain normative data on nonabused children's interactions with anatomically detailed dolls, Boat and Everson conducted a series of studies entitled "Interactions of Nonabused Preschool Aged Children With Anatomical Dolls: A Normative Study."[11] Material generated from this work is presented here, including data on mothers' perceptions of their nonabused children's behavior after the children were exposed to anatomically detailed dolls.

This research examined the incidence of sexually explicit doll play in nonreferred, presumably nonabused children in both free play and structured interview settings.

Boat and Everson report a 6 percent incidence rate of demonstrations of sexual intercourse in their sample, asserting that higher rates of explicit sexual play were associated with being older, black, and from a low socioeconomic background. The researchers contend that the evidence suggests that anatomically detailed dolls are useful in assessing exposure to sexually inappropriate behavior and are not overly suggestive to children.

Sample and Methodology

The sample for this study included 209 presumably nonabused children, ranging in age from approximately 2 to 6 years old. Sixty-seven percent of the children were black, and 33 percent were white. Twenty-two percent of subjects came from families with low socioeconomic status (SES), 55 percent from families with middle SES, and 22 percent from families with high SES. The researchers recruited the children by approaching the children's parents in waiting areas of pediatric clinics and private practice offices.

Researchers noted that the interviewer's presence may affect children's doll play.

Doll-supported protocols consisted of a 30-minute interview that included both free play and body parts/body functions components. Interviews, which paralleled investigative interviews used in child sexual abuse cases, were videotaped and coded for demonstrations of sexual activity between dolls or between the child and the dolls. The researchers distinguished "clear intercourse positioning" from "suggestive intercourse positioning," as follows. Both clear and suggestive intercourse positioning involved the deliberate placement of unclothed dolls in a sexual position; clear intercourse positioning, however, involved demonstrations of penile penetration, verbal descriptions, and sexual movement, while suggestive positioning did not.

Selected Findings

The percentage of children demonstrating intercourse with the dolls varied as a function of age of the child and whether the child was playing in the presence of an adult or alone. Boat and Everson reported the following descriptive data about the incidence of explicit doll play in their sample:

- Six percent (12 out of 209) of the children observed in directed and free play sessions demonstrated clear intercourse positioning using the dolls.
- Intercourse positioning was nonexistent among 2-year-olds, even when the children were prompted with, "Show me what the dolls can do together." Clear intercourse positioning was rarely seen among children older than 2 as well, although suggestive intercourse positioning was comparatively more common among older children.
- The presence of the interviewer affected children's doll play. For example, 4 percent of 4- to 5-year-olds demonstrated clear intercourse positioning in the presence of an interviewer, whereas 12 percent displayed such behavior when playing alone.
- Ten percent of the 3-year-olds, 9 percent of the 4-year-olds, and 18 percent of the 5-year-olds showed suggestive intercourse positioning when the interviewer

was present; 3 percent, 5 percent, and 7 percent, respectively, demonstrated suggestive intercourse when playing alone.

The researchers noted that the interviewer's presence may affect children's doll play by encouraging them to display sexual activities with the prompt, "Show me what the dolls can do together." Likewise, the presence of an adult may be inhibiting to children, particularly if the adult is not asking prompting questions to facilitate doll play. In either case, the interviewer's actions may be responsible for at least some of the variation observed in children's doll play.

Boat and Everson assert that the level of intercourse positioning was associated with demographic characteristics of children and their families as well. These findings, which are discussed below, are presented in Table 3.

- While sexual play was observed in every group of children playing alone with the dolls, overt sexual displays in the presence of an adult were limited to low SES black males. Twenty-seven percent (4 out of 15) of this group displayed such behavior, as compared to none of the black males in the middle to high SES group. Overt displays of sexual behavior in the presence of an interviewer were not observed among other groups of children with low SES backgrounds either.

Table 3: Displays of Clear Intercourse Positioning by Race, Gender, and Socioeconomic Status (SES) Among 3- to 5-Year-Olds

	Interviewer Present		Child Alone	
	Percent	(Number/Sample)	Percent	(Number/Sample)
Black Male				
Low SES	27%	4/15	22%	2/9
Middle/High SES	0%	0/18	11%	1/9
Black Female				
Low SES	0%	0/18	50%	3/6
Middle/High SES	0%	0/14	0%	0/8
White Male				
Low SES	0%	0/5	0%	0/1
Middle/High SES	0%	0/67	5%	2/42
White Female				
Low SES	0%	0/8	0%	0/2
Middle/High SES	0%	0/61	3%	1/38

Adapted from Everson, M.D., and Boat, B.W. "Sexualized Doll Play Among Young Children: Implications for the Use of Anatomical Dolls in Sexual Abuse Evaluations." *Journal of American Academy of Child Adolescent Psychiatry*, 1990, 29 (5):736–742.

- Sixty-seven percent (8 out of 12) of children who displayed clear intercourse positioning at some time during the session were from low SES backgrounds, although children from low SES backgrounds comprised only 22 percent of the total sample. Similarly, 75 percent (9 out of 12) of the children demonstrating

such behavior were black, whereas black children comprised 32 percent of the total sample.

To further assess the impact of exposure to anatomically detailed dolls, Boat, Everson, and Holland examined maternal perceptions of children's behavior subsequent to exposure to the dolls. The results of this work are reported in the article entitled "Maternal Perceptions of Nonabused Young Children's Behaviors After the Children's Exposure to Anatomical Dolls."[12] This study examined a subsample of 30 children and their mothers (50 percent of whom were black) within 18 days following each child's doll interview. The researchers reported the following:

- Mothers did not report observing traumatized behaviors in their children following the doll interview.
- Mothers of 3- and 4-year-olds reported increases in questions about sexual body parts following the interviews, and 80 percent of the mothers of 5-year-olds reported that their children made reference to playing with dolls with sexual parts after the interview. The researchers suggest that these differences may be due to the 5-year-olds' greater exposure and familiarity with genitalia or to the fact that 5-year-olds do not ask sexual questions as freely as do younger children.

Study Implications and Recommendations

Everson and Boat concluded that while their study evidenced explicit sexual doll play in a presumably nonabused sample, the dolls neither induced sexual fantasies in nor elicited overt sexual displays from children exposed to the dolls.[13] The researchers contend that anatomically detailed dolls may provide sexually knowledgeable children with permission to address sexual issues through play.

The researchers found no incidence of intercourse positioning in children aged 2 years old and younger. Placement of the dolls in a "missionary" position, however, was reported to be relatively common among children who were older than 2 years old, especially when the children were directed to "Show what the dolls can do together." The researchers assert that demonstrations of sexual positioning are probably reflective of the fact that a subset of children under age 6 gain detailed sexual knowledge rather than that these children were sexually exploited prior to this study.

The scarcity of sexual demonstrations in children under age 2 and the lack of aggression towards the dolls and severe stress reactions to the dolls led the researchers to suggest that such behaviors should be given close clinical attention if they are displayed. Likewise, the relatively low incidence of displays of oral and anal intercourse found in this study suggests that these behaviors may signal significant psychological disturbance when displayed by a child.

Boat and Everson concluded that the association between race, SES, and explicit sexual play suggests that "demographic pockets" may exist in our society in which the exposure of preschool-aged children to sexual information may be common. While the samples used in this analyses were small, these findings highlight the

possibility of establishing different norms for interpreting the anatomically detailed doll play of children from different backgrounds as an area for further research.

The researchers emphasized that further explorations of children's normative doll use and comparative research on abused and nonabused children's use of the dolls are of vital importance. As the researchers note, this sample was biased in favor of children from families that did not feel that exposure to the dolls would be harmful. Thus, the sexual curiosity of these children both prior and subsequent to the doll interviews may have been more supported than in investigative interviews following allegations of child sexual abuse. The impact of these conditions on doll use remains open for further examination in the future.

Profiles of Children's Doll Use To Report an Event

At the heart of the debate about anatomically detailed dolls is the question of whether using the dolls in investigative interviews inspires young children to make false allegations of sexual abuse. Research that examines children's use of dolls to report past events is vital, particularly in examining the effects of misleading questioning on children's doll use.

Goodman and Aman's work, "Children's Use of Anatomically Detailed Dolls To Report an Event," examined the effects of the dolls on nonabused children's recall, exploring to what extent using anatomically detailed dolls as interview props facilitates accurate reporting of past events.[14] In this study, 3- and 5-year-olds were engaged in a play session and questioned later about that social interaction. Goodman and Aman reported that, in general, 5-year-olds were less suggestible and more accurate in recounting events than 3-year-olds. Although anatomically detailed dolls did not increase the amount of correct information recalled by children, the dolls did not cause children to falsely report abuse, even when suggestive questioning was used. Findings from this research also are examined in Chapter VI.

Sample and Methodology

The sample for this study was comprised of 80 nonabused children, equally divided between 3- and 5-year-olds. Children were primarily from lower to upper-middle class families. Eighty-five percent of the sample were white, 10 percent were Hispanic, and the remaining 5 percent were comprised of Asians and blacks. Children were screened for possible abuse by parental report and were similar in their exposure to sexual knowledge.

Children in this study played a variety of games with a male researcher, including a game of "Simon Says" in which the children were asked to touch the researcher's knee while the researcher touched the children's knee. One week later, children were questioned by female interviewers about the play session under one of four conditions: (1) with anatomically detailed dolls and other toy props, (2) with nonanatomical dolls (identical to anatomical dolls but without sex characteristics) and toy props, (3) with dolls and props visible but out of the child's reach, and (4) with no dolls or props present.

Interviews encouraged children to recall the events of the play session. Children were asked a series of specific ("Did he read you a story?"), leading ("He read you a story, didn't he?"), and misleading questions, including a series of questions about possible abuse (such as "Did he kiss you?" or "He kissed you, didn't he?"). Abuse-related questions mirrored those asked in child sexual abuse investigations. Videotapes of the play sessions allowed for a comparison of children's recall with and without anatomically detailed dolls, contrasting children's relative accuracy with the actual events that had occurred.

Selected Findings

Goodman and Aman reported a variety of age-related trends in children's reporting of the play session, including the following:

- Five-year-olds consistently provided more correct information than 3-year-olds across interview and question types, recalling more events with greater accuracy.
- Five-year-olds were less suggestible than 3-year-olds, and increases in age were associated with decreases in "false alarm" reporting (answering an abuse question incorrectly), a finding that was consistent both within and between age groups.

Stimulus supports were reported to marginally exaggerate existing age differences.

The researchers reported that the use of anatomically detailed dolls did not significantly affect children's responses to abuse-related questions. These findings are presented in Table 4 and are discussed below:

- The presence of dolls and props neither significantly increased nor decreased children's accuracy in answering misleading questions and questions about abuse.
- Dolls and props did, however, affect the recall of 3-year-olds in response to specific questions not related to abuse, with 3-year-olds showing higher accuracy in conditions without dolls or props available.

Study Implications and Recommendations

Overall, Goodman and Aman concluded that these findings support the view that anatomically detailed dolls do not, per se, instigate false reports of sexual abuse. The number of errors on abuse questions did not vary as a function of the presence or absence of the dolls. Furthermore, the researchers report that children's main activities consisted of genital manipulation and dressing and undressing of the dolls, none of which appeared suspect to misinterpretation as evidence of sexual abuse.

While 5-year-olds were reported to be more accurate than 3-year-olds across conditions, Goodman and Aman reported that the use of dolls and other props did not significantly increase the amount of correct information reported by either group of children. Rather, stimulus supports were reported to marginally exaggerate existing age differences. Goodman and Aman provide three possible explanations for this finding. First, younger children may not access detailed memories as easily as older children and may prefer to report events in more general terms, without the complexity of props. Second, older children may have more advanced cognitive abilities, which better permit them to act out complex events and incorporate the

Table 4: Mean Percentage of Correct Responses to Misleading Questions and Misleading Questions About Abuse as a Function of Age and Doll Condition

Condition	Age Group 3-Year-Olds	5-Year-Olds	Mean
No Doll-No Cues			
Overall	64%	80%	72%
Abuse Related	80%	100%	90%
No Doll-Cues			
Overall	54%	78%	66%
Abuse Related	77%	93%	86%
Regular Doll			
Overall	46%	86%	66%
Abuse Related	68%	100%	84%
Anatomical Dolls			
Overall	48%	79%	64%
Abuse Related	73%	97%	85%
Mean			
Overall	53%	81%	
Abuse Related	76%	97%	

Note: "Don't Know" responses were not counted as correct.

Adapted from Goodman et al. "Children's Concerns and Memory: Issues of Ecological Validity in the Study of Children's Eyewitness Testimony." In *Knowing and Remembering in Young Children*, R. Fivush and J. Hudson (eds.). New York, NY: Cambridge University Press, 1990.

props. Finally, younger children may have had trouble recognizing the correspondence between toys and the events they experienced or may have been distracted by the dolls, especially when being asked about routine topics.

While 3-year-olds were less accurate than 5-year-olds in all interview conditions, the majority of errors (92 percent) made by 3-year-olds occurred in response to questions about "private parts," a term they did not seem to understand. When children were instructed to "Show me where he touched you," the children never indicated their genitals. Children frequently erred, however, when asked to show where their "private parts" were and often pointed to their hands or feet. Thus, the researchers recommended that clear terminology be used when investigating children's allegations of sexual abuse.

Goodman and Aman noted that although the popular assumption is that young children are highly suggestible, the 5-year-olds' ability to resist misleading abuse questions in this study was remarkable. Of 120 possible cases in which errors could have occurred, only 2 were made. Neither of these errors occurred when the anatomically detailed dolls were used, a finding that supports the claim that anatomically detailed dolls do not instigate erroneous reporting, even under conditions of suggestive questioning.

The researchers recognized, however, that because none of the children in their sample were abused, the question of how sexual abuse victims may interact with or profit from using the dolls during disclosure remains unanswered. The usefulness of anatomically detailed dolls for abused children in reporting specific sexual acts is addressed in part by the next study in this chapter.

Abused Children's Use of Anatomically Detailed Dolls

In his study "Reliability of Information Obtained Through the Use of Anatomically Correct Dolls," Levy examined abused children's use of anatomically detailed dolls in a structured interview setting.[15] Levy explored whether children's behaviors with the dolls could be reliably observed and interpreted with a significant degree of interrater agreement (agreement between the interviewer and the objective observer). In addition, this work examined the effects of children's age and gender on their use of anatomically detailed dolls.

Levy reported that a significant number of children used the anatomically detailed dolls in making disclosures about abusive events. Doll use rates were similar for males and females, varying as a function of the children's age and type of abuse being disclosed. Children disclosing with the aid of the dolls answered interviewers' questions faster and with more elaboration than children making only verbal disclosures. The level of interrater agreement varied as well: Interviewers and observers were more likely to agree about children's direct statements than about what the children were conveying through their doll demonstrations.

Sample and Methodology

The sample for this study consisted of 104 children aged 2½ to 7 years, who were admitted to the inpatient Pediatric Ecology Unit at Mount Sinai Hospital Medical Center between January 1988 and February 1989 with the initial suspicion of child sexual abuse. Seventy-one percent of the children were females, and 29 percent were males. Fifty-nine percent were black, 18 percent were white, 9 percent were Hispanic, and the remaining 4 percent were divided among other ethnic groups. The substantiation rate for allegations of sexual abuse in this sample was 79 percent. None of the children were involved in a parental custody or guardianship case nor had any previously been interviewed with anatomically detailed dolls.

Children were observed during the course of standard interviews featuring anatomically detailed dolls. The goal of the interviews was to learn as much as possible about the children's environment and conditions of the alleged abuse. Although the interviews featured anatomically detailed dolls, other facilitative tools were used as well, including puppets, free drawings, anatomically detailed drawings, and doll houses with figurines. Levy noted that directive (not suggestive) questioning was used to assist the child in conveying clear information.

Standardized questionnaires were completed by the interviewer and an objective observer immediately following the interviews to record and compare the interviewer's and observer's perceptions of the children's doll use. Children's exploratory doll use during free play was not recorded. Instead, only children's instrumental demonstrations that corresponded to disclosure statements were coded; for example, a child touching a doll's breast while stating that her own breast had been touched would be recorded.

Selected Findings

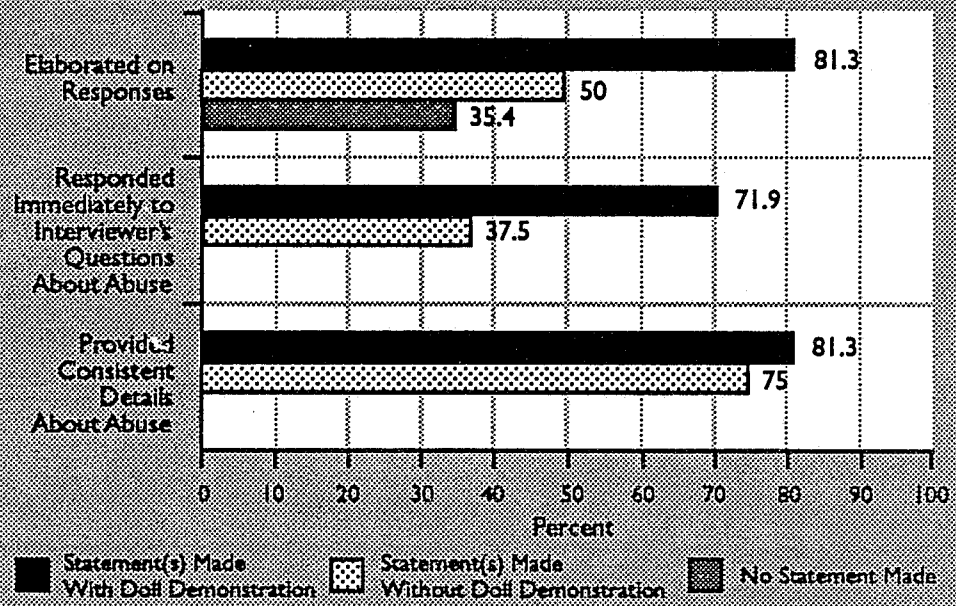
Levy examined the patterns and frequency of children's disclosure statements, noting that while anatomically detailed dolls may be useful facilitative tools, doll demonstrations are not a substitute for specific verbal disclosure statements.

Fifty-three percent of the children in Levy's sample made statements about particular sexual abuse events. Older children made specific verbal disclosures more often than younger children (63 versus 38 percent); similarly, children for whom sexual abuse ultimately was confirmed by team diagnosis made specific verbal disclosures more often than those for whom it was not (63 versus 14 percent).

Levy reported qualitative differences in children's disclosure with and without the use of anatomically detailed dolls, noting that doll use varied both as a function of the child's age and of the type of abuse being disclosed. These differences are discussed below and are presented in Figure 2.

- Children were more likely to elaborate when disclosing with (81.3 percent) versus without (50 percent) the dolls. Children using the dolls in disclosure responded promptly to interviewers' questions more often than those who only made verbal statements (71.9 versus 37.5 percent).
- More than one-third of the children used dolls during disclosure. Older children were more likely than younger children to use the dolls to demonstrate specific sexual abuse events (48 versus 21 percent), and the rate of doll use varied from

Figure 2: Perceptions of Children's Interaction With Anatomically Detailed Dolls During Interviews Under Three Disclosure Conditions*



* This figure reflects types of physical abuse perpetrated by offenders' parents.
** Not applicable when no statement was made.
Adapted from Levy, H.S. Final report to NCCAN of grant #90CA1349, "Reliability of Information Obtained Through the Use of Anatomically Correct Dolls," 1990.

30 percent accompanying statements that the child had a penis placed in his/her mouth to 88 percent accompanying statements that the child's vagina was penetrated (see Figure 3).

To establish interrater reliability of doll interviews, Levy contrasted the judgments of interviewers with those of objective observers and reported varying levels of agreement between the two.

- Levy reported the highest level of agreement on children's specific statements and demonstrations of abuse and the lowest level of agreement on observations of children's affect. Both age and gender trends were present, but no consistent pattern emerged to indicate that one group of children produced more reliable responses than another, per se.
- Interviewers and observers agreed completely about children's statements and doll demonstrations when the child claimed a penis was placed in his/her mouth. In contrast, interviewers' and observers' judgments as to the person the child identified as the offender matched completely 72.2 percent of the time; 7 percent of these judgments were completely dissimilar.
- The lowest concordance between interviewers and observers pertained to judgments about which nonoffenders were present during the abuse, with raters in complete agreement only 21.1 percent of the time.

Younger children may not have developed the skills or cognition necessary to fully understand the role of anatomically detailed dolls in investigative interviews.

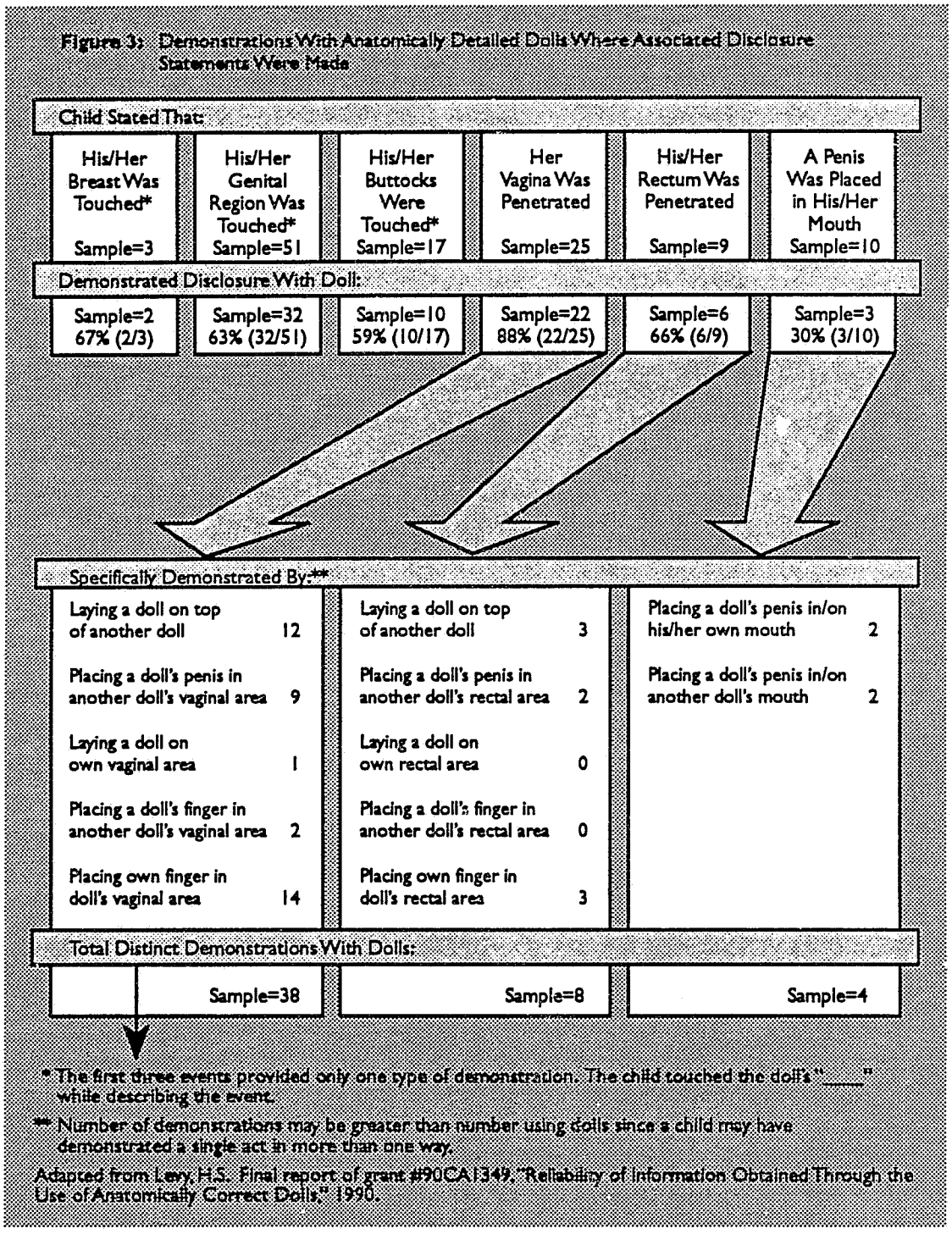
Study Implications and Recommendations

Many children in Levy's sample used anatomically detailed dolls to elaborate disclosures of abuse events. The findings reflect a number of age differences in doll use, such as older children being more likely than younger children to act out specific events with the dolls. Levy noted that such age differences may be attributable to the restrictive definition of doll use in this study, which excluded children's exploratory doll use during free play. Thus, the less focused doll play of younger children may have been omitted in these analyses.

Age-related developmental factors may have been influential as well. As Levy explained, younger children may not have developed the skills or cognition necessary to fully understand the role of anatomically detailed dolls in investigative interviews and may have a limited capacity to articulate abuse events in adult terms. In turn, this may lead to greater ambiguity surrounding young children's doll use. Levy cautioned against generalizing age-specific results, as differences in children's doll play are likely to exist at every stage of development.

Varying degrees of interrater agreement about children's interview responses were reported. Levy noted that while some disagreement is to be expected, highly subjective interpretations of children's answers were not uncommon in this study. Levy presented several explanations for interrater discrepancies, such as the wording of the questions and the inherently confusing nature of sexual abuse allegations. Furthermore, the lack of explicative terms for nonconventional living situations complicates disclosure and may add to existing confusion. Levy contends that such

Figure 3: Demonstrations With Anatomically Detailed Dolls Where Associated Disclosure Statements Were Made



* The first three events provided only one type of demonstration. The child touched the doll's "____" while describing the event.

** Number of demonstrations may be greater than number using dolls since a child may have demonstrated a single act in more than one way.

Adapted from Levy, H.S. Final report of grant #90CA1349, "Reliability of Information Obtained Through the Use of Anatomically Correct Dolls," 1990.

interpretive disagreements should serve as a reminder that children's accounts must be considered in developmental and situational contexts appropriate to the child.

Levy reported that the disclosures of younger and male child victims were confirmed less often than those of older or female child victims. It is unclear to what extent these confirmation rates were affected by the fact that older children made more specific disclosures. Levy noted that lower corroboration rates for the sexual abuse

of males and younger children may reflect the relative lack of primary abuse indicators in these cases, such as verbal disclosures and medical evidence, which aid in substantiation. It is unclear to what extent the lack of corroborating evidence, higher incidence of unsubstantiated allegations, or inherent difficulty in working with younger or male victims may contribute to the lower levels of substantiation evidenced in this study. Nevertheless, Levy asserts that such findings highlight the increasing need for innovative assessment techniques to work with these populations.

Levy pointed out that children's demonstrations with anatomically detailed dolls during disclosure rarely are considered in isolation, and that the indicators used to assess child sexual abuse are rarely independent of one another. Similarly, interrater reliability may not accurately reflect the validity of using anatomically detailed dolls as assessment tools. While an interviewer and observer may disagree as to whether the child was demonstrating vaginal touching or vaginal penetration, there may be no doubt between them that the child had been sexually victimized. This highlights the importance of having trained professionals conduct and interpret children's disclosures, especially when using anatomically detailed dolls. Levy concluded that much research remains to be done to explore the conditions under which the dolls are most useful and which strategies best facilitate children's accurate reporting of past events.

CHAPTER SUMMARY

Given the numerous issues addressed by the research in this chapter, the complexity of assessing child sexual abuse allegations becomes quickly apparent. For professionals involved in the investigation of sexual abuse allegations, countless gaps must be bridged by assessment: gaps in children's ability to communicate abusive events accurately, gaps in professionals' understanding of reliable behavioral markers manifested by child victims, and gaps between the sensitivity of clinicians and the stringent requirements for evidence to be submitted to the legal system.

Ideally, effective interviewing tools narrow existing gaps between the professional and the child, facilitating the accurate identification and prosecution of the offender while simultaneously directing treatment efforts for the child. Research on both assessment techniques and the disclosure profiles of sexual abuse victims aids in the development of increasingly accurate, consistent, and reliable interviewing tools.

As exemplified by Steward's research, innovative assessment techniques may prove to be useful alternatives to or supports for traditional techniques. Technological advances, such as Steward's computer-assisted interview, open exciting new arenas for future research. Videotaping subjects is a substantial development for research concerned with the standardization and reliability of assessment techniques, since videotapes allow many professionals to observe the same interview.

The evidence cited by researchers in this chapter suggests that anatomically detailed dolls may be useful to children disclosing abuse and that, by and large, the dolls do not instigate false accounts of abuse even when children are presented misleading questions. Instances of nonabused children exhibiting sexual doll play do occur,

however, with varying frequency, possibly as a function of the characteristics of individual children. Such variations must be studied in future research to assess their potential influence on children's doll use and on the interpretation of doll demonstrations.

The research discussed here affirms the need for professionals from a variety of disciplines to continue the dialogue about assessment. Effective strategies and techniques must be documented and shared in the effort to develop child sexual abuse assessment techniques into refined tools that are of use to child victims of sexual abuse as well as to the many professionals in the field.

ENDNOTES

1. **B. Snow** as quoted in "After McMartin: Who Walks Point?" *RoundTable Magazine,* Autumn 1990, 2:7, The National Resource Center on Child Abuse, Huntsville, AL.

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4. **Jampole, L., and Weber, M.K.** "An Assessment of the Behavior of Sexually Abused and Non-Sexually Abused Children With Anatomically Correct Dolls." *Child Abuse and Neglect,* 1987, 11:187–192.

5. **Glaser, D., and Collins, C.** "The Response of Young, Non-Sexually Abused Children to Anatomically Correct Dolls." *Journal of Child Psychology and Psychiatry,* 1989, 30: 547–560.

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10. **Steward, M.S.** Final report to NCCAN of grant #90CA1332, "The Development of a Model Interview for Young Child Victims of Sexual Abuse: Comparing the Effectiveness of Anatomical Dolls, Drawings and Video Graphics," 1989, University of California, Davis, School of Medicine, Department of Psychiatry.

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13. Ibid.

14. **Goodman, G.S., and Aman, C.** "Children's Use of Anatomically Correct Dolls To Report an Event." In M. Steward (Chair). *Evaluation of Suspected Child Abuse: Developmental, Clinical, and Legal Perspectives on the Use of Anatomically Correct Dolls,* symposium presented at the Society for Research in Child Development Convention, Baltimore, MD, April 1987.

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CHILD SEXUAL ABUSE INTERVENTION

V

My children and I were luckier than most. We asked for support immediately and continued to do so as long as we needed to...My own support system consisted of friends, and with their help I was able to make decisions, take action, and ask the help of agencies...My question is: Do victims and families who don't have a support system, who don't have the information on which to make decisions, who don't approach agencies and "therapy" with some aggressiveness receive the same quality of support as my children and I received?

From a parent of a child sexual abuse victim[1]

As professionals struggled to keep pace with the dramatic increase in reports of child sexual abuse during the 1980's, questions emerged about the impact of intervention on child victims. Professionals focused on a variety of issues, including the impact of the community's response to abuse disclosures, the role of families in victims' recovery, and the success of specialized child sexual abuse treatment programs. Research on these issues was conducted to obtain information to help professionals pinpoint where improvements could be made in different forms of intervention.

Research published in the early 1980's suggested a number of areas for potential reform. For example, reports of child sexual abuse victims who suffered emotional harm from the intervention process made professionals in the medical, legal, mental health, and social services systems aware of the concept of "system-induced trauma."[2] Studies that examined child sexual abuse investigations singled out case investigations that subjected victims to repeated interviews with professionals from different agencies as causing victims undue distress.[3] As a result of such studies, system coordination to reduce the number of victim interviews and expedite the investigation process gained prominence in the field.

Examinations of system coordination substantiated the importance of interagency coordination in cases of child sexual abuse. Although a coordinated approach was found to produce the most successful case investigations, services, and dispositions, coordination proved difficult for many communities.[4] This was especially true for communities that lacked the agency cooperation necessary to develop a systems' approach to intervention. In an effort to obtain communitywide involvement, interagency protocols emerged as a mechanism for fostering interagency cooperation.

Reforms in the legal system also gained attention as potential means for improving intervention. Research on the legal system suggested that both prosecutors and the judiciary often mishandled cases of child sexual abuse, and much criticism was directed at the courts for their lack of sensitivity toward child witnesses.[5] As a result, reforms in the legal system were recommended to improve intervention in cases of child sexual abuse and to make testifying in court a less traumatic experience for sexually abused children.[6]

The role of families in helping abused children recover from sexual abuse was another issue raised in research published during the early 1980's. Based on studies which indicated that victims removed from their homes suffered more damaging effects than those who remained in the home, recommendations were made to prevent court-ordered placements of child sexual abuse victims in foster care settings.[7] In such instances, court orders that required offenders to leave the home or that required families to obtain treatment were proposed as preferable legal alternatives to removing the victim from the home.

The role of maternal support following a child's abuse disclosure also received attention in the research literature. Studies that examined maternal support

suggested that it may be a key determinant in the child's subsequent adjustment. Some professionals proposed that unsupportive maternal behaviors, rather than system-induced trauma, were responsible for the higher levels of distress evidenced in some victims.[8]

The 1980's were marked by a surge of treatment programs available to child sexual abuse victims and their families. Nevertheless, research to refine these therapeutic interventions was limited. Mental health administrators and practitioners who looked to the literature found little research on the outcomes of treatment or on the variables that affected treatment success.[9] Rather, the literature was characterized by descriptions of victims in treatment or narratives about different treatment approaches, programs, and goals. Accurate data about the impact of various treatment processes on the recovery of victims and their families, however, are vital to the development of effective treatment programs.

Research conducted in the early 1980's made great strides toward improving intervention in cases of child sexual abuse. Despite these gains, however, numerous questions about the impact of different interventions on children and families remained unanswered. Contradictory findings about the effects of intervention, such as children's courtroom testimony and the effects of the removal of the victim, have motivated professionals to continue research on intervention in cases of child sexual abuse.[10, 11]

The eight studies reviewed in this chapter represent NCCAN's efforts to improve intervention in cases of child sexual abuse. The chapter is organized into three sections: (1) "The Impact of Child Sexual Abuse Disclosure and Intervention," (2) "System Responses to Child Sexual Abuse," and (3) "Treatment Efficacy." The research discussed in this chapter aims to identify the factors that affect the recovery of sexually abused children and their families following sexual abuse disclosures and to improve existing intervention to best serve the needs of all involved.

The first section contains the following three studies: "Effects of Disclosure and Intervention on Sexually Abused Children," "Child Sexual Victimization and Disclosure: Response and Recovery of Children and Families," and "The National Children's Advocacy Center Research Project To Study the Effects of Intervention in Child Sexual Abuse." These studies clarify how variables related to the abuse disclosure and subsequent intervention may affect the functioning of victims and their families. The relationship between family/parental problems and the child's recovery also is explored in this section.

The second section examines specific components of the intervention system, including the legal system's prosecution of cases, child welfare's case management practices, and the coordination of community agencies. The three studies in this section examine the factors affecting these components and provide recommendations on how to improve these aspects of intervention. The three studies are: "Children as Witnesses in Child Sexual Abuse Cases," "Case Management in Sexual Abuse Cases: A Functional Analysis," and "Coordinating Interagency Response to Child Sexual Abuse."

The third section in this chapter focuses on the efficacy of different treatment approaches and examines the studies "Process and Outcome in the Treatment of Sexually Abused Children and Their Families" and "Comparative Analysis of Child Sexual Abuse Treatment Approaches and Development of Best Practice Guidelines," which explores various specialized treatment approaches used in cases of child sexual abuse, available treatment programs, and factors affecting treatment outcomes.

THE IMPACT OF CHILD SEXUAL ABUSE DISCLOSURE AND INTERVENTION

In the early 1980's professionals involved in intervention became increasingly concerned that disclosure and intervention were more traumatic to child victims than the actual sexual abuse experiences. Families' and investigators' failure to provide sexually abused children with sufficient emotional support was of particular concern. Research on how the disclosure and intervention processes may exacerbate or mitigate the effects of child sexual abuse became paramount as professionals sought to assist communities in improving their response to victims of child sexual abuse.

NCCAN responded by funding studies that sought to identify variables that affected child sexual abuse victims' recovery. The three studies discussed in this section focus on these issues by exploring the effects of disclosure and intervention on children's recovery following sexual abuse. This section provides insight into how families and professionals can better respond to victims in the 1990's and highlights issues for future research in child sexual abuse intervention.

Effects of Disclosure and Intervention on Sexually Abused Children

Berliner and Conte's study entitled "Effects of Disclosure and Intervention on Sexually Abused Children"[12] describes child sexual abuse victims' reactions to the disclosure and intervention processes. This study identifies positive and negative aspects of disclosure and intervention and examines the relationship between disclosure and the impact of sexual abuse on the child victim.

The researchers suggest that some changes, which could be achieved easily, should be made in the disclosure and intervention processes to make them more responsive to sexually abused children's needs. This study includes qualitative data, derived from children's comments about intervention, that offer valuable information on how community response systems can mitigate unnecessary system-induced stress. Although this work suggests that some aspects of disclosure and intervention may be associated with an increase in psychological disturbances among child sexual abuse victims, many aspects of intervention were not associated with increased distress.

Sample and Methodology

This study was conducted in the Seattle/King County area of Washington. This community has worked since the 1970's to make system reforms on the victims' behalf, such as establishing specialized investigation units and interagency protocols.

Berliner and Conte's sample was comprised of 82 children and their families who were clients at the Seattle Sexual Assault Center between 1980 and 1985. Approximately 3½ years elapsed between children's disclosure and the time of this study. The children had a mean age of 9 years at the time of their abuse disclosures and 12½ years at the time of the study. Seventy-four percent of the children in the sample were female; 81 percent of the children in the sample were white. Berliner and Conte also examined a control group that was comprised of 195 randomly selected nonabused children (50 percent were females) and their families.

Data were obtained through semistructured indepth clinical interviews with both parents and children. Self-report and parent-report measures were used to obtain information on the child's temperament, childhood events, and family characteristics. These measures were combined to provide one score indicating the child's level of dysfunction.

Selected Findings

Berliner and Conte's study reaffirms the variability in children's responses to the disclosure and intervention processes. While children showed mixed emotions about their disclosure and intervention experiences, the overall impact of these experiences did not appear to be harmful to child sexual abuse victims in this study. Nevertheless, this research suggested that professionals can take steps to help child sexual abuse victims through the intervention and disclosure processes. For example, Berliner and Conte recommend that professionals respond to each child as an individual, addressing the child's subjective experiences during disclosure and intervention. The researchers assert that variations in family characteristics and differences in disclosure, intervention, and court experiences make each case of child sexual abuse unique. Findings on the impact of family functioning, disclosure, intervention, and court involvement are discussed below.

In the early 1980's professionals became increasingly concerned that disclosure and intervention were traumatic to child victims.

Berliner and Conte reported that family functioning may have a significant impact on children's reactions to the disclosure and intervention processes. The impact of such variables on the children's functioning is discussed below.

- Negative characteristics of family functioning, which might reflect the level of available parental support for the child, were correlated with the child experiencing higher levels of distress.
- Correlations were found between stress experienced by family members and the child's level of distress. Statements made by sexually abused children indicated that in some instances family members were very upset by the course of intervention, such as requiring the offender to leave the home. Children also indicated that their family's pain added to their own level of distress. For example, parents who perceived their children's investigative medical examinations as being highly stressful had children who experienced more harmful aftereffects.

Berliner and Conte reported that the impact of abuse disclosure was characterized by variations in children's responses which highlights the importance of children's subjective experiences, such as the following:

- In only 43 percent of the cases did the children directly disclose the abuse experience to their parents. Following disclosure, the children reported experiencing a mix of emotions, including fear, relief, sadness, and anger.
- Although some sexually abused children were able to disclose the abuse with limited anxiety, most struggled grievously with the thought of disclosure and suffered a great deal of anxiety and fear. Some children never were able to verbally disclose the abuse.
- Children's statements conveyed the continuing distress they experienced following disclosure. While virtually all of the children believed that disclosure was personally beneficial, they also made it clear that the psychological distress they experienced as a result of the abuse was not cured by the disclosure process.

Berliner and Conte reported similar variations in children's reactions to the intervention process, which suggests that intervention needs to accommodate the needs and circumstances of individual child victims. Overall, Berliner and Conte reported that the children in this study did not associate the intervention process with negative impacts. The researchers point out that the assertion that the removal of the offender or child from the home is a greater source of stress to the child than the abuse experience was not supported in these findings. The study results regarding intervention are discussed below.

- Children reported experiencing less anxiety when parents and professionals were honest about events surrounding intervention. In contrast, attempts to shield children from reality increased their anxiety.
- In general, children understood the need for intervention even if the process was unpleasant or uncomfortable. Children's positive perceptions about intervention were associated with professionals who showed concern, were interested in them as individuals, and informed them about upcoming events. Children felt less positive about professionals who pressured them, misunderstood them, or did not take the time to give them explanations.
- The level of child distress increased as the number of different professionals from different agencies having contact with the child increased.
- The most intrusive intervention experiences, such as the child's out-of-home placement or removal of the offender from the home, were not associated with a more negative impact on the child. Individual children's reactions to such events, however, varied considerably, ranging from expressions of happiness to expressions of guilt.

The impact of family disruption on children's functioning is complicated and may be different for each child. For example, some abused children in this study felt great distress about separation from their families, while for others this was balanced by a sense of increased personal safety. Berliner and Conte assert that a lack of support and protection from the child's family members may be the most significant variable in predicting the impact of sexual abuse on child victims.

As with intervention and disclosure, children showed significant variation in their reactions to court involvement. While some children were eager to testify in court,

others were extremely fearful. The findings about the impact of the court experience are discussed below.

- No association was found between testifying in court and increased child distress. Children who testified experienced temporary distress but no long-term consequences. Further, children involved in court hearings reported that testifying was not as unpleasant as they had expected.
- Increased negative impact was associated, however, with the prospect of testifying in court. Children experienced considerable anxiety when they thought about testifying. Even children who were not required to testify but who thought they might be required to testify experienced distress.
- Despite the anxiety associated with testifying, children reported that they felt capable of handling the court experience.

Study Implications and Recommendations

Berliner and Conte concluded that although the disclosure and intervention processes may have limited negative effects on children, professionals can take steps to help child sexual abuse victims through these processes. For example, the researchers asserted that professionals need to consider individual victims' behaviors and feelings to better understand each child's subjective experience of abuse and the disclosure and intervention processes. Children who are unable to disclose the abuse experience to their parents may be communicating important information about deficits in family support—deficits that must be addressed to help the children recover. Similarly, children's fears about disclosure and intervention may be indicative of perceived or actual offender retaliations or hurtful family reactions. Professionals can help children cope effectively with the abuse experience by supporting the child and encouraging the child's family to do the same.

Berliner and Conte noted that professionals should not rely solely on parents for accurate reports of child distress. For example, in this study parents reported more distress in their children than the child victims reported in themselves. The researchers also asserted that professionals who are assessing the impact of abuse should encourage children to share their feelings about disclosure and intervention. Berliner and Conte emphasized that children's perceptions of their experiences and their sense of being treated fairly are key factors in understanding the impact of child sexual abuse. When given the opportunity, professionals will find that children make reasonable and helpful criticisms about their experiences.

Berliner and Conte asserted that testifying in court is not necessarily a traumatic experience for sexually abused children (see box on the following page). Furthermore, they suggested that unless children show significant distress about the legal process, they should be encouraged to participate in court hearings. Court participation gives the children the opportunity to tell their own story, respecting their right to individualized, respectful treatment. Anxieties surrounding the court experience, however, should be acknowledged and explored with children to reduce the likelihood of any negative effects.

I thought that I was going to go and sit in front of a whole bunch of people that were going to look at me with crossed eyes and say that I was funny, and I was dumb, and I was ugly. And that I had no right to be there because I was twelve. That's what I thought they were like, because that was the first time I'd ever been in court. It was a lot easier. I thought I was going to get up there and choke up and fall over and faint because of how hard it would be to talk. But it really wasn't that hard, as long as you didn't look at anyone...I thought it would be really, really scary. But it wasn't really that scary.

11-year-old female victim of statutory rape

Adapted from Berliner, L. and Conte, J.R. Final report to NCCAN of grant #90CA1181, "Effects of Disclosure and Intervention on Sexually Abused Children," 1990.

Last, Berliner and Conte emphasized the important role that professionals play in providing families with the support they need to cope effectively with the abuse experience. Families need to receive prompt intervention, be informed, and be treated fairly. The researchers noted that in many instances the potentially devastating impact of child sexual abuse on victims and families can be alleviated through professional concern and help.

Child Sexual Victimization and Disclosure: Response and Recovery of Children and Families

In the longitudinal study "Child Sexual Victimization and Disclosure: Response and Recovery of Children and Families," Newberger and Newberger examine the response and recovery of school-aged children and their mothers following the disclosure of child sexual abuse.[13] Since prior research shows that response and recovery vary considerably among victims and their families, the goal of this study was to examine both traumatic and potentially reparative factors that might help to explain such variations.

Newberger and Newberger reported that the mothers in this study evidenced high levels of dysfunction and frequently showed severe symptomatology as a result of the child sexual abuse disclosure. This finding emphasizes the importance of mental health interventions for the families of child sexual abuse victims. Newberger and Newberger's research suggests, however, that mental health intervention may be offered/provided differentially to white and to minority children. For example, minority children in this study had fewer contacts with mental health professionals than white children. Newberger and Newberger are continuing to analyze these data through a grant from the Department of Justice.

Sample and Methodology

The sample for this study was comprised of 49 children between 6 and 12 years old and their mothers. All of the cases in this study involved male offenders and were substantiated by the Massachusetts Department of Social Services. Sixty-nine percent of the child victims were female, and 73 percent were white. Intrafamilial and extrafamilial abuse were equally represented in the sample.

The child victims and their mothers were interviewed at three points in time: shortly following abuse disclosure and 6 and 12 months after the initial interview. Data were

collected through in-home interviews using maternal and child self-reports. Measures assessed anxiety, depression, behavioral symptomatology, adaptability, and family cohesion.

Selected Findings

Newberger and Newberger found significant symptomatology in the mothers of child sexual abuse victims. Furthermore, the researchers contended that mothers' reports of their children's distress following disclosure of abuse may more accurately reflect their own rather than their children's emotional status. These findings are discussed below.

- Mothers reported a high degree of symptomatology. In fact, 45 percent of the mothers in this study showed symptomatology in the clinical range versus 16 percent of the mothers in the normative samples. In addition, mothers with low socioeconomic status were more likely to report such symptoms than affluent mothers.
- Mothers reported higher levels of distress in their victimized children than the children reported in themselves. Although the children reported experiencing considerable emotional distress subsequent to abuse disclosures, these data suggest that mothers may have overreported their children's symptoms.
- Strong associations were found between the mothers' own symptomatology and their reports of their children's symptomatology. The researchers assert that this suggests that mothers' reports of their children's symptoms were strongly predicted by their own level of emotional distress.

The emotional distress children experienced following abuse lessened somewhat in the first year following disclosure.

Newberger and Newberger reported that the emotional distress children experienced following abuse lessened somewhat in the first year following disclosure. Further, the researchers suggested that mental health treatment may play an important role in victims' recovery. Treatment appears, however, to be distributed differentially to white and minority children. The researchers reported the following findings in this regard:

- Although the abuse experiences of white and minority children were comparable, white children in this sample were more likely to receive some type of mental health contact than minority children. Minority children involved in cases of intrafamilial abuse were more likely to receive mental health treatment than minority children in other types of abuse.
- In the interval between official reports of abuse and initial study interviews (approximately 2 to 5 months), 94 percent of the white children had at least one mental health contact compared to 43 percent of the minority children.
- The frequency of mental health contacts for white children ranged from 0 to 8 contacts, with a mean of 4. In contrast, the frequency of contacts for minority children ranged from 0 to 5 contacts, with a mean of 2.

Newberger and Newberger reported differences in measures of anxiety and depression among children in different racial groups, such as the following:

- Children's level of anxiety and depression declined for the sample of children as a whole between the first and second interviews which suggests that functioning improves over time.
- The anxiety and depression scores of white children decreased significantly between interviews. Minority children's anxiety scores also decreased but not significantly, and their depression scores showed slight increases at the second interview. These changes appeared to be unrelated to victimization variables.
- For all children in the sample at followup, a significant relationship was found between receiving at least one individual mental health contact and decreased anxiety and depression scores. Further, the relationship between improved anxiety scores and an increase in the frequency of treatment was significant, particularly for minority children.

Study Implications and Recommendations

Newberger and Newberger urge caution in interpreting these data, as the findings are preliminary and the research involved several methodological limitations. The researchers found significant discrepancies between maternal and child reports of the child's functioning. Nevertheless, much of the knowledge about the psychological impact of sexual abuse on child victims is derived from maternal-report measures. The researchers recommend that knowledge about impact be derived from a combination of maternal-report and child-report measures to increase accuracy.

Based on the high levels of distress exhibited by mothers of sexually abused children, Newberger and Newberger stress that mothers potentially can be secondary victims of child sexual abuse. The severe symptomatology shown by many mothers in this study following the abuse disclosure suggests that mothers of child sexual abuse victims would benefit from sensitive and compassionate mental health interventions to help them in their own recovery. The researchers pointed out that providing mothers of abused children with support also enables them to better support the recovery of their children.

The findings reported in this study reaffirm the importance of mental health intervention for child victims to help children to recover from sexual abuse. For example, all the children in this study appeared to benefit significantly from individual mental health contacts. However, Newberger and Newberger's finding that minority children may have less contact with the mental health system is disturbing and deserves attention in future research. The researchers offered several explanations for this finding, including bias on the part of practitioners in selecting interventions for children of different races. Other possibilities are that minority families face obstacles in using mental health services or that cultural differences exist in the acceptance of services. Nevertheless, this finding has serious implications for the field of child sexual abuse and warrants closer attention in the future. Once the reasons for this disparity in services are clarified, focused and effective solutions can be developed.

The National Children's Advocacy Center Research Project To Study the Effects of Intervention in Child Sexual Abuse

To examine the effects of disclosure and intervention on child sexual abuse victims and their families in a community with an established multidisciplinary response, Beeman, Conte, and Mehlman conducted the study "The National Children's Advocacy Center Research Project To Study the Effects of Intervention in Child Sexual Abuse."[14] This study was conducted in Madison County, Alabama, where all of the community agencies have agreed that all cases of child sexual abuse reported to law enforcement, child protective services, and mental health agencies are to be referred to the Children's Advocacy Center for investigation and intervention. The center uses a multidisciplinary team approach for interviews, case reviews, and case decisionmaking. This approach is designed to minimize the burdens associated with multiple interviews, facilitate the family's access to all needed community services, and promote positive contacts with the criminal justice system.

This study examined characteristics of child victims and their families, variables related to the abuse disclosure and intervention, and the determinants of court action. Beeman et al. found a high degree of instability and dysfunction in the families of child sexual abuse victims in this study. Although families had contact with a variety of community agencies following disclosure, intervention services appeared to have little impact on case outcomes. The researchers reported significant variation in the handling of child sexual abuse cases; they found that the most influential variable in determining whether a case went to trial was the number of abuse incidents experienced by the child.

Sample and Methodology

The sample for this study consisted of 206 cases of child sexual abuse referred to the Children's Advocacy Center over a 1-year period.[15] Children in the sample were between 1 and 18 years of age, with a mean age of 9. Eighty-one percent of the child sexual abuse victims were females. Sixty-nine percent of children in this sample were white, 28 percent were black, and 3 percent were from other racial groups. Ninety-six percent of the offenders were male; and approximately one-half (45 percent) of the offenders were family or extended family members. A comparison group of 43 nonabused children also was examined.

Data were collected from children, family members, child protective services workers, and law enforcement personnel. A variety of measures was used to assess the impact of the abuse experience and the disclosure and intervention processes on child sexual abuse victims and their families. Assessments were completed both at intake and at a 9-month followup.

Selected Findings

The families in the sample were characterized by a high degree of instability and dysfunction and reported problems both prior to and following their contacts with the

Children's Advocacy Center. For example, in the 6 months preceding intake, approximately one-third of the families reported divorce, separation, or other marital difficulties. One-fourth of the families reported emotional or behavioral problems, unemployment, and alcohol or drug abuse. In addition, at intake many mothers showed clinically significant low self-esteem.

Beeman et al. reported that the abuse disclosure often was traumatic for both child victims and their family members. These findings are discussed below.

- One-half of the abused children were fearful about disclosing the abuse. Children reported being scared to tell anyone, believing that bad things would happen to them or to others if they told, and feeling that no one would believe them. In only 28 percent of the cases did the children initiate the disclosure to their parents.
- At intake most nonoffending parents (64 percent) expressed only supportive attitudes toward their child. However, 36 percent expressed either a mix of supportive and negative attitudes or a negative attitude.
- Although 8 percent of the child sexual abuse victims believed the offender was responsible for the abuse, 17 percent of the victims believed they were partially responsible, and 2 percent believed they were fully responsible.
- Approximately three-fourths of the mothers in this study reported that they were unaware of their child's victimization prior to the abuse disclosure. Following disclosure, approximately one-half of the mothers took action by contacting a therapist, a friend, the police, or another person.
- In response to the abuse disclosure, offenders who were related to the victim were significantly more likely to admit to the abuse offense than nonrelatives.

Specific variables explain only part of the variation in children's functioning, and children's behavior following abuse is under multiple influences.

Children and families in this study received assistance from a variety of community agencies, including child protective services, law enforcement, the Children's Advocacy Center, a victim-witness program, and mental health organizations. The researchers findings about these interventions are discussed below.

- Characteristics of the child were associated with the child's referral to therapy. Specifically, children referred to therapy showed more negative behaviors and lower self-esteem than nonreferred children. In addition, children who were related to the offender and who experienced multiple incidents of abuse were more likely to be referred to therapy.
- The duration and intensity of therapy provided to children varied. There was no relationship between characteristics of the child, such as age or sex, and the intensity of treatment they received, such as the total hours of intervention services.
- No significant relationship was found between the particular characteristics of families, such as the number of family problems, and the type of intervention they received, such as referral to therapy or case prosecution.
- In general, preintervention and postintervention analyses suggested that intervention had little impact on child and family functioning. For example, data from

9-month followups showed decreases in children's negative behaviors only on children's self-reports, not on other measures. Assessments of parental functioning, based on parent-reports, indicated that although parents' faith in others increased with time, their measures of self-esteem showed no improvement.

- Beeman et al. reported that, consistent with findings of other research, parents generally indicated that they wanted more information throughout the intervention process and stronger legal actions.

The researchers analyzed the court action taken on 115 cases to identify the variables that determined the progress of child sexual abuse cases through the legal system. The researchers' findings regarding these cases in the legal system are as follows:

- Approximately 35 percent of the child sexual abuse cases went to the grand jury and 20 percent went to trial. In the cases that went to trial, 72 percent of the offenders pled guilty.
- The child sexual abuse cases that went to trial did not differ significantly on a variety of factors related to the victim, such as victim's gender or age, or the abuse, such as the offender's prior history of abuse. Rather, the most influential factor in predicting which cases went to trial appeared to be the number of abuse incidents experienced by the child. Specifically, cases in which there was more than one incident of abuse were more likely to go to trial.

Study Implications and Recommendations

Beeman et al. concluded that specific variables explain only part of the variation in children's functioning and that children's behavior following abuse is under multiple influences. While some of these factors are internal to the child, such as the child's temperament, others are external or abuse related, such as having a supportive family or experiencing prolonged abuse. The researchers emphasized that variables that are time limited and less traumatic are less likely to affect the child's functioning than are variables that are chronic and extremely disturbing to the child.

The researchers found that a number of common methodological problems were present in this study. For example, small sample sizes restricted data analyses and may have limited the extent to which this work accurately represents the abused population. Limitations of existing measurement tools also were problematic, such as measures of child functioning that are global in nature rather than specific to the effects of child sexual abuse.

Another issue is the extent to which discrete events, such as disclosure or testifying in court, are able to predict longer-term variations in children's functioning, such as anxiety or depression. Beeman et al. caution against equating an effect in child functioning with time-limited intervention activities. For example, an event such as testifying in court may be associated with virtually no observable impact on measures of child functioning. However, the anxiety, pain, or discomfort that this event may cause the child could lead to an increase in negative behaviors. It is possible that specific intervention activities in a case may have less of an impact on the child than the overall feelings the child has about the way the intervention was conducted.

To improve professionals' understanding of the impact of intervention on a child's life, Beeman et al. recommended conducting broad assessments of the child's intervention experiences. As a result of these assessments, decisions could be made about how much anxiety or discomfort is permissible for victims to experience while agencies pursue intervention. In addition, the researchers pointed out that assessments could be useful in determining ways to reduce victim discomfort during intervention, such as by having an advocate present when the victim testifies in court.

Beeman et al. recommended a number of changes to improve research conducted on the effects of intervention on child sexual abuse victims and their families. For example, new measures could be developed to assess the aspects of child functioning most affected by sexual abuse and subsequent interventions. The researchers recommend collaborative, multisite research to help professionals develop sensitive measures of child functioning. A multisite project that examined the effects of sexual abuse, disclosure, and intervention would be able to obtain the larger sample sizes necessary for multivariate analyses. In addition, the documentation of factors that account for variations in effects in different situations would aid in the development of future policy and practice.

SYSTEM RESPONSES TO CHILD SEXUAL ABUSE

This section discusses three NCCAN-sponsored studies that examine specific forms of intervention. The studies in this section provide new information on how cases of child sexual abuse are handled by the legal, child welfare, and community service systems. Examinations of the legal system include an exploration of the factors that affect the prosecution of child sexual abuse cases and the outcome of case prosecution. Child welfare practices examined in this section focus on the impact of case assessments, service planning, direct therapeutic services, and case reviews. Finally, factors that contribute to interagency coordination and the impact of coordination on case outcomes are explored.

Findings reported in this section suggest that cases of child sexual abuse are receiving differential prosecution and intervention due to factors associated with case characteristics and differences in agencies' practices and professionals' skills. Moreover, the findings suggest that communities can improve case outcomes in the 1990's through greater use of legal reforms and by making changes in agency practices. These changes could include prosecuting more offenders, establishing interagency protocols, and providing specialized training for case managers.

Children as Witnesses in Child Sexual Abuse Cases

To examine factors that affect decisions made during the prosecution process, Gray conducted the study "Children as Witnesses in Child Sexual Abuse Cases."[16] This work focuses on children who are complaining witnesses initiating legal action in cases of child sexual abuse. This work tracked cases of child sexual abuse presented to prosecutors' offices in eight geographically and procedurally diverse

jurisdictions across the country. The study examined case decisions to determine how factors associated with individual cases and different procedures for prosecution may predict how a case progresses through the legal system.

Gray reported that the prosecution process varied dramatically among the jurisdictions. Although some variation is to be expected based on differences in protocols and procedures, this research evidenced significant differences among jurisdictions in the duration of criminal justice involvement in child sexual abuse cases. For example, the median duration of case involvement in the criminal justice system ranged from 41 days in one jurisdiction to 301 days in another. Gray also reported that there was little use of procedural reforms in court and that cases involving blacks were more likely to be involved in the criminal justice system.

Sample and Methodology

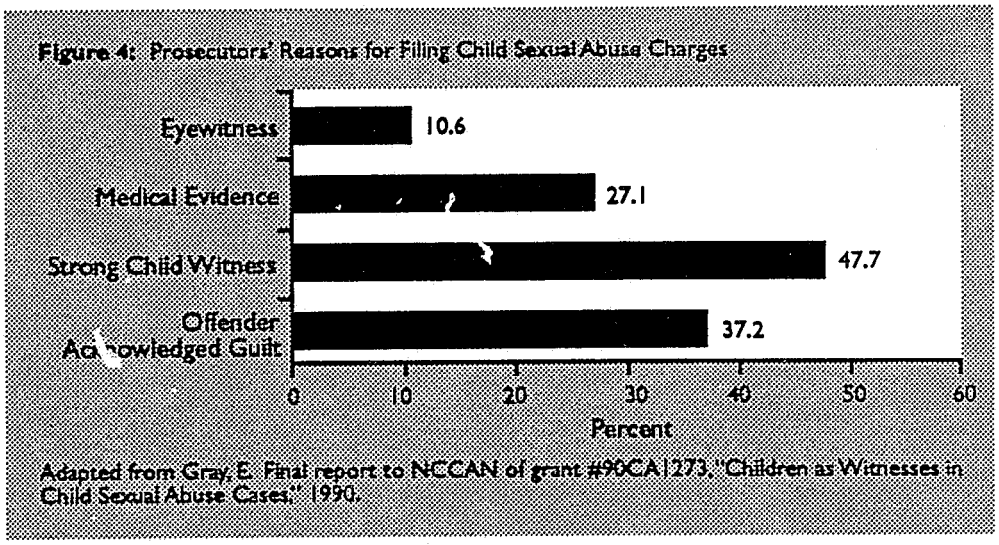
The sample for this study consisted of 619 cases of sexual abuse involving 670 children from 8 jurisdictions. Eighty percent of the child victims in the sample were female; 65 percent of the sample were white. The mean age of the sexual abuse victims was 9 years. Fifty-five percent of the cases involved intrafamilial abuse.

Data were obtained through interviews, reviews of prosecutors' case records, observations of court proceedings, and juror questionnaires. Information about each case included details of the alleged crime, source of the prosecutors' case referral, circumstances of disclosure, characteristics of victims and offenders, and case depositions and trials.

Selected Findings

Gray's examination of the prosecution procedures of 8 jurisdictions highlights the many differences in the prosecution of child sexual abuse cases across the country. Variations were reported in several main areas: the coordination of child protective services staff, police, and prosecutors; prosecution screening processes; maximum sentences allowed for particular offenses, and time elapsing between the offender's arrest and sentencing. Dramatic differences were found between jurisdictions in the duration of criminal justice involvement, and in the percentage of cases filed by prosecutors. For example, prosecutors in some jurisdictions failed to file charges in up to 38 percent of cases. Gray reported that decisions on how to proceed in the legal system often were based on the characteristics of particular cases which are discussed below.

- Child sexual abuse cases involving female victims were referred to the criminal justice system for prosecution more often than cases involving male victims. In this study, courts received four cases involving female victims for every one case involving a male victim.
- Prosecutors' decisions to file charges in a case appeared to be based on the defendant's acknowledged guilt or on judgments that the child would make a strong witness (see Figures 4 and 5 on the following pages).



- Child sexual abuse cases involving children up to age 10 were dropped or plea bargained more often than cases involving children 11 and older. Cases involving children aged 11 and older were more likely to proceed to trial on the original charges than to be plea bargained. Lesser charges such as fondling were plea bargained less often than more serious charges such as intercourse or attempted intercourse.

Child sexual abuse victims received little special attention when testifying in court.

Gray also reported differences in the way that jurisdictions handled similar cases of child sexual abuse. These findings are presented below.

- Diverting sexual abuse offenders to treatment programs was not an option in four of the eight jurisdictions. In jurisdictions where treatment was an option, approximately one-fourth of the offenders who had charges filed against them were diverted to treatment. Gray noted that in some instances offenders were permitted to seek treatment from professionals who had no expertise in sexual abuse. The percentage of cases going to trial was approximately 10 percent in jurisdictions both with and without diversion programs.
- Offenders who had criminal histories were more likely to receive jail sentences as a result of prosecution than offenders without criminal histories (75 and 50 percent, respectively). Conversely, offenders without criminal histories were more likely to be ordered to treatment than those with criminal histories (45 versus 29 percent, respectively).

Gray also reported finding racial differences in cases referred for prosecution, the seriousness of abuse allegations, and the diversion of offenders to treatment programs, as follows:

- A disproportionate number of alleged sexual abuse offenders who became involved with the criminal justice system were black. Calculations based on 1984 Census Bureau statistics indicate that 16.6 percent of offenders in this study should have been nonwhite, however, Gray found that the percentage of black offenders in his sample was much higher (29.3 percent). Since almost all of the

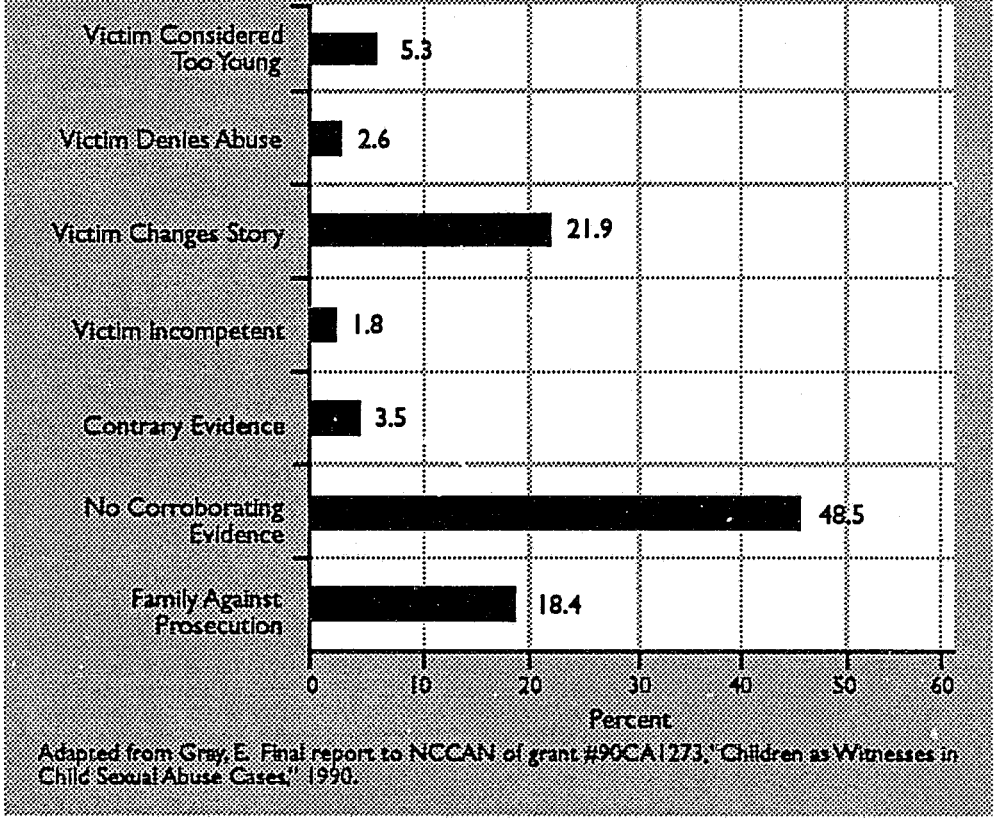
cases in this study involved black child victim-black offender or white child victim-white offender, the cases in this study that involved black children had a greater likelihood of prosecution.[17]

- Black defendants faced more serious allegations of sexual abuse than white defendants. Allegations of sexual intercourse or attempted intercourse were made in more than one-half of the cases involving black defendants versus less than one-fourth of the cases involving white defendants.
- In jurisdictions with diversion programs, white offenders were twice as likely as black offenders to be diverted to treatment. Gray noted that this relationship persisted among offenders with prior criminal histories; fewer black defendants with prior criminal charges were diverted to treatment than white defendants with similar backgrounds.

The results of this study suggest that the procedural reforms made in the court's handling of child sexual abuse cases are used very little, particularly those reforms that involve children's courtroom testimony.

- Child sexual abuse victims received little special attention when testifying in court. Rather, cases of child sexual abuse were handled like other criminal cases. In addition, prosecutors did not apply recent legal reforms aimed to reduce trauma to child witnesses.

Figure 5: Prosecutors' Reasons for Not Filing Child Sexual Abuse Charges



Adapted from Gray, E. Final report to NCCAN of grant #90CA1273, "Children as Witnesses in Child Sexual Abuse Cases," 1990.

- Each jurisdiction in this study had statutory provisions for innovative prosecutorial techniques, such as having child witnesses use anatomically detailed dolls to depict the abuse experience and admitting videotaped or closed-circuit television testimony from child witnesses. However, these and other innovative techniques rarely were used.

Study Implications and Recommendations

While most of the findings in this study parallel the profiles of child sexual abuse depicted in other literature, there is some indication that cases referred for prosecution are unique. For example, male victims appear to be underrepresented, whereas black victims and defendants appear to be overrepresented. In light of these findings, Gray suggests that future research be directed to identifying the reasons for these disparities.

Child sexual abuse cases pose a difficult task for prosecutors from a legal standpoint. The lack of corroborating evidence or second eyewitness substantiation continues to affect prosecutors' decisions to file charges against alleged offenders, and difficulties in developing a strong legal case often deter the prosecution of the sexual abuse offender. This study suggests that if the prosecutors do not perceive the child sexual abuse victim as a strong witness, it is unlikely that the case will proceed to court.

This study also suggests that many prosecutors have not applied recent procedural reforms in child sexual abuse trials. While legal challenges or technical difficulties may explain why prosecutors are not applying some of the reforms, such as closed-circuit television for testimony, the reasons for not applying other reforms, such as having child victim advocates present in court or requiring attorneys to maintain a distance from the child during testimony, are unclear. If the goal of reducing trauma to children in court is to be achieved through these reforms, Gray feels these reforms need to be further examined in future research.

Case Management in Sexual Abuse Cases: A Functional Analysis

Just as the legal system decides whether to prosecute cases of child sexual abuse, the child welfare services' system makes case management decisions about the services delivered to victimized children and their families. In theory, case management simply involves matching the child's and family's needs with available community services; in practice, this process can be quite complex. Child welfare workers, often called case managers, fulfill numerous duties including planning, coordinating, and evaluating an array of services for each case. In addition, case managers must be continuously alert to signs that indicate further risk or harm to the abused child and must take immediate action to protect the child should factors associated with high risk be identified. Outside of the family unit, the case manager's role encompasses advocacy to ensure that the child is not victimized further by the community's legal or service systems.

While the primary responsibility of case management is to guide children through system interventions, child welfare workers and case managers also may be called

upon to provide interpersonal intervention, such as direct therapeutic services, to child sexual abuse victims and their families. However, the extent to which it is appropriate for case managers to assume the role of therapist or counselor is a matter of professional debate. Some argue that the case manager's role should be limited to systems intervention, while others assert that case managers also should intervene at the interpersonal level.[18]

Before this debate can be resolved, several key questions need to be answered about the role that case managers currently are fulfilling. These questions should explore to what extent case managers are already assuming a dual role by intervening at both system and interpersonal levels. It also is important to assess whether case managers have the skills necessary to manage system services as well as the clinical, diagnostic, and rehabilitative skills necessary to provide direct therapeutic services.

To explore such questions, Deveney, Rintell, Starr, and Roab-Protenits conducted a study entitled "Case Management in Sexual Abuse Cases—A Functional Analysis," which is the third segment of the study "Services to Sexually Abused Children and Their Families."[19] Through a detailed examination of public child welfare workers' case management practices in substantiated cases of child sexual abuse, Deveney et al. offer data on the extent to which case managers engage in both service coordination and direct treatment. The researchers also present data on the skill levels of case managers in case assessment, service planning, case reviews, and ongoing case management and intervention. The work of Deveney et al. is discussed later in this chapter and in Chapter II.

Deveney et al. found that case managers frequently assume both direct treatment and service coordination roles in child sexual abuse cases. The researchers noted that direct psychotherapeutic intervention was especially common in cases involving "low-risk" families, which case managers perceive as being more receptive to intervention. While case managers were reported to have strong intervention and case reviewing skills, their ability to conduct case assessment and develop appropriate service plans needed strengthening. Deveney et al. recommend that case managers receive special training to improve their ability to assess the ongoing risk to children and to plan services to reduce risk.

Sample and Methodology

This study's findings are based on the content analysis of 27 Massachusetts Department of Social Services case records and semistructured interviews with case managers. Overall, 1,000 case management activities were analyzed using interviews, investigation reports, case assessments, service plans, case reviews, interagency contacts, and narratives on direct client intervention. Interviews with case managers occurred at 3- to 4-month intervals over a 1-year period and focused on the manager's role in each case, the nature and frequency of agency and family contacts, and the factors perceived to be case barriers. Since all cases received specialized treatment services, children's and families' therapists were interviewed to assess the extent of their collaboration with case managers.

To guide data collection, case management was defined as "the range of services offered by case managers in substantiated child sexual abuse cases, including assessment, service planning, direct therapeutic intervention, acquisition and coordination of ancillary services, and case review." Acknowledged standards of practice were used as benchmarks for measuring the case managers' performance in each of these areas. In addition, cases were rated as being low, moderate, or high risk, based on the offender's denial of abuse or refusal to participate in treatment, and the mother's level of support for the child, choice of male companion, and parenting abilities.

Selected Findings

Deveney et al. reported that case managers were responsible for four major activities: conducting assessments, planning services, coordinating intervention (such as counseling or referrals), and reviewing cases. The results of this study suggest that case managers displayed stronger skills in carrying out intervention and case reviews than in assessment and service planning functions. The study results in each of these areas are presented below.

The assessment component of a case manager's activities involves determining the behavioral and socioemotional functioning of family members as well as assessing the ongoing risk of harm to the child. Further, assessment also involves determining the level of intervention and types of services needed by the family as well as the willingness of the family to accept help. Deveney et al. reported that case assessment practices used by case managers in this study were characterized by inconsistent application of risk criteria to cases. These findings are discussed below.

- Case managers usually based their evaluations of risk to the child on the mother's ability to provide adequate protection. Information about other factors associated with risk frequently were not collected. For example, although information about the child's ability to resist abuse and the offender's functioning are vital to risk assessments, less than one-half of the case managers evaluated the child's ability to resist abuse and less than one-third obtained any information on the offender's history or current functioning.
- Family factors, such as the family's sources of social support and the offender's access to the child, were often overlooked. In fact, sources of social support which could mediate the impact of abuse for the family were identified by case managers in only four cases. In addition, case managers rarely considered the needs of the abused child's siblings.
- Following case assessment, the case managers were much more likely to recommend therapy for the child than for the nonoffending parent, offender, or family unit as a whole.

The service planning component of case management involves identifying problems that need to be addressed and clarifying any necessary changes in services prior to a case's closure. Deveney et al. reported that the service plans of case managers in this study generally lacked the specific information needed to guide intervention services, such as:

- In the service plans for victims and families, only one-third of the case managers cited specific social, emotional, and/or behavioral problems related to the abuse as issues that required intervention services.
- In general, case goals that pertained to maternal functioning were not clearly delineated, and service plans lacked specific information on the changes that were required in maternal functioning to close the case.
- Changes in the children's or the offenders' behaviors received even less attention in case managers' service plans. For example, changes in child functioning were identified in less than one-half of the cases in this sample, and changes in offenders' functioning were identified in only three cases.
- Most service plans referred to the case managers' intent to visit the family on a regular basis (usually monthly), although only one-fourth of service plans specified the purpose of these visits.

Case managers displayed stronger skills in carrying out intervention and case reviews than in assessment and service planning functions.

Deveney et al. reported that case managers were involved in five forms of intervention: coordination, counseling, monitoring, referral, and advocacy. The extent to which managers used a particular form of intervention appeared to vary as a function of whether the case involved low, moderate, or high risk. The findings of Deveny et al. regarding the decision to use a particular form of intervention are as follows:

- While a considerable amount of case managers' time was spent counseling victims and their families, case managers were most likely to counsel low-risk cases. Deveney et al. noted that greater psychotherapeutic involvement in low-risk cases suggests that managers perceived these families as being more receptive to such services.
- Case managers spent more time on case monitoring and interagency coordination in high-risk cases than in low-risk cases. In high-risk cases, managers met with family members and other service providers an average of two times a week.
- Case managers had more face-to-face contact with victims and their families than anticipated in their service plans. They met with families an average of once every 3 weeks, rather than once monthly. In general, referral and advocacy activities comprised a relatively small amount of the managers' time.

Case reviews provide case managers with the opportunity to monitor and evaluate ongoing services and are an important part of case managers' responsibilities. Case reviews involve periodic meetings with family members to discuss their current functioning and progress in resolving problems. Deveney et al. reported the following findings in regard to case reviews:

- Children and parents often participated in case reviews. Case managers reported that mothers usually complied in carrying out agreed upon service plans. However, in more than one-half of the cases in which fathers were the offenders, case managers perceived the fathers as being uncooperative in regard to the service plans.

- In all of the cases the services received by families were evaluated as being appropriate. Approximately two-thirds of the families were described as making "some" to "considerable" progress toward resolution of the problem. In the remaining one-third of the families, progress was described by case managers as "minimal" or "none."

Study Implications and Recommendations

Deveney et al. concluded that case managers exhibit both strengths and weaknesses in fulfilling a wide range of responsibilities. Based on the results of this research, Deveney et al. suggested a series of changes that could be made in existing procedures to help strengthen the case managers' skills in a number of key areas.

Deveney et al. recommended that specialized risk assessment protocols may help case managers to accurately assess the needs of family members, improve managers' assessment of the ongoing risk to child victims, and help managers make appropriate case plans and service decisions. Deveney et al. advised that such protocols should include specific indicators of risk, particularly in regard to the behaviors of child victims and alleged offenders.

The researchers also suggested that the treatment recommendations outlined in case managers' service plans be carefully examined. For example, Deveney et al. reported that case managers routinely recommend treatment for child victims and their mothers, although they rarely suggest treatment for other family members such as the child victim's siblings or the offending parent. While this indicates that case managers understand the importance of the mother-child relationship, it also suggests that service plans may be too focused on the mother-child bond, to the extent that other potentially important relationships in the family are excluded.

In general, Deveney et al. found that case managers need to be clearer about the role and aim of therapeutic services in their cases. Similarly, case managers need to identify the indicators they intend to use to measure a family's progress toward problem resolution. Considerable diversity exists in the scope and methods of different therapeutic services available to sexually abused children and their families, making specific and clearly articulated service plans a vital component of effective treatment.

Deveney et al. reported that case managers also had a variety of strengths. Case managers recognized the value of interagency coordination and collaboration in achieving the goals of their cases and spent a considerable amount of time on activities that involved agency coordination and collaboration. Further, case managers demonstrated good skills in expediting and evaluating services and in conducting case reviews. In conclusion, Deveney et al. recommended that increasing support to case managers on case assessment and service planning tasks, through training and protocols, could improve the services delivered to children and families following allegations of child sexual abuse.

Coordinating Interagency Response to Child Sexual Abuse

Interagency coordination is believed to be an important component of effective intervention in cases of child sexual abuse. While practitioners have cited numerous problems associated with establishing and maintaining a coordinated response, researchers have yet to examine the impact of agency coordination on case outcomes. In an effort to solve the problems associated with agency coordination, many communities have implemented interagency protocols to guide sexual abuse intervention. Nevertheless, little is known about the key elements of protocols or the effects such protocols may have on agency activities.

To examine how protocols affect interagency coordination and, in turn, how interagency coordination impacts case outcomes, Sullivan, Barth, Bhatti, and Gilbert conducted the study "Coordinating Interagency Response to Child Sexual Abuse."[20] This work examined factors that contribute to effective interagency coordination and explored the impact that coordination has on service delivery. Through this research, Sullivan et al. developed a series of agency protocols to facilitate interagency coordination and improve intervention. The protocols establish guidelines that aim to enhance agency cooperation, eliminate needless followups, and reduce delays in intervention. As the researchers implemented these protocols, they were able to examine how the protocols affected various aspects of interagency coordination.

Sullivan et al. reported that coordinated agency responses occurred more often in cases of intrafamilial abuse than in extrafamilial abuse and occurred more often in agencies with lower staff caseloads. Coordination did not appear to be associated with increased case referral to treatment services or case involvement in criminal court proceedings. Sullivan et al. reported that most problems in coordination resulted from a lack of clarity about agency roles, such as the procedures for sharing information, and could be addressed by developing protocols to achieve a comprehensive intervention system. Finally, the researchers emphasized the need for public agencies to improve their intake procedures, case management techniques, and information management systems.

Sample and Methodology

The sample for this study was comprised of 176 cases of child sexual abuse reported to the California Department of Social Services in San Francisco County and to the San Francisco Police Department. Sullivan et al. examined cases both prior to and during the implementation of coordination protocols. The researchers noted that the sample included a disproportionately high number of minority families and that most of the child victims experienced severe abuse. In one-fourth of the cases, the children were placed in foster care settings subsequent to initial Department of Social Services' intervention.

Data were gathered on each case's characteristics, agency actions, and court and service dispositions. Information was obtained through computer tracking, record reviews, and interviews with agency personnel. A variety of measures was used to

determine factors such as family problems, the thoroughness of investigations, interagency contacts, time lags in intervention, and degree of interagency coordination.

Selected Findings

The agency protocols of Sullivan et al. address problems associated with establishing a coordinated response to child sexual abuse. The protocols were developed based on a review of professional practice standards and an analysis of the factors affecting the coordination of community agencies. The protocols provide detailed procedural guidelines for each agency involved in handling child sexual abuse cases, outlining the procedures for intake and investigation, court preparation, and long-term service planning. The protocols aim to establish swift and coordinated action at the earliest stages of intervention, to facilitate the ongoing exchange of information, and to promote optimal case dispositions in the child welfare, criminal justice, and clinical service systems. The protocols incorporate the following elements:

- Joint investigations by police and the Department of Social Services in intrafamilial abuse cases and by police and hospitals in extrafamilial abuse cases;
- Clear agency timelines for evidence collection, the exchange of information across agencies, and case evaluation by district attorneys; and
- Agency requirements to provide other involved agencies with feedback on cases at critical points of disposition.

Sullivan et al. reported a variety of positive effects of the protocols on interagency coordination and intervention procedures. The researchers' findings on the implementation of agency protocols include the following:

- Cases of intrafamilial abuse involved more interagency coordination than cases of extrafamilial abuse. Further, agency coordination in cases of both intrafamilial and extrafamilial abuse improved over the 2-year study period as protocols were developed and implemented.
- Agency staffing levels appeared to have an effect on the extent of coordination. In agencies with sufficient staff, there were more activities that targeted coordinated intervention.
- Comparisons of cases investigated prior to the protocols and cases investigated during protocol development or implementation suggest that protocols were associated with changes in interviewing patterns. Specifically, only 24 percent of child victims interviewed prior to the protocols received joint agency interviews versus 50 percent of child victims interviewed during protocol development and implementation.
- Between the first sampling period (prior to protocol development) and the second sampling period (during protocol development), the extent of agency coordination improved by 20 percent. In this time, agency response time to case investigations improved by 27 percent.

Study Implications and Recommendations

Sullivan et al. noted that a dramatic increase in reports of child sexual abuse occurred over the course of the study. Agency staffing levels, however, failed to keep up with this increase. The researchers emphasized that while interagency coordination had a number of positive aspects, coordination alone cannot compensate for staff cutbacks in the face of rising caseloads. Coordination requires staff time and effort to accomplish a range of activities. Where agency staffing levels are sufficient, coordination can contribute to more decisive case action and comprehensive service planning.

In this study, interagency protocols facilitated more effective coordination and intervention. As agencies worked together to establish protocols, agencies formed linkages and reached agreement on standardized procedures. Sullivan et al. noted that once established, the protocols are an objective tool for measuring ongoing staff practices and can help pinpoint areas in the protocols that need to be adapted to improve intervention. Protocols also are valuable tools for answering procedural questions, for staff orientation, and for strengthening agency linkages in other areas of service.[21] Last, Sullivan et al. suggested that further research be conducted on the level of agency staffing essential to coordination. Although this study established a link between staffing and coordination, additional research is needed to establish formulas for staff-to-case ratios, particularly when taking into account specific case situations. In establishing the ratios, consideration should be given to the type and extent of coordinated activity required by each case situation.

Protocols provide detailed procedural guidelines for each agency involved in handling child sexual abuse cases and aim to establish swift and coordinated action.

TREATMENT EFFICACY

In general, progress in refining treatment for child sexual abuse victims and their families has been hindered by insufficient empirical research. Most information on treatment processes, techniques, and modalities is based on anecdotal case studies or descriptions of treatment programs, rather than on systematic investigations. More knowledge is needed about the variables that affect treatment success, the differential use of treatment approaches, and the relationship between treatment and case outcomes.

Although professionals need information on how specific mechanisms of treatment relate to changes in children and families over time, research on the variables affecting treatment outcome is difficult for several reasons. First, victims of child sexual abuse exhibit a broad range of symptomatology, which may differ as a function of the child's characteristics, family dynamics, or the severity of the abuse. Second, most of the measures used to assess child and family functioning are global and may not be sensitive to the specific effects of child sexual abuse. Third, specialized treatment programs show dramatic variations in their philosophies, goals, and treatment populations and strategies. Last, researchers examining the treatment outcomes of child sexual abuse victims must be careful not to compound the victims' trauma through data collection efforts. All of these factors influence the characteristics of individual treatment programs and make comparing child and family outcomes across programs an extremely complex undertaking.

This section contains two studies that have examined the efficacy of different child sexual abuse treatment programs. The studies compare different treatment approaches and explore the impact of different programs on the functioning of child sexual abuse victims and their families. These studies identify aspects of model treatment programs that are most effective, make recommendations for improved therapeutic intervention, and suggest new directions for future research on child sexual abuse treatment.

Process and Outcome in the Treatment of Sexually Abused Children and Their Families

To examine the content, process, and outcome of psychotherapy with sexually abused children and their mothers, Deveney, Rinteli, Starr, and Roab-Protentis conducted the study "Process and Outcome in the Treatment of Sexually Abused Children and Their Mothers," which is the fourth segment of the study "Services to Sexually Abused Children and Their Families."[22] This work examined the dynamics of the therapeutic process, the problems exhibited by child victims and their mothers prior to and following treatment, and the relationship between maternal and child victims' functioning. This project is discussed earlier in this chapter as well as in Chapter II.

Deveney et al. reported that both child victims and their mothers presented serious problems at the onset of treatment. In addition, the researchers reported an association between maternal and child functioning. Generally, therapy goals for child victims and their mothers were similar, although the techniques used during treatment differed for the two groups.

Deveney et al. emphasized that the results of this research underscore the importance of long-term treatment for both mothers and child victims involved in cases of child sexual abuse. For example, as mothers established appropriate role expectations for their children, children's behavioral symptomatology decreased significantly. Overall, however, data indicated a lack of maternal improvement in a number of areas, even after 1 year of treatment. Deveney et al. proposed that the lack of maternal improvement could be due to the therapists' focus on assessing child protective areas and monitoring risk factors during the first year of therapy.

Sample and Methodology

This study tracked 29 families (35 children and 24 mothers) through the course of their therapy at specialized treatment programs for a period of up to 1 year. Children were between 6 and 16 years of age; more than one-half were between 12 and 16 years of age. Most of the child victims were females and were from white, working class families. Most of the children were exposed to prolonged and serious sexual abuse inflicted by a father or father figure. For two-thirds of the victims, there was no time lapse between the last known incident of abuse and the start of treatment; for the remaining one-third, there was an average lapse of 3 years. Nearly one-half of the victims' mothers reported that they also had been sexually abused as children.

A series of questionnaires and behavioral inventories were administered to victims and their mothers within the first 6 weeks of treatment and again after 1 year (earlier if treatment was completed). Measures assessed children's and adults' functioning and focused on mothers' available social supports, capacity for empathy, and appropriate role expectations. Data on the victims' sense of control over life events and on their social support networks were examined as well. In addition, Deveney et al. conducted monthly interviews with the 27 therapists participating in the study to explore the different approaches to treatment used in various situations.

Selected Findings

Deveney et al. reported that child victims often showed serious symptoms of distress at the point of entry into treatment, although the severity of symptoms varied among children. These findings are presented below.

- At the onset of treatment, 75 percent of the children and adolescents exhibited behavioral problems of clinical significance.
- Children who were abused by a father or father figure showed fewer symptoms than those abused by another relative or caretaker. Behavioral problems also were less severe in victims who felt a sense of control over life events.
- The presence of maternal support and nurturance was reported to be associated with the child's level of behavioral problems. For example, adolescent victims who had maternal support presented fewer symptoms of both internalizing and externalizing disorders.

Deveney et al. also found that many mothers had significant difficulties in their relationships with their victimized children. These findings are discussed below.

- More than one-fourth of the mothers relied on their children for emotional support, such as treating their child as a peer or using the child as a confidant. More than one-half of the mothers expected that children should attempt to meet their parents' needs.
- Mothers with a history of sexual abuse (nearly one-half of the mothers in this sample) were found to have unrealistic expectations of their children and to rely more often on their children for emotional support than mothers without a history of sexual abuse.
- Mothers who reported feeling in control of life events scored higher on measures of parental empathy than mothers who felt out of control of their lives. These mothers, who were more able to turn to friends or relatives for support, had children who were more able to turn to them for nurturance.

Deveney et al. reported associations between certain dimensions of maternal functioning and child victims' functioning, including the following:

- Mothers who expressed feeling that they had little control over their lives had children who also felt a lack of control over life events. These children showed more depression and psychosomatic symptoms and were less likely to turn to their mothers for support.

- In general, mothers who demonstrated average or above average empathy had children who felt they had control over life events and who had fewer behavioral problems. Further, mothers with more appropriate role expectations for children had children with fewer acting out behaviors.

Deveney et al. reported that the treatment goals set by therapists for mothers and child victims were similar, although the topics addressed during therapy and the therapeutic techniques differed between the two groups. The findings of Deveney et al. on therapeutic interventions include the following:

- In the few cases in which mothers were seeing therapists on a regular basis, treatment goals for the mothers were remarkably similar to those of their children. Deveney et al. reported that most therapeutic interventions sought to enhance the therapist's understanding of the case and to assess the ongoing risk to the child. The goals of the therapeutic interventions rarely were to help mothers and child victims gain a sense of empowerment and mastery.
- Mothers were more likely than child victims to initiate and discuss issues related to the child's protection, such as safety in the family. Therapeutic interventions most often focused on protective issues in cases where mothers were unable to empathize with their children.
- Treatment of mothers who felt a loss of control over their lives and who held inappropriate role expectations focused primarily on issues related to the mothers' worries, fears, and feelings and thoughts about themselves. Therapy with mothers used techniques involving reflection and confrontation more often than therapy with child victims. Therapy with child victims more often used structured activities and directed intervention than therapy with mothers.
- Despite the importance of maternal support to the child victim's recovery, many mothers in this study met only occasionally with their child's therapist. Less than one-half of the mothers were in treatment for themselves. Deveney et al. recommended, however, that group therapy for mothers and for child victims may be particularly helpful for dealing with abuse-related issues.

Analyses of posttest functioning indicated that both the victimized children and their mothers showed some improvement in their functioning over the course of treatment. Deveney et al. pointed out, however, that the gains were specific to certain areas of functioning, rather than representative of improvement in overall functioning. The researchers' findings include the following:

- Victimized children showed a significant reduction in behavioral problems, as indicated by therapists' reports. The child victims showed no significant improvement, however, in their sense of control over life events or in their ability to turn to their mothers for nurturance and support.
- With regard to the mothers' functioning, significant improvement occurred in holding appropriate expectations of the child, although no improvement was found in the mothers' sense of mastery, empathy for the child, or their satisfaction with their social support network.

Study Implications and Recommendations

Deveney et al. reported that although victimized children and their mothers showed some gains in functioning following therapy, a number of aspects of their functioning did not improve. Several factors may have contributed to the lack of improvement evidenced in this study. For example, Deveney et al. noted that sexual abuse is but one problem in a pattern of dysfunction and instability exhibited by many of the families of victimized children in this study. The continual disruption that is characteristic of the families of child sexual abuse victims may be at least partly responsible for the mothers' and child victims' feeling that they are not in control of their own lives. Furthermore, since sexual abuse treatment often is a long-term process, the 1-year period which this study covered may not have been sufficient time for therapists, victims, or mothers to discuss mastery and control issues.

Mothers who show a sense of control over life events and empathy toward their children have children who turn to them more often for support and who feel more in control of their lives.

Throughout this work, Deveney et al. emphasized the importance of therapy in mothers' and child victims' recovery. This study suggests that mothers who show a sense of control over life events and empathy toward their children and who have friends and relatives available for support have children who turn to them more often for support and nurturance and who feel more in control of their lives than children of mothers without these characteristics. In addition, as mothers develop more appropriate role expectations for their children, their children's behavioral symptomatology may decrease significantly.

Deveney et al. also emphasized that families experiencing the crisis of sexual abuse should not have to wait to receive treatment. The long-term therapeutic needs of these families may create little turnover in cases for therapists and potentially may lead to long waiting lists at treatment programs. Deveney et al. recommended that issues that may affect the families' prompt receipt of treatment should be anticipated and resolved.

Deveney et al. recommended various ways for future research to avoid the methodological problems encountered in this study. For example, Deveney et al. suggested that researchers recruit two to three times more subjects than they need to provide the necessary data (particularly since once the research enters the data collection phase, recruitment errors are virtually impossible to correct, resulting in data loss). Deveney et al. also recommended using pretest and posttest instruments that have been widely tested on various populations. Finally, the researchers recommended using a control group and allowing more than 1 year for data collection on treatment processes and outcomes.

Comparative Analysis of Child Sexual Abuse Treatment Approaches and Development of Best Practice Guidelines

The diversity of treatment approaches, techniques, and services used by specialized child sexual abuse programs raises the issue of which methods yield the most effective results. Some programs employ a multiphased treatment approach with all

cases, incorporating specific strategies at particular times during the treatment process. Other programs are tailored to address the unique needs of each case. In practice, most programs use a treatment approach that falls somewhere between these two extremes. Within the framework provided by the treatment approach, programs may offer a range of specialized therapy techniques and services, including the following:

- Individual, family, group, and dyad therapy;
- Art and play therapy;
- Marital counseling;
- Psychological testing;
- Peer support;
- Parenting classes; and
- Legal advocacy.

Researching the efficacy of different treatment approaches, techniques, and services is a complex process. The diversity in program philosophies must be considered, as well as variations in programs, level of funding, staffing backgrounds, and organizational affiliation. To explore existing treatment programs and develop best practices guidelines, Keller, Cicchinelli, and Gardner conducted the study "Comparative Analysis of Child Sexual Abuse Treatment Approaches and Development of Best Practice Guidelines."[23] This work examined current child sexual abuse treatment programs to identify program models and strategies; define the context, client population, and treatment approach; and link programmatic factors to treatment effectiveness. Finally, Keller et al. aimed to provide professionals with best practice guidelines for effective intervention.

Based on their research, Keller et al. developed a step-by-step guide to model treatment programs, "Child Sexual Abuse Treatment Programs: Guidelines for Best Practice," which is described in greater detail in Chapter VIII.[24] The following discussion focuses on the investigation conducted by Keller et al. of existing treatment programs. The researchers highlighted gaps in the client populations targeted by treatment programs, deficits in programs' assessments of clients' progress during treatment, and the limited availability of followup services. Keller et al. recommended directions for additional research on factors affecting treatment outcome. The research of Keller et al. is discussed further in Chapter VIII.

Sample and Methodology

Keller et al. based their best practices guidelines on a series of reviews and surveys, including a review of the professional literature, a survey of treatment methods and techniques used by 553 programs, and an indepth study of 29 of these programs. The programs selected for the indepth study represented a diversity of public and private agencies and client target populations. The indepth study involved staff interviews and data collection on 623 sexual abuse cases (involving 1,730 clients). Of

the sexual abuse victims in this sample, 87 percent were white, 5 percent were black, 4.5 percent were Hispanic, and 3.5 percent were from other ethnic groups.

Data collection and analysis occurred in three phases. Each phase represented approximately 1 year of the 3-year study effort. The first phase focused on the collection, organization, and synthesis of information from the survey of 553 treatment programs. The second phase focused on the evaluation of treatment strategies through a comparison of detailed case, project, and contextual data obtained from the 29 programs selected for indepth study. The third phase concentrated on analyses of treatment impacts and the development of best practice guidelines.

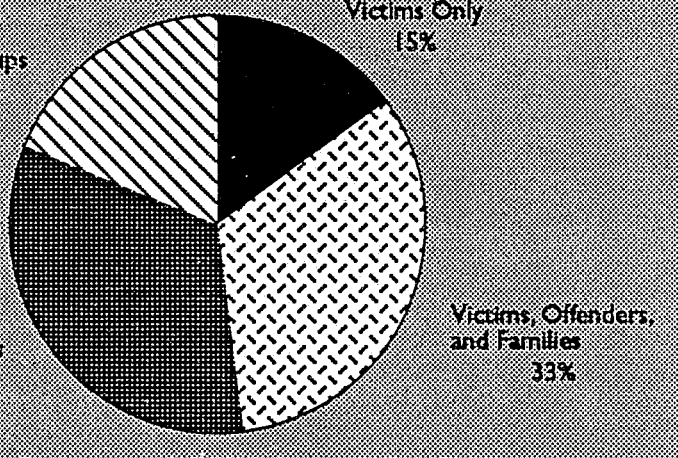
Selected Findings

Keller et al.'s survey and indepth study of treatment programs indicated that most programs focused on victims rather than offenders or families. Programs used a variety of treatment methods, although few incorporated objective measures to assess clients' progress in treatment, and followup services rarely were provided. Measures used to determine the outcome of treatment showed moderate improvement in cases overall.

Of the 553 sexual abuse treatment programs surveyed by Keller et al., most were affiliated with social services, mental health, or a combination of community agencies. Programs usually provided an extensive array of direct therapeutic and auxiliary services geared to meet the needs of individual cases. Nevertheless, gaps in program operations were found. The researchers' findings are discussed below.

- Despite consensus among professionals that sexual abuse requires family intervention, many of the programs focused exclusively on child victims and the nonoffending parent. Offenders' participation in treatment was often restricted by program criteria, such as limiting participation to only those offenders who were mandated by court to participate in treatment (see Figure 6).

Figure 6: Client Focus of Treatment Programs Surveyed



Adapted from Keller et al. Final report to NCCAN of grant #90CA1183, "Comparative Analysis of Child Sexual Abuse Treatment Approaches and Development of Best Practice Guidelines," 1988.

- In addition, offenders typically were excluded from program services if they exhibited violent behavior, psychopathology, fixated pedophilia, or substance abuse. Many programs excluded offenders who failed to accept responsibility for the abuse or whose cases were involved in legal proceedings.
- Most treatment programs reported that services were terminated on the basis of improvements in client or family functioning, yet 44 percent of programs did not use objective measures to support the staff's perceptions of case improvement.
- Few treatment programs (27 percent) required staff to follow up on cases after services were terminated. Since sexual abuse is viewed by professionals as having long-term and sometimes intermittent or recurring impacts, the lack of client followup shown in this study is of concern.

Adult offenders' histories were characterized by abuse and neglect, severe health or mental health problems, and serious problems involving substance abuse.

The indepth study of 29 programs provided information about the background, goals, objectives, professional context, client population, services, staff, and case management process of each program. Programs' strengths, problem areas, and future plans also were examined. Most programs included in the indepth study worked closely with child protective services, criminal justice, and mental health professionals and often shared involvement with the same client population.

Keller et al. reported that the 29 programs' client distribution clearly reflected a victim-focused treatment approach, with substantial nonoffender involvement. Characteristics of the clients in treatment are discussed below.

- Of the 1,730 clients served, 43 percent were victims, 34 percent were nonoffending adults, 9 percent were nonoffending minors or minor witnesses, and only 11 percent were offenders. Although some offenders may have been involved in offender treatment programs not included in this subsample, the lack of services provided by these 29 programs to offenders remains a concern. This is particularly true of cases in which the offender is a family member, since most programs recognized the need to treat the entire family.
- Clients from minority groups were underrepresented in programs' client populations. The reasons for the underrepresentation of minorities in treatment were not clear, but Keller et al. suggest that various cultural and social factors may have contributed to the finding.
- Families of victims reported experiencing numerous problems, including marital discord, spouse abuse, physical child abuse and neglect, social isolation, financial difficulties, and/or substance abuse. For example, nearly 80 percent of the child sexual abuse victims had experienced other forms of child maltreatment.
- Adult offenders' histories were characterized by abuse and neglect, severe health or mental health problems, and serious problems involving substance abuse. The proportion of offenders whose current functioning included substance abuse was surprisingly high (more than one-third), considering that a number of programs in this study did not accept substance abusers.

Keller et al. reported a variety of similarities and differences in the 29 programs' treatment approaches and client populations, such as the following:

- Nearly all of the 29 programs employed a multimodal treatment approach, which included support services and individual, family, group, and dyad therapy.
- The extent to which methods and services were used differed significantly across programs and client groups. For example, some programs offered only individual or only group therapy for victims, while others offered a combination of therapies. Overall, individual therapy was used in 86 percent of all cases, group therapy was used in 58 percent of cases, family therapy in 48 percent, and dyad therapy in 40 percent. Nearly two-thirds of all cases received no support services, such as child care, transportation, emergency shelter, and food.
- In regard to the criteria used by programs to close cases, most programs routinely terminated services on the basis of therapists' determinations of "improvements" in client or family functioning. More than one-fifth of the programs used a specified number of treatment sessions or a given length of time for services as termination criteria.

Keller et al. noted that their findings about treatment outcomes may be affected by the premature closure of cases. The researchers reported that many cases were closed due to client withdrawal from treatment or as the result of programs' subjective termination criteria. In cases with data on termination, approximately three-fourths were terminated prior to the completion of planned services.

Four measures were applied to determine treatment outcomes: (1) recidivism of sexual abuse, (2) overall ratings of case success, (3) success ratings for each client, and (4) preratings and postratings of family functioning. Overall, cases showed moderate progress, with positive changes most apparent in areas of family functioning. Treatment success was not linked to any particular service, but to the duration and variety of services. These findings are presented below.

- Ten percent of the child victims experienced the recurrence of sexual abuse while in treatment. According to Keller et al., the overall lack of offender participation in treatment may explain this relatively high rate of recidivism. However, the fact that subsequent abuse incidents were reported may indicate the clients' willingness to protect themselves or their children from repeated sexual abuse.
- Ratings of case success showed moderate improvement overall. Major improvement was reported in 30 percent of the cases, moderate improvement in 40 percent, slight improvement in 20 percent, and no improvement in 9 percent.
- Individual clients showed slight to moderate improvement in functioning following treatment. The greatest improvement was reported for victims, followed by adult nonoffenders. In particular, victims showed the greatest gains in their self-esteem and ability to protect themselves. Of the improvements in family functioning, family communication improved the most.

Keller et al. reported that in additional analyses of treatment outcomes, no relationship was found between the severity of sexual abuse and treatment outcomes.

However, findings about the impact of the type of services on treatment outcome are discussed below.

- The inclusion of one or both of the victim's parents in treatment appeared to be beneficial. However, inclusion of the offending parent in treatment was not predictive of case success.
- No substantive relationship was reported between type of service and treatment outcome, and no single service was found to be more effective than another. However, cases that received a greater variety of services or received services for a longer duration were rated as somewhat more successful.

Study Implications and Recommendations

Although there is a general consensus among professionals that treatment programs for child sexual abuse need to address the needs of the entire family, this research suggests that families as a unit are rarely the focus of child sexual abuse treatment. Keller et al. noted that this exclusion may be particularly true for cases in which the offender is a family member, since many programs did not provide treatment to sexual abuse offenders. When offenders were involved in treatment, they were more likely to receive clinical assessment and peer-support services than psychotherapy.

Many professionals recommend a combination of individual, group, family, and dyad therapies for child sexual abuse victims and their families. Most programs in this study, however, primarily provided individual therapy for child victims, suggesting a gap in applying a family-oriented approach to treatment. Based on these findings, the researchers suggest that the programmatic and case factors that affect family involvement in treatment programs need to be clarified in future research.

Keller et al. also suggested that these study results also be examined further in the future. For example, reasons for program staff's apparent reluctance to use formalized tools for assessing clients' progress should be clarified. The researchers suggested that the lack of such assessments may relate to staff training attitudes, logistical constraints, or the perceived use of such instruments. Other issues that Keller et al. recommended for inclusion in future research include the following:

- Further examination of the underrepresentation of minority clients in the treatment population;
- The criteria used to select a particular mode of therapy for clients;
- The tendency to terminate cases prior to completion of originally planned services; and
- The lack of staff followup with victims and their families.

Keller et al. noted that while this research indicates moderate case improvement over the course of treatment, the treatment variables responsible for client outcomes remain unclear. Future research could focus on identifying the aspects of services related to successful client outcomes and the practices that facilitate effective service delivery in child sexual abuse treatment programs.

CHAPTER SUMMARY

The research in this chapter responds to concerns about the impact of disclosure and intervention on child sexual abuse victims and their families. In general, the results of this work suggest that victims do not experience massive "system-induced" trauma following abuse disclosure as was suggested by professionals in the early 1980's. Rather, it appears that intervention by the criminal justice and child protective systems can facilitate victim recovery by providing families with the support, guidance, and information they need to deal with the aftermath of abuse.

This work also suggests, however, that intervention in cases of child sexual abuse could be markedly improved through relatively minimal reforms. For example, findings on the strengths and weaknesses of case management practices suggest that providing training that focuses on family assessments and the development of appropriate service plans could enhance case managers' ability to guide intervention effectively. Similarly, the findings on interagency coordination suggest that establishing protocols for agency cooperation may have positive effects on the intervention process and the outcome of sexual abuse investigations.

The research in this chapter emphasizes the significance of the family in helping victims recover from the trauma of abuse. For example, maternal support repeatedly appeared as a significant variable in the impact of abuse on child victims. Results indicated that children of higher functioning and more supportive mothers tend to fare better than those children whose mothers are themselves experiencing significant difficulties. This work suggests that parents who are given the help they need to deal with the abuse disclosure may be more capable of supporting their children's recovery.

This work indicated that the families of child sexual abuse victims often experience a range of problems. Families in these studies were characterized by high rates of substance abuse; marital problems; and parental histories of sexual, physical, and emotional abuse and neglect. These findings suggest a need for intervention that addresses both family recovery following abuse and the range of problems families may have experienced prior to the abuse disclosure.

Despite findings from this and prior research on the importance of involving the entire family in child sexual abuse intervention, family involvement in intervention appears to be limited. The studies in this chapter suggest that victims are the focus of most therapeutic interventions, while family participation may be limited by a variety of factors related to the characteristics of the families and the treatment programs. Of particular concern is the apparent underrepresentation of minority families and offenders in sexual abuse treatment programs. While it is possible that this finding is representative only of the programs in this sample rather than the general treatment population, this is clearly an area that deserves close attention in future research.

Legal intervention with families, particularly intervention aimed at prosecution of offenders, also appears to be insufficient. This research indicates that relatively few

cases of child sexual abuse result in court hearings and that the recent procedural reforms aimed at reducing victims' trauma in court have had little impact on courtroom procedures.

Finally, the studies of treatment efficacy presented in this chapter highlight the complexity of doing research on treatment outcomes. The difficulties experienced by researchers examining treatment outcomes cloud definitive findings on how families can be helped most effectively. The work in this chapter suggests that research that examines treatment efficacy needs to focus on a variety of methodological limitations to ensure that the research accurately reflects the posttreatment gains made by child sexual abuse victims and their families.

The studies of treatment efficacy presented in this chapter highlight the complexity of doing research on treatment outcomes.

Overall, the research presented in this chapter helps clarify some child sexual abuse intervention issues, while raising other issues still in need of clarification. Progress in intervention in the 1990's appears to hinge on refined research; increased professional awareness of and sensitivity to the needs of victims, all family members, and the family as a unit; and improvements in certain practices of prosecutors, case managers, and therapists. Furthermore, professionals must help ensure that the momentum shown by communities in the 1980's to coordinate intervention and develop and improve treatment programs continues during the 1990's.

ENDNOTES

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13. **Newberger, C., and Newberger, E.** Final report to NCCAN of grant #90CA1184, "Child Sexual Victimization and Disclosure: Response and Recovery of Children and Families," 1990, Children's Hospital, Boston, MA.

14. **Beeman, S., Conte, J., and Mehlman, D.** Final report to NCCAN of grant #90CA1186, "The National Children's Advocacy Center Research Project To Study the Effects of Intervention in Child Sexual Abuse," 1989, Madison County District Attorney, Huntsville, AL.

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    This report offers comprehensive guidelines for program administrators and practitioners in areas such as program design, community involvement, the admission process, the establishment of treatment plans, assessment of client progress, and the termination of services.

CHILDREN AND THE LEGAL SYSTEM

VI

...Other people, they tell something to the judge and there is no witnesses that it happened so they [the judge] don't believe [the alleged victim's allegations]. So there is a fifty percent chance that I'll win, and a fifty percent chance _____ will win. And when I get my medical checkup there's nothing wrong, no germs, and I'm sure they'll think nothing happened...If they don't find anything they will not believe me.

From an interview with a 7-year-old girl who was sexually abused by her sibling[1]

Ultimately, the most important issue in a child sexual abuse trial is whether the jury will believe the prosecution or the defense. Since child sexual abuse cases frequently lack the supporting physical evidence or second witness corroborations necessary to substantiate a child victim's allegations, a child's courtroom testimony may comprise the primary evidence against an alleged offender.[2] The reliability of child witnesses, however, has been a topic of bitter debate among professionals in the field in recent years. This dispute has been exacerbated by the nationwide increase in the number of custody disputes and reports of child sexual abuse.

The controversy centers on the ability of children, especially very young children, to remember and accurately recount the details of past events. Those who are concerned that sexual abuse is a modern day witch-hunt assert that children have trouble discerning fact from fantasy and that misleading or suggestive questions may lead the children to make false accusations of abuse. In contrast, others contend that children rarely voluntarily disclose sexual abuse and even less often fabricate embarrassing sexual scenarios. These individuals assert that suggestive questions do not teach children to make false allegations but help facilitate the disclosure of abuse.

Previous research on the reliability of children's eyewitness testimony has explored children's ability to accurately recount past events, resist misleading questions, and correctly identify individuals in photographic lineups. Studies of children's eyewitness testimony have yielded inconsistent results about children's memory and suggestibility, providing evidence for both sides of the debate.[3]

For example, Marin, Holmes, Guth, and Kovac reported finding no age differences in children's vulnerability to suggestive questions.[4] However, Goodman and Reed found sharp contrasts in suggestibility among different age groups.[5] Specifically, 3-year-olds were found to be more suggestible than 6-year-olds, who were, in turn, more suggestible than adults. In response to free recall questions, however, Goodman and Reed reported that 6-year-old children were as accurate as adults in recounting the details of a past event, although they did note that adults provided more information about the event (both correct and incorrect) than did the children. Additional differences were reported by Duncan, Whitney, and Kunen who found that although adults' memory was relatively stronger than that of children, children were less suggestible than adults.[6] Such variations in research findings suggest that a number of factors may be influential in determining children's memory and degree of suggestibility.

Most studies of children's testimony have used film vignettes or staged scenarios to test children's ability to accurately recount past events. However, this research may have limited applicability to cases of child sexual abuse, because the materials used rarely included events that were of personal significance to the child. Furthermore, these studies usually involved children as bystander witnesses, rather than as active participants in the stimulus event. Thus, previous research may underestimate children's ability to be reliable witnesses of events of immediate personal concern, such as sexual abuse. Only recently has the influence of fear, embarrassment, or physical discomfort been explored in the research literature, although such

factors may have dramatically impacted children's ability to accurately remember and recount past events.[7] The research presented in this chapter aims to overcome the limitations of previous research and improve the ecological validity of research on child eyewitness testimony.

The outcome of sexual abuse trials often depends on the testimony of the child, who is frequently the sole victim and only witness to the crime. In such instances, the jurors' ability to accurately evaluate the truthfulness of a child's eyewitness testimony is of vital importance, and jurors' determinations of the child's credibility are of life-altering significance. A child's objective accuracy is of little consequence, however, if the jurors involved in the case do not believe the child. Thus, a discussion of the accuracy of child witnesses would be incomplete without an examination of jurors' reactions to the testimony of child witnesses.

A number of studies suggest that jurors view children as less reliable than adults in providing eyewitness testimony, and that bystander witness credibility increases with age.[8] In contrast, the reverse may be true in cases of child sexual abuse; recent research suggests that witness credibility decreases with age.[9] This hypothesis assumes that jurors evaluate the credibility of an eyewitness on the basis of the witness' competence, which is generally associated with age. In cases of child sexual abuse, the child's sexual knowledge becomes an additional factor, and jurors may attribute greater credibility to child witnesses as a function of their sexual naivete. This could contribute to a reversal of the trend in which children are presumed to be less credible witnesses as their age and sexual knowledge increase.[10]

This chapter is based on a series of studies conducted by Goodman and colleagues that explore the role of children as witnesses in child sexual abuse cases. This chapter is divided into two sections and discusses the research entitled "Child Sexual and Physical Abuse: Children's Testimony and Jurors' Reactions to Child Witnesses."[11] The first section, entitled "Children's Eyewitness Testimony: Studies of Memory and Suggestibility," contains four studies that examine children's ability to accurately recount past events and resist misleading information. This research focuses on real-life situations that mimic many of the characteristics found in child sexual abuse cases in that they are highly stressful, physically invasive, and involve delays in reporting. Overall, the results of this work indicate that the children were accurate in recounting past events and by age 4 or 5 were resistant to misleading questions. The children were particularly resistant to suggestion when the questions concerned acts associated with abuse. Other findings of Goodman and colleagues' work are discussed in Chapter IV.

The second section of this chapter, entitled "Children and the Courts," discusses two reports by Goodman and colleagues that examine jurors' perceptions of children's courtroom testimony. These two studies explore determinants of child witnesses' credibility and include an examination of the role that age may play in jurors' assessments of witnesses' testimony. The researchers found that the mock jurors tended to determine children's credibility as a function of their age and confidence,

rather than the children's correctness in answering questions. In studies of children's testimony in child sexual abuse cases, however, jurors reportedly believed younger witnesses more readily than adults, particularly when sexual knowledge was a central question.

In summary, this chapter explores a number of variables that may affect the accuracy of children's testimony and influence jurors' impressions of child witnesses. Research on the reliability of children's testimony and jurors' judgments about children's credibility helps to identify the variables that are most influential when children take the stand. Such research helps professionals gain a comprehensive understanding of the limitations of child witnesses as well as the limitations of the existing legal system.

CHILDREN'S EYEWITNESS TESTIMONY: STUDIES OF MEMORY AND SUGGESTIBILITY

Children's suggestibility is of central concern in child sexual abuse cases. At issue is whether children can be led to falsely report abuse when none occurred. To examine the reliability of children's testimony about past events, Goodman and colleagues conducted a series of experiments on children's memory and suggestibility. This section includes four studies that explore the impact of different variables on children's ability to recount past events and resist misleading questions.

Goodman and colleagues used situations that simulated as many of the variables involved in actual cases of sexual abuse as possible. To ensure ecological validity, real-life situations, such as routine medical exams, were used to explore children's reports of past events that were stressful, personally significant to the children, and involved physical contact. Specific factors examined in this research included the effects of participation, anal/genital contact, stress, delays in reporting, and secrecy on children's testimony.

The first study in this section examines the influence of participation on memory by contrasting the recall of children who were involved in a play session with the recall of children who observed but did not participate in the event. The second study extends the idea of witness participation to include events that are personally meaningful to the child. This work uses children's memories of nonabusive medical exams as a model to examine children's recounting of events that involve genital contact. The third study in this section investigates children's memories of stressful events, using inoculations to examine the role of stress and physical discomfort on children's memory and suggestibility. The final study in this section explores the effects of secrecy on children's reporting, using scenarios in which the children were questioned about an event that their mothers instructed them to keep secret.

Goodman et al. hypothesized that children would accurately remember and recount information about events that concerned their personal well-being and sense of safety. Indeed, most of the children in these studies, even young children, were able

to provide accurate and reliable reports of past events. Children were found to be highly resistant to misinformation, particularly when answering questions that pertained to abuse. The errors that children made most often were those of omission—leaving information out—rather than those of commission—falsely reporting something that did not occur—which have graver legal consequences. Finally, Goodman et al. found that the children's reports remained accurate even after delays of up to 1 year.

Child Participants Versus Bystander Witnesses

Research on children's testimony traditionally has examined scenarios in which child witnesses are bystanders, rather than participants. The results of this work may not generalize to cases of child sexual abuse, however, since children testifying in sexual abuse cases are more likely to be participants in rather than observers of the alleged event(s). Thus, previous studies may not accurately reflect children's ability to provide reliable testimony and resist misleading information in cases of child sexual abuse.

Research on children's credibility helps to identify the variables that are most influential when children take the stand.

To investigate how participation influences children's memory, Goodman, Rudy, Bottoms, and Aman conducted a comparative study of bystanders' versus participants' eyewitness testimony. As reported in "Children's Concerns and Memory: Issues of Ecological Validity in the Study of Children's Eyewitness Testimony," this work examines age differences in children's reporting and explores how the participant-bystander distinction impacts children's ability to provide accurate testimony about a past event.[12]

Results of this work suggest that although children have strengths and weaknesses in their reporting of past events, young children generally are able to resist misleading information and provide accurate testimony about events in which they were participants. Children were particularly proficient in answering questions about their physical safety and sexuality, although they had difficulty on the photograph identification tasks.

Sample and Methodology

The study sample consisted of 36 4- and 7-year-old children who were randomly selected from the University of Denver's Psychology Department's subject files. Children were matched in same-age and same-sex pairs and were engaged in a 12-minute play session with a male researcher in a trailer equipped with a one-way mirror. In each pair, one child was randomly selected to play games with the researcher, while the other was instructed and then praised for observing the play session.

Games played in the trailer included "Simon Says," in which the child and researcher touched each others' knees, thumb wrestling, and a game called "Funny Things That Clowns Do" in which the researcher dressed the child in a clown costume (over the child's clothes) and the child tickled the researcher. The children also were lifted onto a table to be photographed in several poses. The play sessions were innocuous but were modeled on activities that often are reported in association with child sexual

abuse. The play sessions were designed to facilitate suggestive questioning aimed at identifying whether children would confuse innocent actions with abuse.

The children were interviewed 10 to 12 days following the play session. The interviews began with three free recall questions that asked children to tell everything that had happened in the trailer, what the man looked like, and what games were played. Recall questions were followed by a series of specific and misleading questions that mimicked the type of questioning used in sexual abuse investigations. For example, children were asked specific questions, such as "Did he take your picture?" and misleading questions, such as "He had a beard and moustache, right?" when the researcher was clean shaven. Goodman et al. included two types of misleading questions, those that could elicit a false accusation of child abuse (e.g., "He took your clothes off, didn't he?") and those without such ramifications (e.g., "He took your shoes off, didn't he?"). Children were asked questions in relation to both themselves and their playmates.

Selected Findings

Goodman et al. reported that children generally provided accurate accounts of their play sessions in the trailer. A few differences were reported as a function of participation, and data analyses revealed a variety of age-related strengths and weaknesses in children's reporting.

- Overall, children rarely recalled incorrect or ambiguous information in response to free recall questions. Older children reported more information than younger children, although that information was no more accurate per se than the information reported by younger children. No significant differences were found in the amount or accuracy of information reported by children who participated in the play session as compared with those children who observed.
- In response to specific questions, older children generally were more accurate and more resistant to misleading information than were younger children. Similarly, children who had participated in the play activities were more resistant to suggestion than were children who had been bystanders.

Children's responses to abuse questions were of special interest to the researchers, since children's accuracy on these questions has grave implications for children's credibility as witnesses. Goodman et al. reported high accuracy rates for children on abuse-related questions. Seven-year-olds answered 93 percent of the abuse-related questions accurately, and 4-year-olds answered 83 percent correctly. Subsequent examinations of the types of errors made by children revealed the following:

- Errors of omission were more common than errors of commission for children in both age groups. Of 252 possible commission errors, 7-year-olds made only 1 error, while 4-year-olds made 13 errors. Children made fewer commission errors in response to abuse-specific questions than in response to questions that did not concern abuse.
- Most omission and commission errors were made in response to questions about touching, which appeared to be a difficult concept for the children. Nevertheless, none of the children produced sexualized answers to these questions.

- Children performed the worst when they were asked to identify the "trailer man" in a photographic lineup consisting of pictures of five men who looked similar to, but none of whom was, the researcher. In this task, 38 percent of the 7-year-olds and 61 percent of the 4-year-olds made a false identification.

Study Implications and Recommendations

Goodman et al. conclude that, overall, children as young as 4 years old were capable of giving accurate accounts of events that were significant to them. Children rarely recalled incorrect information and were resistant to misleading questions, particularly those concerning abusive actions. In response to abuse-specific questions, 95 percent of 4-year-olds' answers were correct responses, "don't know" responses, or information omissions. Based on these findings, Goodman et al. assert that children as young as 4 years old can discern innocuous events from abusive actions and are capable of providing reliable eyewitness testimony.

This is not to say, however, that children do not make errors. Strengths and weaknesses were reported in children's testimonies across analyses. For example, older children provided more information in response to free recall questions and were more resistant to misleading information than were younger children. Similarly, children who participated in the play session were better able to resist suggestion than were children who merely observed the activities. In fact, some of the lowest accuracy rates in this study were earned by bystander witnesses in response to questions that did not concern abuse. Goodman et al. note that this finding is particularly important since previous studies have traditionally used bystanders' recall as a model for studying children's level of suggestibility.

Those wary of children's testimony in cases of abuse are most concerned with the possibility that children make commission errors and allege that abusive actions occurred when, in fact, none took place. The researchers point out, however, that most of the errors made by children in this study involved leaving out relevant details, rather than including information about events that did not take place. Although children were generally accurate in response to abuse-related questions, most of the children's errors occurred in response to questions about touching, which were reportedly problematic. Goodman et al. note that questions about touching were intentionally vague, failing to identify which parts of the body might have been touched or specifying what actions constituted touching. Children reportedly qualified their responses to questions about touching, adding statements such as "only to get the clown costume on." The researchers emphasize that while the children appeared to be unclear about what the set of questions about touching was asking, they did not respond with sexualized answers.

Finally, children's poor performance on facial recognition tasks suggests that young children may have considerable difficulty with stranger identification. Although children in this study made significant errors on these tasks, these results may have little relevance to children's ability to identify the offender in actual cases of child sexual abuse in which children often have had repeated exposure to the offender. Goodman et al. assert that such familiarity would substantially lower the risk of a child misidentifying an offender.

Children's Memories of Anal/Genital Examinations

Studies of children's testimony too often examine scenarios that bear little resemblance to the victimizing experiences about which children actually testify. Concerned about the ecological validity of previous studies, Saywitz, Goodman, Nicholas, and Moan conducted the study "Children's Memories of Genital Examinations: Implications for Cases of Child Sexual Assault."[13] The researchers used anal/genital examinations as a model to examine children's memory of events that involved sexual contact. These examinations mimic many of the salient characteristics of a sexual abuse experience; both are highly personal, embarrassing, and physically invasive experiences. This research explores children's experiences of nonabusive anal/genital contact, examining whether anal/genital contact enhances or decreases children's ability to accurately remember and recount past events.

Saywitz et al. reported that children who received anal/genital examinations were reluctant to disclose anal/genital contact unless directly questioned about the details of the examination. Furthermore, children who were given anal/genital examinations were particularly resistant to misleading questioning that suggested that the examinations might have involved abusive conduct.

Sample and Methodology

Overall, children more often omitted relevant information, rather than included information about events that did not occur.

The sample for this study consisted of 72 5- and 7-year-old females, most of whom were white. Halfway through a routine physical examination, 50 percent of the children in each age group were examined for scoliosis, while the other 50 percent received anal/genital examinations that involved the inspection of the exterior of the anal/genital areas for evidence of rashes, infections, or injuries.

The children were interviewed either 1 week or 1 month following the initial medical exam. The interviews were modeled after sexual assault investigations and offered children numerous opportunities to talk about the experience. The interviews began with a free recall question about the examination followed by an opportunity to demonstrate using anatomically detailed dolls. The demonstration was followed by a series of 68 specific and misleading direct questions in which children could either discuss or omit information about anal/genital touching or erroneously report anal/genital touching when none occurred (for children in the scoliosis condition). Thus, children were given three opportunities—in free recall, doll demonstration, and direct questioning—to describe, enact, or falsely report anal/genital touching.

Selected Findings

The results of this study are consistent with those found in other studies in that younger children were found to be more suggestible than older children, although both older and younger children were highly resistant to misleading information on questions that concerned abuse. Data on the types of errors children made also supported findings of previous research. The researchers found that errors of omission were more common than those of commission, despite the fact that there were fewer opportunities to make omission errors on abuse-related questions.

Saywitz et al. reported that the accuracy and completeness of children's reports varied, both as a function of the children's age and as a function of the type of examination the children experienced. Anal/genital contact was not reported by children during free recall but usually was disclosed in response to direct questioning.

Selected findings on the accuracy and completeness of children's reports are as follows:

- Seven-year-olds who received scoliosis exams recalled the most information. In contrast, the completeness of the disclosures of 7-year-olds who received anal/genital examinations was only as complete as that of the 5-year-olds. However, the information recalled by the 7-year-olds who received anal/genital examinations was no less accurate than that recalled by the 7-year-old children in the scoliosis condition. In fact, when asked direct questions about the experience, 7-year-olds who received anal/genital examinations had the highest group mean for accurate responses.
- Of the 215 opportunities to disclose anal/genital touching, children did not report the touching 64 percent of the time, primarily in free recall and demonstration tasks. Of the 36 children who received anal/genital examinations, 28 failed to report anal/genital contact during free recall, and 30 failed to demonstrate the experience using anatomically detailed dolls. In response to direct questions, however, 31 of the 36 children disclosed the experience.
- Commission errors were rare. Of 215 opportunities for children to falsely report anal/genital touching, children did so only 3 times, representing a 1 percent rate of commission errors.

Study Implications and Recommendations

The study data suggest that children are reluctant to disclose anal/genital contact, even when such contact has occurred in the context of a medical examination. In fact, Saywitz et al. found that children almost always failed to disclose anal/genital contact unless directly questioned about the event. This phenomenon was particularly visible among the 7-year-olds who had received anal/genital examinations, whose scores on free recall questions were equivalent to those of the 5-year-olds.

Saywitz et al. noted that it is unlikely that the gaps in reporting are due to memory limitations, since the information recalled by 7-year-olds who had received anal/genital examinations were as accurate as that of 7-year-olds in the scoliosis condition. Rather, children's incomplete recall may be due to other factors, such as embarrassment or modesty. This contention is supported by doctors' and nurses' ratings of children's embarrassment during the examinations. Saywitz et al. reported that older children who received anal/genital examinations were rated as significantly more embarrassed during the anal/genital part of the examination than children in the scoliosis exams were during the scoliosis part of their examinations.

Overall, children more often omitted relevant information, rather than included information about events that did not occur. Based on this finding, Saywitz et al.

assert that there is a much greater chance that children who have experienced anal/genital touching will fail to disclose the experience than there is that children who have not experienced anal/genital contact will falsely report it. Furthermore, even when suggestive questioning was used, children were resistant to misleading information, particularly on abuse-related questions.

Saywitz et al. noted that the errors children made on abuse questions clustered around questions that were linguistically difficult or ambiguously phrased. This suggests that professionals should seek to minimize errors by questioning children in clear and understandable language about concepts that they can understand.

The researchers urge caution in generalizing the findings of this study to legal cases. They assert that the age differences evidenced in this study indicate that there may be important limits on young children's suggestibility. Future models of children's memory need to account for personally significant situations in which the child is embarrassed or stressed. Such circumstances may profoundly affect children's ability to remember and report the details of a past event.

Children's Memories of Stressful Events

Despite the fact that child sexual abuse is a highly stressful event, current knowledge about children's eyewitness testimony is based primarily on studies that use nonstressful stimuli to assess children's suggestibility. Recently professionals have emphasized the potential influence of stress on children's memory and have called for further investigations of children's memory of stressful events.

Literature on children's memory is characterized by conflicting hypotheses and contradictory findings about the influence of stress on memory. A number of professionals have concluded that stress constrains memory, while others have hypothesized that stress has no adverse effects on memory and may even act to enhance recall. Several researchers have assumed a middle ground and propose that stress may both facilitate as well as hamper various aspects of memory.[14]

To examine the effects of stress and delays in reporting on children's recall, Goodman, Hirschman, Hepps, and Rudy conducted a series of studies on children's memory, which are discussed in the article "Children's Memory for Stressful Events."[15] This work uses stressful medical procedures as a model to examine children's ability to accurately report past events that have involved significant distress. Goodman et al. hypothesized that although the accuracy and completeness of children's memory would decrease with time, highly stressed children would have better memory than less stressed children and would remain resistant to misinformation about abuse.

Goodman et al. reported that children's performance on free recall questions was not affected by age, although children's ability to answer specific and misleading questions was influenced by age. Children's memory did not appear to be either enhanced or diminished by stress, except at very high levels, at which stress reportedly appeared to enhance children's free recall and ability to resist suggestive questions.

Sample and Methodology

Forty-eight children participated in this study. The children were grouped into two categories: the first group consisted of 3- and 4-year-olds, and the second group consisted of 5- and 6-year-olds. The sample was ethnically diverse consisting of 20 white, 17 Hispanic, 7 black, and 4 children from other ethnic groups. Most of the children were from low-income families and were selected from those who visited the immunization clinic of the State Department of Health and Hospitals. All children received oral doses of a polio vaccine and then either received a shot inoculation or had a "press on" decoration applied by gently rubbing their upper arm.

Medical visits were videotaped, and parents rated their child's level of stress both before and during the procedure. Children reportedly exhibited a range of reactions to the medical procedure, from appearing relatively unfazed to becoming hysterical and needing physical restraint. The researchers note that since medical procedures often mimic the types of stress involved with victimizing events, medical procedures afford an ideal model for studying the effects of stress on memory.

Followup interviews took place 3 to 4 days (short delay) or 7 to 9 days (long delay) after the clinic visit. To examine the effects of prolonged delays on children's testimony, Goodman et al. reinterviewed 22 of the original 48 children 1 year following the medical procedure, using the same format as in the initial interview.

The interviews began with an interviewer asking a free recall question in which the child was asked to tell everything she/he could remember about her/his visit to the doctor. The free recall question was followed by a series of 27 structured questions, equally divided among questions about the nurse who gave the inoculation, the actions involved in the procedure, and the room in which the child received the inoculation. Eighteen of these questions were specific (e.g., "Was the person who gave you the shot a man or a woman?"), and nine were misleading (e.g., "The person who gave you the shot wasn't an adult, was she?"). Questions focused on both central and peripheral information. Finally, children were asked to identify the nurse who gave them the shot in a photographic lineup.

Selected Findings

The researchers found several age-related associations in the accuracy of children's reporting in both the short and long delay groups (see Table 5 on the next page). These findings are discussed below.

- Children in the two age groups performed equivalently on the free recall questions and made very few false statements about the medical procedures. In response to specific and misleading questions, however, older children answered more questions correctly and were less suggestible than younger children. Children in both age groups answered questions about central information more accurately than questions about peripheral information.
- Differences in children's performance on facial recognition tasks emerged following a 7- to 9-day delay in reporting, with the 3- and 4-year-olds making more

Table 5: Mean Percentage of Correct Responses to Specific and Misleading Questions as a Function of Age Group, Delay, and Type of Question

Condition	Short Delay		Long Delay		Overall
Age Group	3- to 4-Year-Olds	5- to 6-Year-Olds	3-Year-Olds	5-Year-Olds	Mean
Specific					
Person	47%	65%	48%	64%	57%
Room	69%	78%	67%	77%	73%
Actions	85%	79%	68%	79%	77%
Central	77%	84%	66%	82%	78%
Peripheral	56%	57%	48%	53%	53%
Misleading					
Person	42%	90%	50%	62%	61%
Room	50%	54%	47%	60%	53%
Actions	56%	69%	54%	80%	66%
Central	46%	76%	47%	67%	60%
Peripheral	48%	67%	50%	65%	59%

Adapted from Goodman et al. "Child Sexual and Physical Abuse: Children's Testimony." In *Children's Eyewitness Memory*, S.J. Ceci, M.P. Toglia, and D.F. Ross (eds.), New York, NY: Springer-Verlag, 1987:1-23.

false identifications than the 5- and 6-year-olds. The researchers note, however, that similar analyses of parents' facial recognition indicated that parents' performance was comparable to that of the 5- and 6-year-olds.

Variations in children's accuracy (in both delay conditions) were reportedly associated with parents' and researchers' ratings of children's level of stress as discussed below.

- Children who received the highest stress ratings were the most resistant to suggestion and recalled more about the event in free recall than the children who were rated as the least stressed. Stress did not affect the amount of incorrect information children recalled nor did it impact children's performance when asked specific questions.
- Comparisons of children's stress ratings prior to the inoculation revealed that children who received the highest stress ratings were more accurate in facial recognition tasks than children who were rated as less stressed.

Comparisons of children's initial reports with those made after a 1-year delay revealed the following:

- The amount of correct information children recalled in free recall decreased after the 1-year delay, although the amount of incorrect information recalled by children did not increase. Similarly, children's accuracy in answering specific questions about actions and central information decreased with the delay as well.
- While children's ability to accurately identify the nurse in a photographic lineup decreased with the delay, no differences were found in the number of false identifications made by children.

- Children's ability to accurately respond to abuse-related questions remained unchanged even after a 1-year delay, although there were slight increases in omission errors and "don't know" responses.

Study Implications and Recommendations

Goodman et al. noted that stress appeared to have a beneficial effect on children's memory on a number of tasks in this study. For example, children who received the highest stress ratings recalled the most information while remaining the least suggestible. Similarly, children who were rated as being most distressed prior to their inoculation were more accurate in identifying the nurse than were the less stressed children. The researchers found that across a series of studies stress was not associated with a reliable negative effect on memory and, in fact, enhanced memory on a number of tasks involving facial recognition, accuracy in answering specific questions, and children's ability to resist suggestion.

Goodman et al. asserted that the beneficial effects of stress would have been missed if the children had been grouped only on the basis of whether they had received stressful (inoculation) or nonstressful (decal) stimuli, because stress-related effects were most visible in children who received the highest stress ratings. The fact that the group with the highest stress ratings evidenced the most stress-related effects suggests that previous studies that grouped children either into stressful or nonstressful conditions may have underestimated children's ability to accurately recall the details of highly stressful past events. Thus, future research must differentiate between children's recall for normative events and children's memory for events that involve an experience that is highly stressful for them.

Across a series of studies stress was not associated with a reliable negative effect on memory and, in fact, enhanced memory on a number of tasks.

Many of the findings reported by Goodman et al. are consistent with those found in previous research. As the researchers reported, older children were more accurate in answering specific questions and were less suggestible in comparison to younger children. Surprisingly, the two age groups performed similarly on free recall questions and provided accurate, if not detailed, accounts of their experiences.

The researchers noted that age differences might have emerged in free recall if a broader age range of children had been examined. An alternative hypothesis offered by Goodman et al. is that younger children might be particularly able to remember stressful, as opposed to nonstressful, events, thus eliminating age differences in the amount or accuracy of information recalled. Nonetheless, the researchers asserted that while children in both age groups did not recount a great deal of information in response to free recall questions, the information they did recall was basically correct.

Age differences appeared on facial recognition tasks as well but only following a 7- to 9-day delay in reporting. After the delay, older children (5- and 6-year-olds) made fewer false identifications of the nurse than did younger children (3- and 4-year-olds). The researchers point out, however, that while facial recognition among children was low, it was equally low among subjects' parents. This suggests that the gap between children's and adults' ability to recognize unfamiliar people is relatively small. In

actual cases of child sexual abuse, children's performance on facial recognition tasks may be irrelevant because the offender usually is well known to the child.

Goodman et al. raise several methodological issues in their discussion of this research and note that conducting research on children's memory for stressful events is problematic on several levels. First, since there is no uniform definition of stress, it is difficult to capture a child's actual stress level. Goodman et al. chose the model of a medical procedure to examine the effects of stress since such procedures are naturally occurring but involve significant distress for many children.

A similar problem facing research on stress and memory is the use of experimental and control groups that may experience different events in an attempt to simulate different levels of stress. This was less problematic in this research since children experienced virtually identical stimuli events (some children received the inoculation, and some received a decal). This work remains limited, however, by the fact that the researchers could not randomly assign children to different stress conditions. To respond to potential differences between children who received high stress ratings and those who received lower stress ratings, Goodman et al. controlled their work for the amount of time spent in the examining room as well as for age (on the chance that children experiencing the greatest stress were disproportionately from one age group, which was not the case). The researchers noted, however, that the small number of children receiving the highest stress ratings limited conclusions about the interplay between age and stress.

Long delays appeared to have some effect on children's reporting, although the number of children available for a 1-year followup was small. Goodman et al. reported that although decreases in memory were visible, children generally were accurate in answering questions and resisting misinformation on abuse-related questions. After the delay children included less information in response to free recall questions, but the amount of incorrect information recalled did not increase nor did the number of false identifications. Goodman et al. propose that this shows that children can give generally accurate accounts of stressful events even after significant delays.

The researchers also reported that children were more accurate in recounting central information as opposed to peripheral details. This suggests that children have strengths and weaknesses in their memory and reporting. Future research needs to focus on techniques to support and enhance children's memory and the quality of their testimony.

Goodman et al. conclude that children's level of stress may influence the quality of their memory and recall. The researchers feel that the conditions under which stress may act to facilitate or hamper children's memory need to be explored further in future research. Furthermore, the researchers emphasize that the similarity of stimuli used in research to an actual case of child abuse influences the accuracy of research results and, thus, professionals' knowledge about children's ability to provide accurate eyewitness testimony about past events.

The Effects of Secrecy on Children's Testimony

Time and again, children are coerced into keeping the secret of child sexual abuse. Children may exchange secrecy for the promise of material gifts or special privileges or out of fear of further physical harm to themselves or other family members. In many cases, a child's embarrassment and shame may be further compounded by tremendous pressure to keep the abuse a secret, such as pressure from parents who are afraid of losing their child, pressure from relatives who are afraid of seeing their family divided, or pressure from the offender(s) who is (are) terrified of being discovered. Regardless of the circumstances, secrecy usually is an integral part of child sexual abuse and may have a profound impact on children's testimony in cases of child sexual abuse.

Although the impact of secrecy on a child's willingness to disclose and testify about sexual abuse should not be underestimated, the effects of secrecy on children's testimony have not been fully explored in past research. In an attempt to explore the impact of secrecy on children's memory and testimony, Bottoms, Goodman, Schwartz-Kenney, Sachsenmaier, and Thomas conducted a study of children's reports of events that their parents had told them to keep secret. The results of this work are reported in the paper entitled "Keeping Secrets: Implications for Children's Testimony."[16]

Bottoms et al. hypothesized that children's desire to protect their mothers would motivate children to conceal or even distort their accounts of past events. The researchers reported that children generally kept secrets about past events at their parents' urging and often omitted information about the most salient aspects of an event in order to maintain secrecy.

Sample and Methodology

The study sample consisted of 49 children, approximately one-half of whom were between 3 and 4 years old and one-half of whom were between 5 and 6 years old. Mother-child play sessions were used as the model to examine the impact of secrecy on the accuracy of children's reports of a past event.

In the first phase of the study, mothers were prepared for their role in the experiment while researchers played games with the child. In the second phase, the mother and child sat in a "waiting room" stocked with toys. Mother-child pairs in the experimental group were told not to play with the toys on the shelf but that they could play with a puzzle. In contrast, mother-child pairs in the control group were told that they could do whatever they wanted while they waited.

In both conditions the mothers took the toys from the shelf for play with their children. Play activities included blowing bubbles, putting on a costume, and listening to a radio. Mothers in both conditions were instructed to "accidentally" break a Barbie doll (the head was rigged to pop off) and then hide it behind another doll.

Mothers in the control group told their children that they could keep a toy from the shelf at the end of the session. Mothers in the experimental group told their children to keep the play activities a secret. Children were told that their mothers might get in trouble if the children told about playing with the toys. As an incentive, children were told that they could keep a toy from the shelf if they kept the secret.

Children were questioned about the play session using a free recall question and a series of specific questions that pertained to secret and nonsecret play activities. Secret questions inquired about activities mothers had asked their children to keep secret, while nonsecret questions addressed activities such as playing with the puzzle. One-half of the children were asked specific questions in a direct format (e.g., "Did you see the Barbie doll?"), while the other one-half were asked the same questions in a leading format (e.g., "You saw the Barbie doll, didn't you?"). Finally, children and mothers received extensive debriefing to resolve the deception for both the mothers and their children.

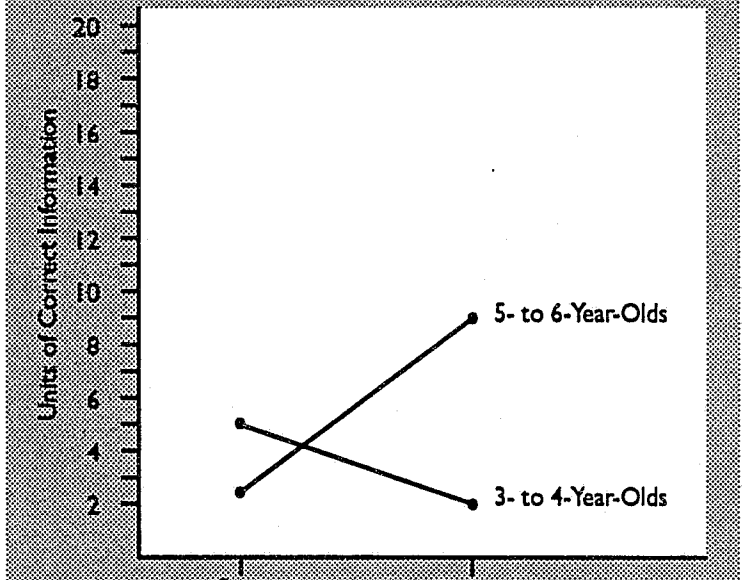
Secrecy instructions affected children's reporting of play activities in both free recall and specific questioning.

Selected Findings

The researchers reported that secrecy instructions affected children's reporting of play activities in both free recall and specific questioning (see Figure 7). The findings of Bottoms et al. include the following:

- Children were reluctant to disclose the Barbie doll breaking. Overall, younger children provided less information in response to free recall questions than did older children. Only one child in the entire sample mentioned the Barbie doll breaking in free recall questioning. (The child was in the 3- to 4-year-old group that had no secret requirement.)
- An interaction emerged between age and secrecy on free recall questions: Older children were more responsive to secrecy instructions than younger children. Specifically, older chil-

Figure 7: Mean Number of Correct Units of Secret Information Recalled in Response to Free Recall Questions as a Function of Secret Condition and Age Group



Adapted from Bottom et al. "Keeping Secrets: Implications for Children's Testimony," Paper presented at the American Psychology and Law Society Meetings, Williamsburg, VA, March 1990.

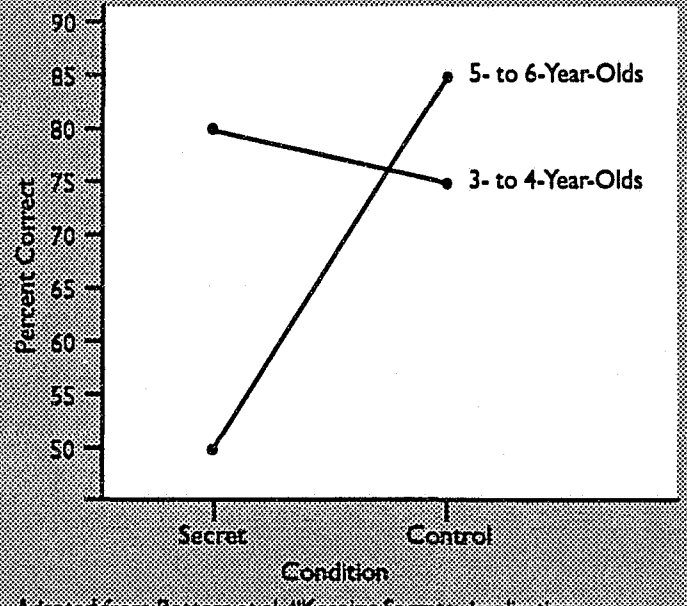
dren instructed to keep the play activities secret revealed only as much information as younger children who had not been told to keep the play activities secret.

- Similarly, in response to specific questions about the play session, older children in the secret condition were less accurate than their counterparts in the nonsecret condition. The performance of younger children in both conditions, however, was unaffected by the secrecy instructions (see Figure 8).

The researchers report that children generally were accurate in answering leading questions, although older children showed greater accuracy and responsiveness to secrecy instructions than did younger children.

- In response to leading questions, children made significantly more errors of omission than of commission.
- In response to leading questions about "secret" activities, older children instructed to keep the play session secret made more omission errors than those who had not received secrecy instructions. In contrast, younger children's performance on these questions was unaffected by whether they had been told to keep the activities secret.
- When older children were asked about events they had been instructed to keep secret, their accuracy was unaffected by the type of interview administered. Even when asked very leading questions about the secret play activities, older children protected their mothers by maintaining secrecy.

Figure 8: Mean Percentage of Correct Responses to Specific Questions About Secret Activities as a Function of Secret Condition and Age Group



Adapted from Bottom et al. "Keeping Secrets: Implications for Children's Testimony," Paper presented at the American Psychology and Law Society Meetings, Williamsburg, VA, March 1990.

Study Implications and Recommendations

The results of this study suggest that children are protective of information when there is parental pressure to keep a secret. Bottoms et al. reported that children in the nonsecret condition generally provided accurate reports of the play session, although they kept the broken Barbie doll a secret in most cases. Children virtually never volunteered

information about the doll in free recall questioning, regardless of the condition (secret versus nonsecret) to which they were assigned. Bottoms et al. noted that since mothers in both conditions hid the doll behind another toy, children may have inferred that the doll breaking should be kept secret. Nevertheless, even in the most leading interviews, older children who were instructed to keep the secret reportedly withheld details of the play activities from the interviewers.

The implications of this work are far reaching. As Bottoms et al. point out, children generally maintained a secret about a nonthreatening event to spare their mothers from getting in trouble. The impact of secrecy on children's reporting of sexual abuse may prove to be even stronger because the child may be aware that the fate of an entire family rests on the child keeping that secret. In addition, parental pressure to maintain secrecy may be overwhelming. The researchers asserted that, in light of these findings, the testimony of child victims should not be discounted automatically if the child has delayed in disclosing the crime, particularly if the child was responding to pressure from a parent or family member to maintain secrecy.

The researchers asserted that future research needs to focus on identifying what types of questioning are most effective with victims of child sexual abuse. Such assessment tools must balance professionals' need to identify the truth with their need to be sensitive to child victims. Furthermore, such interviewing techniques must aim to identify the accuracy of a child's allegations while simultaneously protecting innocent adults from false accusations.

CHILDREN IN THE COURTS

For a child's testimony in court to be considered successful, the child must be believed by the jurors interpreting that testimony. Generally, a child's account, whether or not it is accurate, is of little use in a sexual abuse trial if jurors do not, as a rule, believe child witnesses. To maximize the legitimacy of children's eyewitness testimony, research must explore the variables that are influential in determining children's credibility in the courtroom.

This section addresses the role of children as eyewitnesses in the courtroom and presents two studies of jurors' impressions of children's testimony. The first study investigates jurors' accuracy in assessing children's testimony and examines the role of the child witnesses' age in jurors' determinations of children's credibility. The second study focuses specifically on cases of child sexual abuse, exploring to what extent a child's age and sexual naivete influence jurors' judgments of children's testimony.

Overall, these studies suggest that witnesses' age may play a key role in jurors' determinations of the witnesses' credibility. While the first study in this section indicates that child witnesses' credibility may increase with age, the second study suggests that the opposite may be true in cases of child sexual abuse, in which children's sexual knowledge, or lack thereof, is a salient dimension of their testimony.

Jurors' Accuracy in Assessing Children's Testimony

To determine if mock jurors could accurately assess child witnesses' testimony, Goodman, Bottoms, Herscovici, and Shaver placed child subjects from a previous study (on the effects of stress on children's memory) under direct and cross-examination about their experiences. This study, which is reviewed in the report by Goodman et al. entitled "Determinants of the Child Victim's Perceived Credibility," explores jurors' impressions of the testimony of child witnesses.[17]

The researchers reported that, in general, jurors in this study were unable to discriminate between accurate and inaccurate testimony. Judgments were made primarily on the basis of the children's age, their confidence in presenting testimony, and other secondary factors, rather than on the accuracy of the children's testimony.

Sample and Methodology

Five children from Goodman, Hirschman, Hepps, and Rudy's previous study entitled "Children's Memory for Stressful Events" were reinterviewed 1 year after their initial visit to an inoculation clinic. Interviews took place in a moot courtroom, in which one adult posing as a prosecutor and one posing as a defense attorney asked the children a series of direct and cross-examination questions about their visit to the clinic. Questions focused on the children's ability to discern fantasy from reality, to remember the inoculation episode, and to identify the nurse who administered the inoculation. An average of six misleading questions was asked.

Interviews were videotaped and shown to 100 college students who served as mock jurors (20 students viewed each of the videotapes). Prior to viewing the videotape, mock jurors read a case description in which a child's parents were suing a nurse for medical malpractice for giving their child an unauthorized shot that resulted in significant physical injury. Mock jurors were told that the nurse denied giving the child a shot and asserted that the child's injuries were sustained in an undisputed fall.

After viewing the videotape, the mock jurors scored children on their perceived suggestibility, truthfulness, consistency, confidence, intelligence, and ability to distinguish fantasy from reality. Mock jurors' impressions of children's accuracy in answering questions about the nurse's appearance and actions and the location and timing of the inoculation were rated. Mock jurors also were asked whether they felt stress had affected the children's accuracy, how capable the children were (compared to adults) in providing accurate testimony, and how likely it was that the children actually had received a shot at the clinic. Finally, mock jurors globally rated children's credibility as witnesses and made judgments about the defendant's innocence or guilt.

Selected Findings

The central issue in this study concerned mock jurors' ability to differentiate between accurate and inaccurate testimony. Comparisons of children's accuracy scores with mock jurors' perceived credibility ratings indicated that mock jurors' impressions of

children's credibility were less influenced by accuracy than by other variables surrounding children's testimony. Selected findings regarding mock jurors' perceptions of the children's testimony are presented below.

- Mock jurors were unable to judge the accuracy of children's testimony, and correlations between children's actual accuracy and mock jurors' ratings of overall credibility were weak. For example, although children answered 50 to 70 percent of the questions correctly, mock jurors generally perceived children's credibility as low. In fact, mock jurors rated the most accurate child in the study as "very uncredible."
- Mock jurors' determinations of children's credibility appeared to be influenced by child witnesses' age, despite the fact that the accuracy of children in this study happened to be inversely related to their age. This indicates that mock jurors judged older witnesses as more accurate when, in fact, they were not.
- Mock jurors' perceptions of child witnesses' confidence were positively correlated with mock jurors' determinations of the children's accuracy and mock jurors' impressions of the defendant's guilt. However, mock jurors' perceptions of children's confidence were not reliably related to either children's actual accuracy or the defendant's guilt.

Study Implications and Recommendations

Goodman et al. found that mock jurors assumed that older or more confident children in this study also were more accurate, which, in reality, was untrue. Factors reported to be associated with mock jurors' determinations of child witnesses' credibility included mock jurors' impressions of children's suggestibility, consistency, and truthfulness; children's accuracy in identifying the nurse from a photographic lineup; children's ability to provide accurate testimony as compared with adults; and the children's attractiveness. As the researchers point out, mock jurors' assumptions may bias their ratings of child witnesses' credibility as well as their impressions of the defendants' guilt.

Goodman et al. assert that these findings may help explain some of the inconsistencies found in past research, since this research suggests that jurors' impressions of children's credibility may vary as a function of the characteristics of a particular witness and, possibly, the facts of a given case. The researchers also urge caution in generalizing these results. This study was conducted with a single hypothetical situation and only five child witnesses, which may limit the findings. Similarly, jurors may be better able to differentiate between accurate and inaccurate testimony in cases that have bystander witnesses and cases in which the child is actually on trial. Written scenarios and videotaped testimony may distance the mock jurors from the trial, whereas jurors in live cases may give more consideration to their judgments.

Children's Credibility in Cases of Sexual Abuse

The rise in reports of child sexual abuse in recent years has resulted in an increase in the number of children delivering eyewitness testimony in court. Since children's

testimony plays a central role in child sexual abuse trials, it is important to identify the variables that are most influential when children appear in court.

Past research on children's testimony suggests that jurors may judge a child's credibility based on the child's age rather than on the actual accuracy of the child's testimony. Bottoms and colleagues hypothesized that such age-related judgments may be reversed in cases of child sexual abuse, such that increases in child witness' age become a liability rather than an asset. This hypothesis rests on the idea that when sexual abuse allegations are made, the less sexual knowledge the witness has, the more credible the witness will appear. Therefore, a young child witness, who is assumed to have limited sexual knowledge, would be judged as more credible than an older witness.

In addition, Bottoms et al. assert that arguments commonly used to undermine witnesses' credibility in cases of sexual assault are not applicable when the witness is a young child. For example, the "consent defense," in which it is argued that a victim consented to sexual activity, is obscured if the victim is a young child. Similarly, the claim that the victim was "intentionally provocative" has litt ɜ credibility in cases involving children.

Clearly, the variables involved in child sexual abuse cases differ from those involved in other trials. Bottoms and Goodman conducted a series of studies that specifically focused on the factors that influence jurors' perceptions in cases of child sexual abuse. This research is reported in a paper entitled "Evaluating Children's Testimony: Factors Influencing the Perceptions of Children's Credibility in Sexual Abuse Cases."[18] The forthcoming study, from Bottoms and Goodman's research, examines the role of the child witness' age in jurors' determinations of credibility in cases of child sexual abuse.

Jurors' assumptions may bias their ratings of child witnesses' credibility as well as their impressions of the defendants' guilt.

Bottoms and Goodman reported that in cases involving child sexual abuse, child witnesses were judged as being more credible than adult witnesses, and that defendants were perceived as more guilty if the witness was a young child as opposed to an adult.

Sample and Methodology

In this study, 121 college students enrolled in lower-level psychology courses acted as mock jurors. Thirty-four of the mock jurors were male, and 87 were female. The mock jurors ranged in age from 18 to 45 years old, with a mean age of 21.

Mock jurors read a one-page scenario in which a female student (aged 6, 14, or 22) claimed to have been sexually assaulted by her 28-year-old male teacher while waiting in his office for a ride home after school. The scenario included additional information about the testimony of the victim's mother, the defendant, a fellow male teacher, and a male school administrator. The defense argued that the victim was accusing her teacher in revenge for poor grades and that she had gotten the idea from her mother's questioning.

Mock jurors were assigned to one of three victim-age conditions and completed scales assessing the guilt or innocence of the defendant, the mock jurors' confidence in their decision, and the credibility of each of the five witnesses. In addition, 48 mock jurors provided statements about the factors on which they based their judgments.

Selected Findings

Bottoms and Goodman found that the witness' age was associated with differences in mock jurors' impressions of the witness' credibility and the defendant's guilt. The researchers' findings regarding mock jurors' perceptions are as follows:

- Mock jurors judged the 22-year-old witness as significantly less credible than the 6-year-old witness. However, mock jurors did not judge the credibility of the 14-year-old witness as significantly different from either the 22-year-old or the 6-year-old.
- The defendant was considered less credible when the victim was a 6-year-old as opposed to either a 14- or 22-year-old. Similarly, defendants were assigned more guilt when the victim was 6 years old than when the victim was 22 years old.

Bottoms and Goodman also examined mock jurors' explanations of the underlying reasons for their determinations of credibility and guilt, such as the following:

- The factors that influenced mock jurors' determinations fell into seven categories: jurors' perceptions of the witnesses' sexual naivete, honesty, cognitive ability, suggestibility, capacity for revenge, suggestibility, and responsibility.
- Analyses of the rationales on which mock jurors based their decisions revealed that jurors made significantly more comments about the sexual naivete of younger children as opposed to that of older children.

Study Implications and Recommendations

Bottoms and Goodman concluded that although mock jurors' determinations of witnesses' credibility may increase with the witnesses' age, this trend may be reversed in cases of child sexual abuse, in which the child's sexual knowledge is a salient factor. In this study, child witnesses' testimony was judged as more credible than that of adults, and the defendant was more likely to be considered guilty when the witness was a child.

Bottoms and Goodman contended that these results support the assertion that in some situations a child's credibility may equal or surpass that of an adult. Specifically, in cases of sexual abuse, young children may be viewed as reliable witnesses by virtue of their deficits in sexual knowledge. Thus, as a result of children's sexual naivete, jurors may assume that children generally are unable to fabricate the sexual scenarios that are in question in cases of child sexual abuse.

The researchers noted that the most dramatic results in this study were visible in comparisons of 6-year-old and 22-year-old witnesses, while jurors' impressions of

14-year-old witnesses did not differ significantly from those of either the 6- or the 22-year-olds. Bottoms and Goodman contend that there may be some confusion about the sexual naivete of 14-year-olds. Jurors may believe that it is around this age that children may begin to desire sex, increase their provocative behaviors, and have the knowledge necessary to fabricate allegations of abuse.

The researchers also addressed some of the methodological concerns raised in this research. First, it is possible that written scenarios are unable to duplicate the experience of being in a courtroom and lack the emotional intensity that typifies cases of child sexual abuse. Likewise, jurors may not receive the same information from written scenarios as they do from live testimony, where they are witness to all of the direct testimony and cross-examination. Finally, Bottoms and Goodman suggest that mock jurors may not take their decisions as seriously and regard them with the same gravity as would jurors in an actual case.

Bottoms and Goodman reiterated that little is known about the factors that affect jurors' decisions in other cases involving children's testimony, such as custody disputes and cases involving multiple or female defendants. While this work greatly expands professionals' understanding of children's courtroom testimony, future research needs to identify the factors influential in other cases involving children, as well as further explore the factors which most influence cases of child sexual abuse.

CHAPTER SUMMARY

The studies in this chapter examine the role of child sexual abuse victims as witnesses in the legal system and explore the accuracy of children's testimony about past events and the extent to which jurors believe the children's testimony. The primary goal of this work was to increase the ecological validity of research on children's testimony by using scenarios that mimicked the variables involved in actual cases of child sexual abuse.

This research indicates that children as young as 4 years old can provide accurate testimony about past events in which they have been involved. In general, children were able to recount the details of the study scenarios in free recall questioning and accurately responded to specific and even misleading questions about the events. Children remained resistant to misleading questions that concerned abuse even when subjected to direct questioning that was leading them to "disclose" the false event.

The work in this chapter revealed age-related trends in children's performance on a number of tasks related to memory and suggestibility. In general, older children recalled more information in response to free recall questions than did younger children. Nevertheless, a number of studies reported that the information recalled by older children was no more accurate, per se, than the information recalled by younger children. Similarly, older children were found to be less suggestible than were younger children. However, young children remained highly accurate in their responses. This indicates that although children are suggestible, there appear to be limits to their suggestibility.

Errors of commission, not omission, are of greatest concern to those involved in cases of child sexual abuse. In these studies, however, children's omission errors far outnumbered errors of commission, which were rare. This suggests that there is a greater likelihood that children will fail to report events that actually occurred than there is that children will falsely report events that did not take place.

This finding was most visible in research that investigated children's disclosure of anal/genital contact and events that involved secrecy. In the study conducted by Saywitz et al., children were extremely reluctant to disclose the anal/genital contact they had received and often required direct questioning to reveal the anal/genital contact. Children remained highly accurate in response to questions that concerned anal/genital contact, however, even when the questioning was strongly misleading. Similarly, children generally were unwilling to disclose events that they had been told to keep secret and went to great lengths to protect this information.

The findings presented in this chapter challenge professionals to identify ways to minimize children's suggestibility and to facilitate accurate eyewitness testimony.

This research is particularly relevant since it involves two of the most salient characteristics of a child sexual abuse experience: secrecy and anal or genital contact. The results of this research suggest that although children are capable of accurately recounting past events, the amount of information they will disclose willingly may decrease in cases involving anal/genital contact or secrecy instructions. Thus, although it is not impossible that children may be led to make false allegations of abuse, it is more probable that children will refuse to disclose sexual abuse when it has occurred.

The research on jurors' accuracy suggests that jurors may have considerable difficulty discerning accurate from inaccurate testimony in cases involving child witnesses. For example, jurors in Bottoms and Goodman's study based their judgments of the credibility of children's testimony primarily on the child's age and confidence. In research involving cases of sexual abuse, jurors continued to base their judgments of witnesses' credibility on age, although the tendency to believe that older witnesses were more credible was reversed, and younger witnesses were rated as more credible. These findings suggest a need for juror education to help jurors gain an understanding of the abilities and limitations of child witnesses. Once jurors understand children's abilities in the courtroom, they may be better able to assess the accuracy of the testimony being presented.

The findings presented in this chapter challenge professionals in the field of child sexual abuse to identify ways to minimize children's suggestibility and to facilitate accurate eyewitness testimony. Future research needs to expand investigations of children's suggestibility to include children's testimony about events that are chronic, events that involve people who are familiar and important to them, and events about which the children have been repeatedly questioned. Research also needs to identify interviewing methods that spare children unnecessary additional trauma and at the same time enhance children's ability to give clear, reliable accounts of past events. The ultimate use of children's testimony also warrants further investigation to identify the factors that are most helpful to jurors in their decisionmaking.

Professionals in the field of child sexual abuse need to recognize the strengths and weaknesses of children's reporting. By identifying the limitations of children's testimony, professionals can determine under what conditions children's testimony is most accurate and in what situations children will be most useful as witnesses for their own protection.

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VII

RESPONSES TO CHILD SEXUAL ABUSE IN OUT-OF-HOME CHILD CARE SETTINGS

On a sunny day in 1983, in a sleepy little beach town on the Southern California coast, a 2½-year-old attending a prestigious and long-standing family-run preschool, the McMartin Preschool, alleged that one of the preschool aides had hurt his bottom. The aftermath of that event has been far-reaching, touching many areas of American life. Investigations in late 1983 and 1984 of the McMartin and other preschools in the South Bay area of Southern California found at least 350 children who alleged sexual abuse while in attendance. The children reported both witnessing and experiencing acts of sexual abuse. Their reports extended beyond fondling and exposure to vaginal, anal, and oral sex, accompanied by ritualistic and Satanic acts, the killing of animals in their presence, and savage threats of what would happen to them or their parents if they told. At the end of the longest and most expensive criminal trial process in history—7 years of legal proceedings—no one was convicted.[1]

The 1983 and 1984 reports of terrorizing abuse of preschool children in California prompted extensive media coverage and, in turn, widespread attention to the problem of child sexual abuse in out-of-home child care settings. Reports of sexual abuse in child care programs soon surfaced in other States. The increasing number of reports suggested that children in out-of-home day care might be at particular risk of sexual abuse. Parents, as well as professionals responsible for the welfare of children, reacted with alarm. A flurry of activity ensued among private and public sectors at the Federal, State, and local levels, since at the time there was little literature or research to guide responses to the problem.

Since 1984 a variety of materials describing cases of child sexual abuse in day care and other out-of-home care settings have been published.[2] These publications have aimed to help prevent abuse in out-of-home care and to improve the investigation of such cases when they are reported.[3] Preventive strategies suggested in the literature include educating parents, children, and child care providers about the problem; using prescribed criteria to evaluate and select child care programs; and improving child care staff hiring practices.[4]

Although current literature offers discussions of out-of-home child sexual abuse, research publications that investigate the problem remain sparse. One such study, conducted by Faller, is discussed in "Child Sexual Abuse: An Interdisciplinary Manual for Diagnosis, Case Management, and Treatment."[5] Faller assessed 48 children with histories of out-of-home sexual abuse and found that they had been subjected to unusually severe abusive acts. Further, Faller reported that the children abused by multiple offenders exhibited more impaired functioning than those abused by a single offender. Another study reports that children abused in out-of-home care settings exhibit symptoms similar to those shown by children who were abused in their own homes.[6] There is some evidence, however, that children who have been exposed to ritualistic sexual abuse in out-of-home care settings may exhibit particularly serious psychological and behavioral symptoms.[7]

The four NCCAN-funded studies reviewed in this chapter represent landmarks in research on out-of-home abuse. These studies document the impact of out-of-home abuse on communities, investigating agencies, and victims' families and suggest ways to improve agency coordination and treatment programs in the future. The first study focuses on the process of investigating cases of sexual abuse in day care settings. The second study examines factors affecting a coordinated agency response to out-of-home abuse. The third study provides details on one community's response to a large-scale case of day care abuse. The final study in this chapter focuses on the ritualistic sexual abuse of children in preschools as compared to cases of sexual abuse in preschools where no ritualistic practices occurred.

Research from these four studies shows that while community coordination is a key element in most cases of child sexual abuse, the ramifications of out-of-home abuse create a need for exceptionally prompt, well-organized, and skillful interventions. As reported in these studies, families affected by out-of-home abuse may have different concerns than those affected by incest. In cases of incest, the alleged offender is a

known family member, whereas in cases of out-of-home abuse, the alleged offender is usually an acquaintance or a stranger. Rumors about the offender and the type and extent of abusive acts may escalate in the community in cases of out-of-home abuse, creating panic. Families involved in out-of-home abuse may be especially demanding of timely investigations and treatment resources that address the needs of the family as a whole. In addition, families must answer the difficult question of whether to permit their child to be interviewed by investigators. Finally, the family is faced with the dilemma of whether anyone outside the family can ever again be entrusted with the child's care. Concerns such as these make coordinated case investigations and accessible family mental health services essential components of a community's response to out-of-home child sexual abuse.

Professionals investigating cases of out-of-home child sexual abuse face a unique set of problems as well which may include the following:

- Abuse incidents that involve very young children who may not be able to provide accurate details or descriptions of the abuse or the offender(s);
- Unusual coercion, threats, or force exercised by the offender(s) to ensure the child's silence;
- Extremely intense, sometimes hysterical reactions of the community, media, and parents to the out-of-home abuse disclosure; and
- The potential for confusion, conflicting accounts, disagreement, and overlap caused by investigators and other professionals who may have different philosophies and goals regarding the case.

Interagency coordination is particularly important in cases of out-of-home abuse since a single allegation may precipitate the involvement of child protective services, law enforcement and day care licensing agencies, the prosecutor's office, medical and mental health professionals, and judiciary presiding in juvenile, criminal, and civil courts. When interagency coordination does not exist, child victims and their families may be further traumatized through repetitive interviews and contradictory advice.

According to researchers, investigations of cases involving multiple child victims are particularly problematic. Parents of both victimized and nonvictimized children may react to the alleged abuse by trying to prevent investigators from questioning their children, by attempting to gather evidence for the case themselves, and/or by pressuring investigators to hasten the case's disposition. In some instances, parents may take opposing views about the credibility of the abuse allegations and may even support the alleged offender's claims of innocence. Child care facility operators and staff may be protective of their own rights and reputations and may not cooperate with agency investigations. Additionally, pressure from the public and the media for information on the case may make confidentiality difficult, which may exacerbate problems caused by rumors and force investigators to make case decisions prematurely. Finally, since cases involving multiple victims are so rarely reported, investigators may lack the training, experience, or resources needed to effectively

deal with such cases. The investigation of these cases may take months, draining staff and resources while leaving victimized families without the support, reassurance, or counseling they need to cope with the aftermath of the abuse disclosure.

The four studies discussed in this chapter examine the effects of out-of-home child sexual abuse and recommend steps that communities and professionals can take to minimize the damaging effects of out-of-home abuse.

Sexual Abuse in Day Care: A National Study

Chapter II discusses "Sexual Abuse in Day Care: A National Study" by Finkelhor, Williams, Burns, and Kakinowski, in regard to the characteristics and dynamics of child sexual abuse in day care facilities.[8] This chapter presents additional findings from that study which are relevant to the investigation process. Included are recommendations for conducting investigations and meeting the therapeutic needs of sexually victimized children and their families. The work of Finkelhor et al. is also discussed in Chapter II.

Multidisciplinary team investigations eased many of the difficulties associated with out-of-home sexual abuse investigations.

Finkelhor et al. sought to identify the problems encountered by professionals who investigate cases of out-of-home abuse and to examine the factors associated with successful investigations and prosecutions. The researchers reported that multidisciplinary team investigations eased many of the difficulties associated with out-of-home sexual abuse investigations, relieved the strain on resources, and produced more successful case outcomes. Further, the researchers report that recovery from the trauma of the abuse experience was expedited when mental health services were readily available to child victims and their families.

Sample and Methodology

Data were collected on the investigations of 270 day care facilities where sexual abuse had allegedly occurred over a 3-year period. Indepth examinations were then conducted on a random sample of 43 of these facilities. In this process, hundreds of investigators—other special investigators—were interviewed. A full description of the sample and methodology can be found in Chapter II.

Selected Findings

Finkelhor et al. reported that although some investigations were mishandled, most helped to remedy the painful situations experienced by those involved in cases of out-of-home abuse. Investigations of day care abuse reportedly fell into three categories: (1) child welfare solo investigation, (2) parallel investigation, and (3) multidisciplinary team investigation. The researchers report that this study provides empirical support for the use of multidisciplinary teams in the investigation of reports of sexual abuse in out-of-home care settings. The results of research on each investigative approach follow.

Child welfare solo investigation.—Child welfare solo investigations include those in which the community child welfare agency was the sole investigating agency in

a case. The researchers' findings on child welfare solo investigations include the following:

- Solo investigations occurred in 10 percent of the 270 cases in this sample. This approach was used when child welfare/child protective services received the abuse report directly and when there was no obvious physical trauma to the child.
- Finkelhor et al. reported two major problems with solo investigations. First, the burden of interviewing and decisionmaking fall on a single agency or individual, with no consultation or support from others. Second, delaying the involvement of law enforcement agencies may cause difficulties in criminal investigations (e.g., it may be too late to collect physical evidence or the offender may be tipped off).

Parallel investigation.—Parallel investigations were used in most of the cases studied by Finkelhor et al., although this method did not necessarily yield the most effective results. In this approach, child welfare, law enforcement, and day care licensing agencies conduct separate interviews of the children, parents and day care staff. Investigations then follow one of two patterns: (1) involved agencies' intercommunication and information sharing about case goals is limited, or (2) there is no communication among agencies as each pursues its own goals for the case. In either situation, each agency makes independent, rather than collaborative, case decisions.

Finkelhor reported the following findings on parallel investigations:

- Parallel investigations are demanding and often strain the resources of the agencies involved, while offering investigators little interagency collaboration or support.
- The agencies involved in parallel investigations often make conflicting decisions about a case, which may contribute to an investigation's dissolution or a prosecution's failure.
- Child victims often are subjected to repeated interviews by investigators from multiple agencies.

Multidisciplinary team investigation.—Multidisciplinary team investigations were used in approximately one-fourth of the cases in this study and yielded the most positive results. In the multidisciplinary team approach, professionals from key agencies conduct joint interviews to collect evidence and make joint decisions about appropriate investigative steps. Information is shared by team members to ensure that the implications of their actions do not inhibit the work of other members. Responsibility for taking a lead role in the investigation shifts from one agency to another, as indicated by the flow of the investigation process. Finkelhor et al. report that, compared to parallel investigations, multidisciplinary team investigations more effectively addressed many of the problems associated with out-of-home abuse investigations. The benefits of multidisciplinary team investigations noted by the researchers included the following:

- Members of multidisciplinary teams expressed greater satisfaction with the handling of the investigation and the prosecution of the case than did professionals involved in other types of investigations.
- More day care facilities have their operating licenses suspended and the rate of conviction of offenders is significantly higher when multidisciplinary team investigations are used.
- Common obstacles to the investigation of out-of-home abuse, such as parental hysteria, media hype, and victim age and credibility, were less likely to be seen as problems by investigators working in multidisciplinary teams.

Study Implications and Recommendations

Finkelhor et al. conclude that multidisciplinary teams effectively deal with the problems confronting investigators, yield more successful case outcomes, and should be used to investigate cases of child sexual abuse in out-of-home care settings. The team approach provides support for investigators and allows for the matching of skills of team members with appropriate tasks. Furthermore, multidisciplinary teams ensure an appropriate response from each agency by facilitating interagency cooperation and communication and by fostering joint decisionmaking.

Based on their research, Finkelhor et al. recommended that improvements be made in: (1) the investigative process in cases of out-of-home abuse, (2) community preparedness for out-of-home abuse cases, and (3) the therapeutic services offered to victims and their families.

The researchers' recommendations for improving the structure of investigations of sexual abuse in out-of-home care settings included the following:

- Collaborative interviews should be used during investigations to reduce the number and length of interviews and to minimize additional trauma to victims and their families. Investigative staff conducting interviews need to understand the capacities and limitations of very young children.
- Agency budgets need to account for the enormous time commitment needed to conduct investigations of abuse in out-of-home care settings. Resource personnel need to be identified at the State and national levels to provide consultation to and participate in investigations.
- Investigative agencies need to develop plans for empowering parents. Parents are a vital resource for their children in the aftermath of a child sexual abuse disclosure. Parents need emotional support, opportunities to interact with other parents, help in talking to their children about the abuse, assistance in dealing with the media and the day care facility under investigation, and help in arranging alternative child care. Finkelhor et al. recommend that intervention efforts support parents in helping their children to recover from the trauma of out-of-home abuse.
- Investigative agencies need to gain the cooperation of the day care facility being investigated. Attention and sensitivity are needed to conduct both fair and thorough investigations that respect the rights and needs of all who are involved.

- Decisions need to be made in advance about how investigators will describe the details of a case to the media. Investigators may benefit from consultations about how to relate to reporters or how to present their own views.

Finkelhor et al. address the issue of whether communities that have had no prior reports of child sexual abuse in child care programs should plan for a problem that may never occur. The researchers propose that a mobile investigatory unit be prepared to handle out-of-home abuse reports in different communities. Furthermore, Finkelhor et al. contend that communities need not conduct much advance planning but would benefit from taking the following steps:

- Identify individuals familiar with the requirements of the investigation process;
- Designate team members and provide an opportunity for them to become acquainted with one another; and
- Establish a protocol for initial investigative steps that authorizes team members to make joint decisions about a case.

Finkelhor et al. concluded that communities need to improve the therapeutic services provided to victimized children and their families. The researchers' findings regarding therapeutic services are as follows:

- Mental health services need to be made available to all families whose children are alleging abuse, regardless of the family's ability to pay for services. Mechanisms for assisting parents in payment may include employee benefit packages, day care insurance, medicaid programs, and the financial resources of child protective services and mental health agencies.
- Treatment priorities must be established by mental health professionals. Priority should be given to children whose parents are impaired, unavailable, or otherwise unable to provide their children with the support necessary for recovery. Similarly, the treatment of children who have experienced out-of-home sexual abuse accompanied by force, physical harm, or ritualism should be given precedence.
- Professionals providing mental health services should receive specialized training about the needs of victims of out-of-home abuse and about the effects of ritualistic abuse, in order to provide effective treatment to child victims and their families.

Improving the Coordinated Response of Agencies to Child Sexual Abuse in Out-of-Home Settings

Most professionals agree that the sexual abuse of children in out-of-home care settings requires a coordinated community response. Coordinated responses decrease stress on child victims and their families by keeping the number of interviews to a minimum. Coordinated responses also increase the effectiveness of the investigations and interventions by tapping the expertise, skills, and resources of different agencies and professionals. Despite agreement on the benefits of agency coordination, however, many States and communities continue to struggle with its implementation.

The study entitled "Improving the Coordinated Response of Agencies to Child Sexual Abuse in Out-of-Home Settings" was conducted by Smith, Bulkley, and Jackson of the American Bar Association to assist States and communities in developing a coordinated system.[9] This study examined factors in State law, agency policies, and local investigative protocols that affect agency coordination in responding to out-of-home abuse.

Smith et al. examined a range of options, from joint investigations conducted by two key community agencies to investigations conducted by multidisciplinary teams. The researchers concluded that agency responses to out-of-home abuse could be improved by the development of a coordinated response system, in which professionals would emphasize the importance of the prevention, early detection, and collaborative investigation of abuse in out-of-home care settings.

Sample and Methodology

Smith et al.'s study was comprised of four phases: (1) an annotated list of protocols and policies for handling out-of-home abuse, (2) a national survey of 48 State child protective services liaison officers and day care licensing directors exploring local case coordination, (3) a legal analysis of State licensing regulations governing child care facilities and reporting statutes for out-of-home abuse, and (4) case studies of six sites with coordinated systems for handling reports of sexual abuse.

Selected Findings

Smith et al. report that although States were generally moving in the direction of a coordinated response system, the level of coordination was minimal. Data from the national survey, legislation review, and six case studies suggested that agencies and investigators face a variety of obstacles in achieving a coordinated response to out-of-home abuse.

Child protective services liaison officers and day care licensing directors interviewed in the national survey cited limited agency resources, a lack of communication and trust among agencies, and conflicting agency goals as significant barriers to interagency coordination. Additionally, liaison officers and licensing directors identified three major legal and policy barriers to coordination, which are as follows:

- States do not require that all agencies notify each other when they receive a report of out-of-home abuse;
- Agencies are not required to share their findings from investigations of a case of out-of-home abuse; and
- State laws and agency policies are frequently ambiguous about the responsibilities of the various agencies involved in the investigative process.

Interviews with staff at the six sites selected for case studies revealed staff optimism about achieving interagency coordination. The level of interagency coordination differed between sites, since each site had developed its own coordinated response

to the investigation of out-of-home abuse. Interviews revealed the following information:

- At sites where legal or agency constraints dictate who responds to reports of out-of-home abuse, as few as two agencies may be involved in coordinating investigation activities. In these cases, coordination may be limited to a joint initial interview with the child victim, followed by separate agency investigations.
- Other sites combined the resources of several agencies to establish a multidisciplinary team. Participating agencies might include the prosecutor's office, child protective services, law enforcement, and victim-witness and mental health organizations. Key decisions were reached by a majority vote of team members.
- Agency commitment is essential to maintaining a coordinated response to out-of-home abuse.

Agency responses to out-of-home abuse could be improved by the development of a coordinated response system for the investigation of abuse in out-of-home care settings.

Study Implications and Recommendations

In this work, Smith et al. identify variables that may act as barriers or facilitators to interagency coordination. The importance of cooperation in agencies' responses to out-of-home child sexual abuse is emphasized as the researchers give recommendations for improving agency coordination and establishing investigative teams.

Based on their analysis of State child care licensing legislation, Smith et al. made recommendations to States to increase the involvement of day care licensing staff and parents to help promote the early identification and prevention of out-of-home abuse, including the following:

- That all out-of-home care facilities, regardless of size or ownership, be required to have operating licenses and be subject to mandatory annual inspections.
- That parents be given the absolute right to visit their child at the child care facility at anytime.
- That parents be educated about out-of-home child abuse and, in all cases, be notified when abuse allegations are under investigation in their child's out-of-home care facility.
- That child care licensing agencies be authorized to relocate children to other facilities in emergency situations, such as instances in which child care workers are suspected of sexual abuse.

Smith et al. question the appropriateness of mandating child protective services as the primary agency to handle reports and investigations of sexual abuse in both out-of-home and in-home settings. While the researchers assert that a primary response by child protective services is appropriate in most cases involving parents as alleged offenders, designating child protective services as the primary agency responsible for investigating out-of-home abuse raises a number of issues. Although most child protective services agencies are mandated by law to respond to both types of abuse cases, many agencies do not have the resources necessary to investigate both

in-home and out-of-home cases simultaneously. Further, State statutes primarily deal with in-home abuse cases; the statutes offer little or no guidance to child protective services on how to handle out-of-home abuse. In addition, Smith et al. contend that since the pursuit of criminal prosecution is more typical in out-of-home cases, the criminal justice system may be better equipped to take the lead role in such cases.

Staff members interviewed in the six case studies directed their recommendations towards the prevention of breakdowns in agency coordination. Staff noted that community agencies involved in coordinated activities must remain open to changes in State law, agency policy, and staff responsibilities that affect the investigation of out-of-home abuse. While factors such as reporting laws, investigation practices, and confidentiality issues may present barriers to coordination, agency coordination is still possible. Site personnel reported that they established investigation procedures, both written and unwritten, to help guide their coordination efforts in the absence of formal State mandates.

Staff at the six sites offered the following practical advice to agency personnel interested in establishing or maintaining a coordinated response to out-of-home abuse:

- Joint agency training sessions are an effective means of establishing rapport among staff, educating staff about respective agency roles and responsibilities, and facilitating agency communication.
- The number of personnel available to conduct joint interviews needs to be balanced across agencies to help ensure that joint interviews are feasible and do not put uneven strain on one agency's resources.
- Specialized units need to be established to investigate both in-home and out-of-home cases of sexual abuse. Although reports of out-of-home abuse are less common than those of in-home abuse, it is invaluable to have an established coordinated system in place when allegations of out-of-home abuse do occur.

The researchers suggest that communities can enhance their response to abuse in out-of-home care settings by strengthening the role of day care licensing agencies and parents in preventing and identifying abuse. Smith et al. assert that agencies can take steps towards cooperating with each other to facilitate interagency cooperation and, thus, a coordinated response. The researchers emphasize the use of teams, comprised of professionals from different agencies who are specifically educated to recognize and respond to cases of out-of-home abuse, as a vital resource for conducting out-of-home abuse investigations. Teams can conduct both abuse prevention and early detection activities, as well as facilitate followup, should the allegations prove to be founded.

Sexual Abuse in a Day Care Setting: The Community Investigation Response

The handling of reports of out-of-home child sexual abuse varies widely across communities. By sharing information, communities can compare their response

systems and determine changes necessary for improving future case outcomes. The study "Sexual Abuse in a Day Care Setting: The Community Investigation Response" serves as an example of how one community's experiences can provide guidance to other communities in addressing issues of out-of-home child sexual abuse.

In this study, Mowbray and Bybee examine one community's response to a large-scale case of sexual abuse in a day care facility.[10] The abuse took place in a day care center in rural Michigan, and sexual abuse acts occurred for more than 1 year before the abuse was disclosed. The abuse involved the victimization of as many as 114 children, equally divided between males and females. After a child disclosed the abuse to her parents, a 9-month investigation ensued, involving the child protective services, day care licensing, and community mental health agencies as well as the prosecutor's office. The case received widespread media attention and polarized the community around the credibility of the charges. The investigation resulted in the closing of the day care center and the criminal conviction of one sexual abuse offender—a teacher's aide who was the husband of the center's director. Criminal charges against the other alleged offenders were never pursued by the prosecutor's office.

This case provides an informative description of children's disclosures of abuse; parents' perceptions and reactions to such charges; and agencies' services, actions, and decisions in cases of out-of-home child sexual abuse. Based on this research, Mowbray and Bybee identified both successful and problematic aspects of the community's investigation process. The researchers contend that many of the problems encountered in this case could have been avoided or minimized through the use of interagency protocols, specialized staff training, and additional therapeutic services for child victims and their families.

Sample and Methodology

Data about the Michigan case and the community's response were gathered from four primary sources: (1) the case records of three out of five agencies involved in the case investigation—the State police, child protective services, and the community mental health center; (2) interviews with 30 parents whose children were involved in the case; (3) reviews of media accounts of the case; and (4) interviews and documentation from representatives of agencies involved in the investigation. The researchers noted that because of ongoing litigation, their research relied heavily on case records, rather than interviews with agency staff.

Selected Findings

Mowbray and Bybee examined the number and quality of contacts between child victims and their parents and investigating agencies. Significant variation was reported in families' agency contacts and no consistent investigation process emerged.

- Of the five agencies involved in the investigation, three—child protective services, the State police, and the community mental health center—had the most direct contact with the children and their parents (see Table 6 on the following page). Virtually all mental health center contacts involved child, rather than parent or family, interviews.

- Over the course of 18 months, case records documented 1,410 contacts between agency investigators and the 114 alleged abuse victims and their parents. Only 7 percent of these contacts involved joint interviews. The number of contacts child victims and their parents had with investigators ranged from 1 to 48 per family, with mothers having 5 times more contact than fathers.

Table 6: Investigation Contacts With Children and Families by Agency

Agency Involved	Number of Contacts	Percent of Contacts
Single Agencies/Professionals		
Child Protective Services (CPS)	512	36.3%
State Police	265	18.8%
Community Mental Health (CMH)	442	31.4%
Prosecutor	15	1.1%
Private Therapist	16	1.1%
Medical Doctor	15	1.1%
Multiple Agencies		
CPS and State Police	82	5.8%
CMH and State Police	5	0.4%
CMH and Day Care Licensing	4	0.3%
CMH and CPS	2	0.1%
State Police and Prosecutor	2	0.1%
State Police, CPS, and Day Care Licensing	2	0.1%
State Police, CPS, and Prosecutor	2	0.1%
Missing	46	3.3%
Total	1,410	100.0%

Adapted from Mowbray, C., and Bybee, D. Final report to NCCAN of grant #90CA1180, "Sexual Abuse in a Day Care Setting: The Community Investigation Response," 1990.

- Of the 82 children who disclosed abuse, 68 did so during their first contact with investigators. No particular agency professional was most effective in obtaining initial disclosures, although children provided more details about the abuse in sessions with the community mental health sexual assault coordinator than in sessions with child protective services workers or State police personnel.
- Families involved in the first 2 months of the investigation had more contact with investigators and were more likely to be referred to the prosecutor's office. Additionally, children involved during this time reported more instances of abuse and showed more abuse-related symptoms than did children of families involved later in the investigation. It is unclear whether children interviewed earlier were qualitatively different than those interviewed later or whether investigators had fewer contacts and acquired less information about children as agency resources and staff energy decreased.
- Parents rated investigators favorably and generally wanted more contact than they received. Parents' anger primarily focused on the long wait for intensive therapy from the community mental health center and the failure of the prosecutor to pursue criminal charges against all of the alleged offenders.

Mowbray and Bybee noted that the community's response to the allegations of out-of-home abuse was characterized by both strengths and weaknesses, such as the following:

- Positive aspects of the community's response included a well-organized investigation that involved all relevant agencies and the prompt involvement of the community mental health center, which helped to sensitize other agencies to the victims' needs. Actions taken to empower victims and their families also helped, such as the establishment of parent support groups.
- Mowbray and Bybee reported that the investigation lacked several aspects usually associated with a team effort. For example, agency representatives did not meet at the onset of the investigation and no written procedures or clear delineation of agency roles and responsibilities existed. An additional limitation reported in this study was the constraints that the prosecutor's office placed on families, such as requiring that parents not discuss the case with their children. Parents also reported that mental health services were not easily accessible during the case's investigation and trial time when families most needed the services.

The first step is for State agencies to form a task force to develop procedures for the investigation of cases of multiple victim out-of-home abuse.

Study Implications and Recommendations

Mowbray and Bybee incorporated the positive aspects of the Michigan abuse investigation in their recommendations to other States and communities that are seeking to establish a coordinated response to out-of-home abuse. Their recommendations focus on strengthening the team investigative approach and maximizing the expertise of community mental health service providers.

The researchers suggest that the first step is for State agencies to form a task force to develop procedures for the investigation of cases of multiple victim out-of-home abuse that will be useful to all local jurisdictions. This task force could include representatives from the following agencies: the Departments of Mental Health, Social Services, and Corrections; State police; the attorney general's office; the court administrator's office; the prosecutors' association; local agencies with experience in out-of-home abuse cases; and parent advocacy groups. Mowbray and Bybee recommend that the task force seek to accomplish the following:

- Implement a streamlined team that minimizes duplication of agency effort and distinguishes the role of mental health team members during investigations from their usual therapeutic role.
- Develop strategies for the prosecutor's office to respond to community and media inquiries to counteract misinformation while not jeopardizing the prosecution.
- Determine the types of services and referrals that team members should provide to victims and their families. Two issues that bear consideration are how prompt counseling can be provided to families without adversely affecting the credibility of their children as court witnesses and how to avoid the possibility that families interviewed early in the investigation will receive more support than families interviewed later when staff resources are drained.

The availability of technical assistance also was addressed by the researchers, who recommended that relevant State agencies assemble a cadre of resources, including one State and one local expert in out-of-home abuse from each agency. Agency experts would be available to assist local jurisdictions in implementing the abuse procedures. Mowbray and Bybee emphasize that the availability of technical assistance is particularly important in small jurisdictions, where multiple victim out-of-home abuse cases are rare and staff has little practice in applying the procedures.

Mowbray and Bybee also recommended that victimized children and their families be referred to specialized mental health services when the investigation is initiated. Such services should be readily available to all families, regardless of families' ability to pay. For families who are unable to afford the services, Mowbray and Bybee recommend that a minimum therapy package (up to 10 sessions) be provided without cost. In addition, community agencies should assist parents in forming support groups, to which investigators could routinely refer families.

Lastly, Mowbray and Bybee recommend that State Departments of Mental Health take the lead role in ensuring that mental health counselors have the necessary expertise to treat victimized children and their families. Ideally, mental health agencies should support regional training efforts, using a core curriculum to prepare a network of experts to provide specialized services to a variety of human service agencies. The researchers suggest that a pool of therapists who are qualified to treat children and families in cases of out-of-home abuse should be identified statewide, and contracts should be established between therapists and the State to ensure that families receive appropriate therapy when abuse accusations are made. The researchers also recommend that State Departments of Mental Health collaborate with institutions of higher education to develop curricula that address child sexual abuse assessment and treatment for students who intend to pursue careers in mental health. Similarly, State agencies could benefit from providing teams involved in large-scale out-of-home abuse cases with counseling and debriefing to ensure that team members also are supported.

Overall, Mowbray and Bybee recommend that States and communities be sensitive to the specialized needs of victimized children and their families as well as to the needs of agency staff in developing a coordinated response to cases of out-of-home child sexual abuse. The involvement of mental health agencies is vital to maintaining an effective response system, developing procedures, conducting staff trainings, providing staff support, and delivering treatment to victimized children and their families.

Reported Ritualistic and Non-Ritualistic Abuse in Preschools: Effects and Mediators

Cases of out-of-home child sexual abuse show marked diversity in the types and duration of abuse, number of child victims, and number of offenders. Cases range from a single child sexually fondled on one occasion by one offender to many

children forced by multiple offenders to participate repeatedly in extremely abusive and terrorizing Satanic rituals. Such diversity raises questions about the particular effects of ritualistic sexual abuse: Do children who have experienced ritualistic sexual abuse exhibit more abuse-related symptoms than other sexually abused children? Are the children's treatment needs different? Are families affected differently? How can communities, particularly the mental health community, best respond to the children's and the families' needs?

In response to such questions, Waterman, Kelly, McCord, and Oliveri conducted a 3-year longitudinal study entitled "Reported Ritualistic and Non-Ritualistic Abuse in Preschools: Effects and Mediators."[11] This research examines ritualistic sexual abuse disclosure patterns; the effects of ritualistic and nonritualistic abuse on children, families, and therapists; parental and family coping patterns; and factors affecting the abused child's continued functioning and recovery.[12]

Waterman et al. reported that while sexual abuse is damaging to child victims, ritualistic abuse has particularly negative effects on child victims and their families. This research suggests, however, that the functioning of victims of ritualistic sexual abuse may significantly improve over time. Waterman et al. report that a cluster of family factors, such as families' support of their children and participation in treatment, emerged as the most significant predictor of victims' recovery. The researchers add that both mental health therapists and parents play a significant role in ensuring that a family supports their child through recovery. Finally, the researchers made recommendations to improve future intervention with children and families reporting ritualistic sexual abuse.

Sample and Methodology

The sample for this study included three groups of children: (1) a group of 82 children who reported being ritualistically sexually abused by multiple offenders at their preschools; (2) a group of 15 children who reported sexual abuse that did not involve ritualistic elements by a single offender at their preschool; and (3) a control group comprised of 37 nonabused children.

The 82 children in the ritualistic sexual abuse group came from 64 families in Manhattan Beach, California. The children had attended one or more of six preschools where ritualistic sexual abuse had been alleged. Children reported sexual and physical abuse, Satanic rituals, and terrorization by multiple offenders, and all had received some psychotherapy. In these cases, children's disclosures of ritualistic abuse were met with community controversy and disbelief. The 15 children who reported nonritualistic sexual abuse came from 14 families in Reno, Nevada. These children reported being sexually abused by a single offender, who admitted guilt and was quickly sentenced to four life terms in prison. The nonabused control group consisted of 37 former preschool attendees with no history of sexual abuse of any kind, from 28 families. More than 80 percent of the children in each group were white; the percentage of children of Asian American and/or Hispanic descent ranged from 3 to 10 percent across the groups.

Data were obtained on children and families in the three subject groups using a series of child-, parent-, and therapist-reporting measures (as applicable). Extensive assessment tools and questionnaires were used with all children and their families. In cases in which children reported any sexual abuse, therapists completed diagnostic assessment measures. The researchers also used instruments developed specifically for this study, such as a parent reaction questionnaire to quantify open-ended interview questions and a recantation schedule to document changes in the children's original abuse disclosures.

Researchers conducted a followup study on a subset of child subjects 2 to 3 years following the initial data collection, which was 5 years after children's initial disclosures. Comparisons of children's functioning aimed to examine children's long-term adjustment to different kinds of abuse situations.

Ritualistic abuse appeared to have particularly negative effects on children in comparison to nonritualistic abuse.

Selected Findings

Waterman et al. report that the children and families involved in the sexual abuse cases in this study suffered a range of damaging effects. Ritualistic abuse appeared to have particularly negative effects on children in comparison to nonritualistic abuse, which suggests that these two groups of children may have different treatment needs. Waterman et al. reported the following effects of ritualistic and nonritualistic abuse on children's functioning:

- Compared to nonabused children, children who reported sexual abuse exhibited more behavioral problems and negative attitudes, particularly toward school and family. In general, children reporting abuse were highly fearful, suffered from posttraumatic stress disorder, showed more sexualized behaviors, and were reported as overly vigilant. Waterman et al. note that parent-reports of children's functioning indicated greater child symptomatology than did children's self-reports (Table 7 presents maternal ratings of children's functioning using the Child Behavior Checklist).

Table 7: Maternal Ratings of Ritualistically Sexually Abused (RSA) and Nonritualistically Sexually Abused (NSA) Children's Functioning Using the Child Behavior Checklist (CBCL)

Scale	RSA (Sample=68)	NSA (Sample=32)	F-Test
Total Behavior Problems	67.2	47.5	54.7 *** [c]
Internalizing	68.1	49.8	71.6 *** [c]
Externalizing	62.9	47.4	38.3 *** [c]
Social Competence	40.8 [a]	50.8 [b]	14.2 ** [c]

Note: Lower scores reflect fewer problems, except in the area of social competence, in which higher scores reflect fewer problems. Scores are based on time of most distress and were gathered using the CBCL.

[a] sample=58 [b] sample=30 [c] ANCOVA covarying socioeconomic status

**p<0.01 ***p<0.001

Adapted from Waterman et al. Final report to NCCAN of grant #90CA1179, "Reported Ritualistic and Non-Ritualistic Sexual Abuse in Preschools: Effects and Mediators," 1990.

- Children who reported ritualistic abuse reportedly suffered more severe effects than children whose abuse did not involve ritualistic or terrorizing elements. For example, 80 percent of the ritualistic sexual abuse group met the criteria for posttraumatic stress disorder versus 36 percent of the nonritualistic sexual abuse group.
- Children in both abuse groups experienced the most distress at the beginning of treatment and demonstrated considerable difficulties with abuse disclosures (see Table 8). Acts of ritualistic sexual abuse appeared particularly difficult for children to divulge and were disclosed significantly later in therapy than other abusive acts.
- Approximately one-fourth of the children in both abuse groups recanted their allegations at some point during therapy, but almost all of these children eventually redisclosed the abuse. Children's recantations appeared to stem from fears associated with the case's investigation or prosecution or from a lack of familial support.
- By the end of the children's therapy, or at the 2 to 3 year followup for children still in treatment, children in the nonritualistic sexual abuse group were functioning significantly better than children in the ritualistic sexual abuse group. Data analyses from the followup indicated that most children in the ritualistic sexual abuse group had made significant gains in functioning, but that 17 percent continued to exhibit significant problems with somatic complaints and social withdrawal.

The effects of a child's disclosure of out-of-home abuse are not limited to the child's functioning but may affect parental and family functioning as well. Waterman et al. reported that the disclosure of ritualistic and nonritualistic sexual abuse has a number of damaging effects on the families in this study, including the following:

- Parents involved in both ritualistic and nonritualistic sexual abuse cases reported significant marital and sexual dissatisfaction as well as poorer communication in the first year after disclosure. Comparisons of parental reactions to the abuse suggested that mothers blamed themselves more for the abuse and were more depressed than fathers, although fathers were more likely to turn to alcohol or drugs.

Table 8: Percentage of Ritualistically Sexually Abused (RSA) and Nonritualistically Sexually Abused (NSA) Children in Clinical Range at Time of Most Distress and at Follow-Up

Scale	Percent RSA	Percent NSA
Total Behavior Problems[a]	45.7%	17.1%
Internalizing[a]	45.7%	11.4%
Externalizing[a]	40.0%	8.6%
Social Competence[b]	17.2%	3.4%

Note: Scores are based on the Child Behavior Checklist (CBCL). Scores are maternal ratings by those mothers who participated in both initial data collection and follow-up. Five children had no CBCL for time of most distress.
[a] sample=35 [b] sample=29

Adapted from Waterman et al. Final report to NCCAN of grant #90CA1179, "Reported Ritualistic and Non-Ritualistic Sexual Abuse in Preschools: Effects and Mediators," 1990.

- Fathers in both abuse groups reported being less comfortable showing physical affection toward their children in the first year following disclosure than they had been prior to the allegations.
- In the followup study, parents in both abuse groups reported having higher levels of closeness and more marital satisfaction than prior to the disclosure of abuse. Similarly, fathers were more comfortable showing physical affection toward their children than they had been in the first year following disclosure.

To explore why children reacted differently to similar situations, Waterman et al. examined factors that potentially mediated children's functioning following the reporting of sexual abuse. Of the variables investigated, such as demographic and family factors and variables related to the abuse or children's treatment, family factors such as the following emerged as the strongest predictors of children's functioning:

- Children reportedly experienced less emotional distress in families in which children perceived that their mothers responded positively to them, and in which family members experienced a sense of cohesion and closeness. Similarly, children fared well in families in which parents used active coping styles, sought help from community resources, and believed that solutions to family problems could be found.
- In contrast, children functioned less well in families which experienced more life stressors and more family conflict and in which parents coped by passive means, such as relying exclusively on spiritual resources, watching television, or waiting for their problems to go away.
- Therapists' reports suggested that parental depression, dysfunction, and substance abuse following disclosure were predictive of concurrent difficulties in child functioning, indicating a need for treatment resources for the families of children abused in out-of-home care settings.
- Parents perceived therapy as the most helpful resource for their children. Analyses revealed that mothers sought psychotherapy for themselves more often than did fathers. Mothers reported therapy as being helpful in their recovery.
- Approximately 70 percent of the parents in the ritualistic sexual abuse group and 35 percent of the parents in the nonritualistic sexual abuse group reported engaging in child advocacy activities related to the abuse experience. Most parents reported that these activities helped them to cope more effectively with the situation.

Study Implications and Recommendations

Waterman et al. noted the difficulty they had in sorting out the effects of the two different abuse experiences from the effects of the two communities' responses. Marked community controversy and interminable (and ultimately indeterminate) legal proceedings surrounded the children and families in the ritualistic sexual abuse group but not the children and families in the sexual abuse group. Therefore, the differences found between the children who reported ritualistic sexual abuse and

those who reported sexual abuse may relate more to the community response than to the abusive acts allegedly experienced by the children.

Nevertheless, Waterman et al. noted that children in this study evidenced considerable difficulties associated with the disclosure of abuse. Children in both the ritualistic and nonritualistic sexual abuse groups exhibited significant behavioral and emotional disturbances as compared to nonabused children and had difficulty disclosing the abuse. As abuse investigations progressed, children often recanted and then redisclosed their initial allegations, suggesting that both groups of children experienced ambivalence and fear surrounding their reports of sexual abuse.

The researchers emphasized that professionals involved in the investigation, prosecution, and treatment of out-of-home abuse cases need to understand children's disclosure process and take into account the fact that disclosure often involves recantation. As shown in this study, even in cases in which the offender readily admits guilt and is sent to prison, children may still recant their initial allegations. Although further research is necessary to determine distinctive patterns in the disclosure process, this work suggests that disclosure, recantation, and redisclosure may be typical of many children who experience out-of-home abuse.

Waterman et al. report that extrafamilial abuse also had major ramifications for the marital and family systems. Interviews with parents revealed significant dysfunction in sexual and marital relationships following disclosure, combined with a great deal of child-parent stress. Furthermore, therapists reported that parents' level of functioning was predictive of their child's level of functioning. This suggests that treatment programs need to target parent and family functioning in addition to addressing the individual child's recovery.

Powerlessness was reported as a contributing factor in the pervasive and long-lasting effects of ritualistic sexual abuse on children (i.e., fearfulness, flashbacks, over-vigilance, and other symptoms of posttraumatic stress disorder). Similarly, both child victims and their families revealed increased feelings of pessimism and distrust following reports of ritualistic sexual abuse. Waterman et al. note that therapists must be prepared to help child victims and their families identify and deal with the issues of betrayal and trust that may emerge following sexual abuse.

The researchers report several techniques that may be effective in helping children to explore their fears while also allowing them to feel safe. Among these are talking and play therapy that may involve role-playing, art therapy, white magic rituals (using forces of good rather than evil), relaxation training, and structured fantasy play about powerful figures. Another strategy to promote healing recommended by Waterman et al. is family empowerment, in which parents are encouraged to take a proactive stance, to pursue treatment for themselves and their families, and to advocate on behalf of their children's safety.

Data suggest that parents whose lives have been disrupted by the disclosure of out-of-home child sexual abuse would benefit from taking the following steps toward recovery:

- Parents should obtain psychotherapy for their children and support for themselves from professionals, friends, and other families who have had similar experiences.
- Parents should keep in mind that while their children need a great deal of support, children may perceive support differently. For example, children may not feel supported by extensive questions about the abuse, although their parents may feel that they are bringing the topic into the open. Similarly, if advocacy activities take parents away from home a great deal of time, children may view this as lack of support.
- Parents should empower themselves and their children as much as possible. Parents benefit when they mobilize themselves to get needed resources, find positive solutions, and remain as optimistic as they can about recovering from the trauma involved in the disclosure of sexual abuse in an out-of-home care setting.

The researchers note that therapists can take additional steps to promote the healing process in families that have experienced an incident involving out-of-home abuse. First, Waterman et al. assert that therapists must be prepared to deal with the issues of betrayal and trust that may emerge in the psychotherapeutic relationship. Both children and parents may be concerned that they cannot really trust the therapist, another supposedly trustworthy adult. Second, the researchers recommend that the treatment of children who report ritualistic sexual abuse focus on the concomitants of powerlessness, anxiety, and fear. Similarly, psychotherapy should address the disillusionment and betrayal that both parents and children experience in the aftermath of sexual abuse.

Lastly, Waterman et al. emphasized that most of the children who reported ritualistic sexual abuse were able to recover and are getting on with their lives successfully. Children who received psychotherapy were members of generally healthy and resourceful families, which had reportedly made great strides towards recovery. The data Waterman et al. reported about children's recovery should convey a message of hope to all families affected by sexual abuse, particularly ritualistic sexual abuse, since the children and parents in this group were able to confront the adversity, heal, and emerge with greater self-awareness and an increased feeling of closeness among family members.

CHAPTER SUMMARY

Two themes emerge from this review of NCCAN-funded research on out-of-home child sexual abuse. First, these studies seek to identify the unique strains that out-of-home abuse may place on the children, families, and investigative agencies involved in such cases. Second, the work reviewed in this chapter recommends concrete steps that communities may take to improve existing agency coordination and treatment programs for cases of out-of-home abuse. These themes warrant consideration as professionals seek to understand the effects of out-of-home abuse and to improve communities' responses to this problem.

The data presented in this chapter suggest that families involved in out-of-home sexual abuse may have different experiences, concerns, and treatment needs than

families involved in cases of in-home child sexual abuse. For example, media attention and community polarization are two elements of out-of-home abuse that rarely are factors in reports of in-home and intrafamilial abuse. Similarly, investigations of out-of-home abuse may become particularly problematic, since they often involve numerous community agencies and repetitive investigative interviews, which may further traumatize a family.

Cases of out-of-home child sexual abuse raise a unique set of concerns at the community and agency levels as well. While out-of-home abuse may involve multiple offenders and numerous victims, most community response systems are designed to investigate cases involving a single offender and few victims. Thus, a large-scale case of out-of-home abuse may completely overwhelm a community's existing response system, rendering usual protocols unusable.

The data presented in this chapter leave little doubt that the needs of child victims and their families are best met through interagency approaches to the investigation of out-of-home abuse reports. Interagency collaboration decreases the burden placed on agencies and families involved in cases of out-of-home abuse by reducing repetitive interviewing and increases information sharing among professionals with a common goal. Agency collaboration helps decrease the strain that cases of out-of-home abuse place on individual agencies as well by sharing resources and evenly distributing responsibilities. This may be particularly true of multidisciplinary teams, in which professionals from different agencies cooperate; each agency contributes its expertise to a unified investigative effort.

Families involved in out-of-home sexual abuse may have different experiences, concerns, and treatment needs than families involved in cases of in-home child sexual abuse.

Although interagency approaches to investigation ultimately ease the burden on all involved, interagency coordination may be difficult to implement. The research in this chapter suggests that the commitment of agencies to work together to develop and maintain coordination in out-of-home abuse cases may be the most crucial component of a community's response system. Other important components of a community's response system include:

- Interagency procedures or guidelines that distinguish between cases of intrafamilial child sexual abuse and cases of out-of-home child sexual abuse as well as between single victim and multiple victim out-of-home abuse cases;
- Clear delineation of the role(s) and responsibilities of each agency or professional involved in the investigation process;
- Specialized training for investigators and opportunities for consultation and shared decisionmaking;
- Involvement of mental health professionals in the investigation process; and
- Advance planning on ways to handle the media, form partnerships with parents, and enlist the cooperation of child care staff.

This research indicates that to achieve an effective response to the sexual abuse of children in out-of-home child care settings, a wide range of State and community agencies must work together as a system. To more effectively respond to the sexual

abuse of children in out-of-home care, the following parts of the interagency system may warrant examination:

- State agencies may benefit from the formation of task forces to address the effectiveness of State legislation on the reporting and handling of out-of-home abuse and on child care licensing. State budgets may need revision to ensure that both agencies and families have the necessary resources to deal with the problem.
- At the community level, supportive resources are needed to help prevent false allegations of out-of-home abuse; promote early identification should abuse occur; and conduct effective, prompt investigations when abuse is reported.
- Specifically, child care providers need information about how they can design their programs to minimize the possibility of wrongful accusations. Should allegations occur, staff members may need advice about how to protect their rights while cooperating with the investigation. Parents may need support in selecting safe child care, detecting out-of-home abuse, and reporting any suspicions of abuse. Lastly, the staffs of investigative agencies may need support to help minimize the burnout associated with investigations of out-of-home abuse.

Specialized mental health services help parents and children cope with the abuse disclosure and deal with its lingering effects. Families involved in out-of-home abuse investigations frequently request help in coping, and often make good use of the help that is available. Research indicates that child victims and their families stand to benefit a great deal from counseling or psychotherapy both during and following the investigation process.

The work in this chapter suggests that professionals who deliver specialized mental health services stand to gain enormously by empowering parents to help themselves and their children. Parents are frequently a child's most vital therapeutic resource and can play a vital role in helping their child recover from a sexual abuse experience. Examples of how the role of parents can be strengthened include helping parents of victimized children form support groups, permitting parents to visit their child at any time in a child care setting, and providing parents with information and guidance on how to deal with their own and their child's distress. Clearly, each case of out-of-home abuse involves many dimensions. The impact of out-of-home child sexual abuse is extensive, and there is no one easy way to respond to the problem. However, as a result of recent research, there appears to be greater potential to deal with the problem of out-of-home child sexual abuse more effectively in the 1990's than in the past. The findings and recommendations of the studies presented here show that there are many ways for States, communities, agencies, professionals, and families to become involved in developing an effective, responsive system.

ENDNOTES

1. Adapted from: **Waterman, J., Kelly, R., McCord, J., and Oliveri, M.K.** Final report to NCCAN of grant #90CA1179, "Reported Ritualistic and Non-Ritualistic Sexual Abuse in Preschools: Effects and Mediators," 1990, University of California, Depart-

ment of Psychology, Los Angeles Research and Education Institute and Harbor-UCLA Medical Center, Los Angeles, CA.

2. See: **Hechler, D.** *The Battle and the Backlash: The Child Sexual Abuse War,* 1988, Lexington, MA: Lexington Books.

3. See: **Wilson, C., and Steppe, S.** *Investigating Sexual Abuse in Day Care,* 1986, Washington, DC: Child Welfare League of America.

4. See: **Friedman, D., Sale, J., and Weinstein, V.** *Child Care and the Family,* 1984, Chicago, IL: National Committee for the Prevention of Child Abuse.

   Cohen, A. *Vigilant in the Protection of Our Children or Vigilantes?* 1985, San Francisco, CA: Child Care Law Center.

5. **Faller, K.** *Child Sexual Abuse: An Interdisciplinary Manual for Diagnosis, Case Management, and Treatment,* 1987, New York: Columbia University Press.

6. **Valliere, P., Bybee, D., and Mowbray, C.** "Using the Achenbach Child Behavior Checklist in Child Sexual Abuse Research: Longitudinal and Comparative Analyses." Paper presented at the National Symposium on Child Victimization, April 1988, Anaheim, CA.

7. **Kelley, S.** "Stress Responses of Children to Sexual Abuse and Ritualistic Abuse in Day Care Centers," *Journal of Interpersonal Violence,* 1989, 4: 502–513.

8. **Finkelhor, D., Williams, L., Burns, N., and Kalkinowski, M.** Final report to NCCAN of grant #90CA1155, "Sexual Abuse in Day Care: A National Study," 1988, University of New Hampshire, Family Research Laboratory, Durham, NH.

9. **Smith, B., Bulkley, J., and Jackson, J.** Final report to NCCAN of grant #90CA1254, "Improving the Coordinated Response of Agencies to Child Sexual Abuse in Out-of-Home Settings," 1988, American Bar Association, The Criminal Justice Section and The National Legal Resource Center for Child Advocacy and Protection, Washington, DC.

10. **Mowbray, C., and Bybee, D.** Final report to NCCAN of grant #90CA1180, "Sexual Abuse in a Day Care Setting: The Community Investigation Response," 1990, Michigan Department of Mental Health, Research and Evaluation Division, Lansing, MI.

11. **Waterman, J., Kelly, R., McCord, J., and Oliveri, M. K.** Final report to NCCAN of grant #90CA1179, "Reported Ritualistic and Non-Ritualistic Sexual Abuse in Preschools: Effects and Mediators," 1990, University of California, Department of Psychology, Los Angeles Research and Education Institute and Harbor-UCLA Medical Center, Los Angeles, CA.

12. Children in the ritualistic sexual abuse sample were involved in allegations of abuse made at one or more of six area preschools. At the time this study was conducted, these cases were in various phases of investigation or prosecution. To date, a number of these cases remain unsubstantiated.

VIII

NEW TOOLS FOR PRACTICE AND PREVENTION

The area of child sexual abuse is, like a cold night sky, one in which many designs can be traced. It is an area patterned in light and dark. Our job is to make sense of those patterns and, as the Welsh Poet, Dylan Thomas, exhorted, to "rage against the dying of the light."

Sol Gothard, J.D., M.S.W.,
A.C.S.W., Fifth Circuit Court
of Appeal Judge[1]

This chapter provides examples of NCCAN's role in the development of tools to improve practices in the field of child sexual abuse. Each year, NCCAN-funded research and demonstration projects produce a wide array of tools and products, including public awareness materials, training curricula, case investigation and assessment guidelines, agency protocols, and resource publications. This chapter, which is divided into two sections, reviews seven projects that focus on the recent development of (1) materials for improving the education of children, parents, and professionals toward the prevention of child sexual abuse and (2) materials for improving the education of parents and professionals toward therapeutic intervention. For information on the products discussed in this chapter, please contact NCCAN's Clearinghouse on Child Abuse and Neglect Information in Washington, D.C.

Three projects are described in the first section of this chapter, entitled "Materials for Improved Prevention." The first research project, "Child Sexual Abuse Prevention: Evaluation of Educational Materials for Pre-School Programs," illustrates how research can increase understanding about the usefulness of tools for child abuse prevention. This project explores questions about the effectiveness of current training curricula in preventing the victimization of young children and offers suggestions for new prevention programs that target adults.

The second is a demonstration and research project, "Adolescent Sexual Abuse Prevention Project," which responds to the need for prevention programs targeting adolescents. Until recently, few resources addressed the needs of adolescents, who are an underserved population. The goals of this prevention program are twofold; it aims to prevent adolescents from becoming both abuse victims and offenders.

The third project discusses the development of materials designed to prevent the sexual abuse of hearing-impaired youth. This demonstration project developed an educational program specifically for parents and professionals to help reduce the victimization of hearing-impaired children. The program, called "P.A.C.E.S.—Preventing the Abuse of Children Through Education for Sexuality," encourages adult-child interactions that openly address issues related to child sexual abuse.

The second part of this chapter, "Materials for Improved Intervention," reviews four projects. The first two projects, "Training and Support Groups for Foster Parents of Sexually Abused Children" and "The SAFE-TEAM Project," focus on the development of programs that improve foster care and adoptive families' ability to parent children with histories of child sexual abuse. In these projects, written materials were produced to guide professionals in implementing parent education and support programs to prevent disruption of the abused child's foster care or adoptive placement.

The third project reviewed in this section, "National Judicial Targeted Professional Training Project on Child Sexual Abuse," is a judicially oriented training program to improve the intervention efforts of professionals in the field of child sexual abuse. The training curricula targets judges and court personnel and seeks to increase the legal system's responsiveness to the needs of child sexual abuse victims.

The fourth project reviewed in this section examined a variety of treatment approaches to identify the most successful strategies and procedures. The project resulted in a synthesis report of literature and research entitled "Child Sexual Abuse Treatment Programs: Guidelines for Best Practice." This document outlines a model child sexual abuse treatment program and assists administrators and practitioners in establishing a treatment program.

MATERIALS FOR IMPROVED PREVENTION

A number of professionals in the field assert that the thrust of a child-centered child protection system must be to move toward preventing child sexual abuse and neglect before it happens. Traditionally, child sexual abuse prevention activities have used public information campaigns and sexual abuse awareness programs to educate children, parents, and professionals toward the prevention of sexual abuse. NCCAN has played an active role in child sexual abuse prevention efforts through sponsoring research that examines the effectiveness of prevention activities and projects that develop new prevention materials.

Three different child sexual abuse prevention projects are presented in this section. The first project examined the effectiveness of a variety of prevention programs for preschool-aged children. This work helps clarify the value of prevention with this population. The researchers reported that some prevention strategies may be of limited effectiveness, despite their widespread implementation and recommended that more research be done to determine how to use limited prevention resources most effectively. In contrast, the other two projects in this section promote specific educational programs that target two underserved populations: (1) adolescents and (2) hearing-impaired children and youth. Both projects developed specialized educational programs designed to prevent child sexual abuse. The program for adolescents provides them with education on a range of issues related to being both a victim and offender of sexual abuse. The program for hearing-impaired youth provides materials for youth as well as for parents, school personnel, and service providers.

Child Sexual Abuse Prevention: Evaluation of Educational Materials for Pre-School Programs

Each year thousands of children across the country participate in school-based educational programs aimed at the prevention and early detection of child sexual abuse. These programs teach children how to protect themselves in potentially abusive situations involving strangers or family members and provide instruction aimed at prevention. Most programs provide opportunities for the children to discuss incidents of abuse with counselors and have workshops for parents and school personnel to help them understand the problem and be able to identify its warning signs.[1]

In California the Maxine Waters Child Abuse Prevention Training Act of 1984 established the largest and most comprehensive school-based child abuse prevention program in the Nation. The act requires that all school-aged children in California

receive training aimed at the prevention and disclosure of abuse. Across the State, a wide range of training programs, using a variety of educational formats and targeted toward different age groups, has been implemented.[2] However, in California, as in other States, the effectiveness of the training in preventing the victimization of children remains largely unknown.

Abuse prevention programs raise the issue of how children, particularly preschoolers, are affected by the training curricula's concepts and lessons. Generally, training curricula for young children focus on feelings associated with touching; awareness of uncomfortable feelings; and strategies for preventing abuse, such as avoiding strangers, saying no, asking adults for help, and revealing secrets. Some professionals question whether preschool-aged children understand these concepts or the primary intent of the training. Other professionals suggest that preschoolers might experience unintended negative consequences from the training, such as heightened anxiety around strangers and confusion about appropriate displays of affection from parents.[3]

The NCCAN-sponsored study "Child Sexual Abuse Prevention: Evaluation of Educational Materials for Pre-School Programs" helps to clarify the content and effects of training programs designed specifically for preschoolers.[4] The study, conducted in California by Gilbert and Daro, examined the setting, curricula, and outcomes of seven prevention projects targeting preschoolers at sites throughout California. The study examined how such programs affect children's perceptions of appropriate expressions of affection, their responses to uncertain situations, and their ability to protect themselves from harm. The study also focused on parents' and teachers' evaluations of the curricula, examining how much adults learn from their participation.

Abuse prevention programs raise the issue of how children, particularly preschoolers, are affected by the training curricula's concepts and lessons.

Gilbert and Daro reported that preschoolers did not experience an increase in general anxiety after exposure to abuse prevention training curricula. However, the researchers raised other concerns about both the appropriateness and effectiveness of abuse prevention training for young children. Specifically, Gilbert and Daro found that the preschoolers were unable to connect what they had learned from the curricula's lessons on self-protection to real-life situations. The curricula presented abstract concepts about hypothetical future events, yet preschoolers' thinking process is concrete and focuses on the present. Gilbert and Daro recommended that in developing prevention strategies for preschoolers, more consideration must be given to the developmental capabilities of this age group. The researchers also questioned the effectiveness of program components designed to educate parents, since parents who participated in the meetings about child abuse and its prevention showed little indication of gains in knowledge.

Sample and Methodology

Gilbert and Daro's study sample was comprised of 118 male and female preschool-aged children, approximately $3^1/_2$ to $5^1/_2$ years old, who participated in 1 of 7 child abuse prevention projects in California. Fifty-two percent of the subjects were white.

Data were gathered from interviews with the children, their parents, and their teachers. Pretest and posttest interviews were conducted with 93 of the children. The remaining 25 children participated only in posttest interviews to provide a control group to measure possible learning effects of the pretest interview.

To assess the effects of the abuse prevention programs on the children, Gilbert and Daro developed an instrument called "Child Abuse Researchers' Evaluation Series" (Care Series). The Care Series used a rabbit theme that included colorful pictures and wooden figures to encourage children to respond spontaneously to situations posed during the pretest and posttest interviews. Gilbert and Daro reported that the Care Series can be completed in 20 minutes by trained interviewers and is suitable for children of all cultural backgrounds.

The seven prevention projects in this study were chosen on the basis of diversity in preschool training curricula, geographic location, project auspices, and socioeconomic and cultural composition of the community. Five of the seven projects provided Gilbert and Daro with written curricula for content analysis. The following California prevention projects were selected for analysis:

- Children Self-Help Project;
- Child Assault Prevention Project;
- Touch Safety Program;
- Talking About Touching;
- Intervention and Education;
- Youth Safety Awareness Program; and
- Stop Abuse Through Family Education.

Selected Findings

The results of the pretest and posttest interviews with preschoolers and interviews with their parents suggest that modest gains occurred in knowledge in a few areas. Gilbert and Daro reported, however, that the limited increase in learning resulting from the training is unlikely to have a substantial influence on behaviors connected to the prevention of child sexual abuse. The researchers hypothesized that the cognitive skills of preschoolers are not sufficiently developed to permit them to learn the curricula's abuse prevention lessons. The researchers' findings are as follows:

- Children showed a pattern of being sensitized to the negative possibilities of ambiguous physical contacts following the training. For example, the children associated more sad feelings than happy feelings with contacts that appeared on the surface to be neither friendly nor hostile, such as those involving tickling and bathing.
- Most of the children could not give a logical explanation for why they associated certain feelings with actions. Educational lessons that required the children to rely on their feelings to interpret good touch, bad touch or lessons involving

mixed-up feelings were difficult for children to grasp. Gilbert and Daro believe that many preschoolers do not yet have the cognitive ability to make logical connections between feelings and actions.

- Many children were unable to understand educational lessons focusing on secrets that should not be kept. Although children were taught that uncomfortable secrets should be revealed, the number of children who indicated that one should reveal this type of secret increased only slightly following the training.
- Children had difficulty learning lessons about who they should turn to for help when touching creates sad or confused feelings. The number of children who identified an adult as the source of help in such situations increased only 10 percent following the training.
- Although training programs present the opportunity for abuse disclosure, no disclosures were made to abuse prevention program trainers of preschool staff. However, two possible disclosures occurred during interviews with the researchers. Subsequently, reports were made to child protective services.

Gilbert and Daro examined parents' and teachers' reactions to the prevention curricula as well, to assess the effectiveness of the materials. The following results were reported:

- The potential for parents to learn about child sexual abuse was limited by the extremely low attendance at parent meetings. In fact, only 39 of 116 parents attended these meetings. Further, the research indicates that parents who did attend did not gain significant knowledge in the areas taught, such as the prevalence and indicators of child sexual abuse.
- Preschool teachers who participated in the study generally expressed favorable reactions to the abuse prevention training that they and the children received. Nevertheless, many questioned the curricula's appropriateness for children younger than age 4.

Study Implications and Recommendations

Gilbert and Daro's research suggests that significant changes need to be made in child abuse prevention strategies to maximize the effectiveness of these programs with preschool-aged children. The researchers assert that existing curricula expect young children to be able to evaluate adult behaviors and to protect themselves from abuse, although such expectations may be both inappropriate and unrealistic. Gilbert and Daro recommended that careful consideration be given to what role preschoolers have in protecting themselves, what concepts professionals want preschoolers to learn, and what limitations exist in preschoolers' ability to grasp abstract ideas about sexual abuse prevention.

The researchers concluded that child abuse prevention curricula either must be significantly revised for use with children in preschool or must shift away from preschool-based training and focus on alternative abuse prevention methods.

In revising existing curricula, Gilbert and Daro emphasized that professionals should design materials that are developmentally appropriate for young children. Abuse prevention curricula should undergo extensive examination prior to implementation to assess how children perceive the concepts being presented and to ensure that the materials match children's cognitive and emotional development. Field testing of materials should focus on the sensitivity of the program to children's progress, identifying the indicators of children's readiness to move on to more complex explanations. Because of the rapid cognitive development of children between 3 and 5 years of age, different materials need to be designed for children of each age. Steps also must be taken to ensure that a curriculum does not undermine the development of children's basic feelings of trust in others.

The second approach proposed by Gilbert and Daro, the development of alternative prevention methods, shifts the responsibility for abuse prevention away from the young children to the adults. For example, altenative prevention efforts might include providing training to increase the abuse prevention and detection knowledge of preschool teachers and child care staff. Another option is to increase parents' involvement in the prevention and detection of child abuse and to heighten parents' understanding of child development. Rather than combine parent education with training programs for preschoolers, Gilbert and Daro suggest that parents be educated through the community, including mass media and social and religious organizations.

In their assessment of the proposed directions for change, Gilbert and Daro recommended that preschool-based child sexual abuse prevention programs be phased out rather than revised. They assert that money for abuse prevention would be better spent on school-based programs for older children and for educational activities targeting adult populations, such as the parents of preschoolers. The researchers assert that such strategies are likely to register more gains in abuse prevention than strategies that seek to teach preschoolers how to protect themselves from harm.

Adolescent Sexual Abuse Prevention Project

Most of the existing child sexual abuse prevention programs have overlooked the adolescent population. Adolescents may face twice the risk of becoming involved in sexual abuse, however, as they are at risk of becoming both victims of sexual abuse and abuse offenders. Furthermore, the many adolescents currently served by victim treatment and offender treatment programs attest to the need to reach adolescents through comprehensive sexual abuse prevention programs.[5]

Kassees and Hall of Parents Anonymous of Delaware, Inc., responded to the gap in prevention services for adolescents through their study, the "Adolescent Sexual Abuse Prevention Project."[6] This work consisted of three phases. First, the researchers surveyed existing prevention programs to determine the extent to which such resources targeted adolescents. Second, five prevention curricula were pilot tested to assess their effectiveness in reaching this population. Finally, Kassees and Hall developed a new adolescent sexual abuse prevention training program for adolescents, parents, and professionals.

The results of the survey suggested that adolescents are the most underserved population of youth receiving sexual abuse prevention education. Particularly scarce were materials and educational activities that aimed to prevent adolescents from becoming offenders of sexual abuse. To address this need, Kassees and Hall developed the "Adolescent Sexual Abuse Prevention Project Curricula." These materials include strategies for (1) teaching adolescents how to identify warning signs of sexually abusive or exploitative behaviors in themselves and (2) helping them to develop alternative behaviors.

Sample and Methodology

To identify prevention programs, training curricula, and resources that target the adolescent population, Kassees and Hall surveyed approximately 2,000 agencies involved in child abuse prevention activities. The researchers then pilot-tested the following five educational programs for adolescents: A Study for Teens, Action Against Assault, Kidability, S.A.F.E., and Youth Helping Youth. These programs were tested in 10 settings and reached 241 individuals.

Based on the results of the pilot tests, Kassees and Hall developed their prevention education program, the Adolescent Sexual Abuse Prevention Project Curricula, and an accompanying implementation manual. A draft version of the curricula was field-tested in 7 settings reaching 77 adolescents and 24 adults. A revised version of the curricula was tested in 5 regional sites reaching 1,904 adolescents, 120 parents, and 432 professionals.

Selected Findings

The results of Kassees and Hall's survey documented the lack of resources aimed at preventing sexual abuse among adolescents. Relevant findings are presented below.

- More than one-half of the survey respondents stated that their agencies were not involved in activities to prevent adolescent sexual abuse nor were they aware of such activities in their communities. Most agencies focused on providing services for younger children and adults or for treating adolescent victims.
- Only two respondents reported that their agencies were involved in activities that addressed the issue of adolescent abuse offenders.
- Respondents who were engaged in services for adolescents expressed concern about the lack of prevention programs and resources for teens.

Product Overview

To meet the need for more prevention resources pertaining to adolescents, Kassees and Hall developed a catalog of educational programs targeted toward adolescents entitled *Adolescent Sexual Abuse Prevention Resources*, a videocassette that summarizes the project, and a training program. The researchers also developed an implementation manual that provides information on the treatment and prevention of adolescent sexual abuse and guidance on the curricula's use.

Kassees and Hall's training program aims to prevent adolescents from becoming both sexual abuse victims and offenders. The curricula focus on 2 core topics—interpersonal relationships and human sexuality—and provide 4 training formats for use with adolescents, ranging from 1 to 10 sessions. Each format includes an outline of the training content, a list of session goals and objectives and resources needed, and the text of the presentations. Additional training sessions are provided for use with parents and professionals.

The training program for adolescents focuses on issues of adolescent sexual abuse and encourages active discussion about topics of concern to adolescents. Among these topics are feelings, communication, goal setting and decisionmaking, male and female roles and relationships, abuse and assault, victims and offenders, and the prevention of abuse. The training also uses two narratives of actual abuse cases—one from the victim's perspective and one from the offender's perspective—to stimulate discussion. The program aims to increase adolescents' awareness of themselves and others, improve their communication skills, and decrease abusive attitudes.

Respondents who were engaged in services for adolescents expressed concern about the lack of prevention programs and resources for teens.

While the training may be most appropriate for younger teens, it is successful with older teens as well. Kassees and Hall reported that the curricula have been used successfully with single gender groups, mixed gender groups, groups of adolescent victims, and groups of adolescent offenders. While the group's composition does not appear to affect the training's success, the researchers stress that trainers should be knowledgeable about all forms of child abuse and neglect, preventive services, and adolescent developmental issues.

Sexual Abuse of School Age Hearing Impaired Children: Education of Parents, School Personnel, and Other Service Providers

Children and adolescents with hearing impairments also have been overlooked in child sexual abuse prevention activities. To address the needs of this dramatically underserved population, Achtzehn conducted the project "Sexual Abuse of School Age Hearing Impaired Children: Education of Parents, School Personnel, and Other Service Providers."[7] This work aimed to increase the prevention activities conducted with hearing-impaired children by educating parents and professionals who come in contact with these youth.

Achtzehn's review of resources on child sexual abuse prevention revealed that few of the existing materials were designed for use with hearing-impaired children, and that most of the training materials on sexual abuse prevention were unsuitable for use with adults. Through this resource review and contact with numerous organizations involved with hearing-impaired children, Achtzehn developed the specialized training program, "P.A.C.E.S.—Preventing Abuse of Children Through Education for Sexuality."[8] Achtzehn's program aims to increase adults' ability to react promptly and sensitively to the sexual victimization of hearing-impaired children and adolescents. A secondary goal is, through the training of adults, to help educate hearing-impaired youth to recognize and stop sexually exploitative situations.

P.A.C.E.S. takes a holistic approach to training adults who have contact with hearing-impaired children. The program addresses sexual abuse prevention by integrating concepts of self-esteem, human sexuality, and nurturing with information on the definitions, legal aspects, and indicators of child sexual abuse.

Sample and Methodology

To identify prevention materials and assess the status of prevention training with hearing-impaired youth, Achtzehn surveyed 108 national educational organizations concerned about child sexual abuse and/or hearing-impaired children, 26 schools for the deaf, 4 public schools, and 19 public agencies. He also reviewed 90 articles and 100 books, films, and videotapes on child sexual abuse prevention. Prior to implementation, the P.A.C.E.S. program was field-tested and then modified. Finally, 124 teachers, dormatory counselors, administrators, and parents participated in a training program and were surveyed about their experiences.

Selected Findings

The results of the survey and resource review suggested that there was a need for a specialized abuse prevention training program, such as P.A.C.E.S., that specifically targeted adults who had contact with hearing-impaired youth. Achtzehn's findings included the following:

- No formal abuse prevention training was offered to either children or staff in almost one-half of the 49 schools and agencies surveyed;
- Only 10 percent of the school and agency respondents had attended workshops on child abuse prevention in other settings;
- Only 33 percent of the surveyed schools and agencies used locally developed abuse prevention materials; and
- Most of the abuse prevention resources reviewed were not targeted toward adult audiences nor did they incorporate a holistic approach to prevention.

Finally, the parents and professionals who participated in the P.A.C.E.S. training program reported significant gains in prevention knowledge as a result of the program. Prior to the training, 26 percent of the participants rated their knowledge as good to high in comparison to 80 percent after the training.

Product Overview

Achtzehn's training program is designed to increase adults' knowledge about the etiology of child sexual abuse and about effective prevention strategies. The 2-day training workshop helps adults to examine the relationship between children's need for nurturing touches and children's vulnerability to abuse. The training strives to convey to adults the importance of educating children about sexuality so that children are able to distinguish between appropriate and inappropriate behaviors.

Because children are more likely to share concerns about sexual matters with adults who are comfortable discussing sexuality, P.A.C.E.S. helps participants recognize

how their own feelings about sexuality may affect their ability to address these issues with youth. The training aims to increase participants' skills in evaluating the quality of prevention materials suitable for use with hearing-impaired children as well as to educate adults about improving or implementing preventive education programs in schools for the deaf and other relevant settings. In addition, Achtzehn's program also includes training on special issues relevant to the hearing impaired as well as information about multicultural issues, child sexual abuse definitions, incidence statistics, indicators of abuse, and reporting laws and procedures.

Achtzehn pointed out that P.A.C.E.S. is a useful tool for training adults to be resource persons for organizations serving hearing-impaired children and youth. While Achtzehn recruited trainers and resource persons during the course of his work, he stated that many more people are needed to meet the need for in-service education about the prevention of child sexual abuse.

MATERIALS FOR IMPROVED INTERVENTION

The previous section examined projects that developed materials to educate children, parents, and professionals toward the prevention of sexual abuse. This section addresses the need to improve intervention when child sexual abuse has been alleged or confirmed.

In the past, educational efforts to improve intervention in child sexual abuse have focused on training professionals and volunteers who are directly involved in working with child sexual abuse victims and their families. However, two populations that have significant contact with sexually abused children—foster parents and adoptive parents—have been largely overlooked as providers of therapeutic services to their children. The first two projects reviewed in this section, "Training and Support Groups for Foster Parents of Sexually Abused Children" and "The SAFE-TEAM Project," respond to the needs of foster care and adoptive parents for specialized information, training, and support. Both projects developed programs to help foster care and adoptive parents understand and deal effectively with their sexually abused children.

The other two projects in this section concentrate on the development of educational materials for professionals working with child sexual abuse victims. Child sexual abuse cases that require judicial intervention are often the most severe, complex, and time consuming, with victims and families experiencing extreme turmoil. To help alleviate trauma induced by the legal system in cases of child sexual abuse, the National Council of Juvenile and Family Court Judges developed a training program that targeted judges and court personnel. This project aims to educate the court about its role in the child protection process and about its potential impact on the recovery of child victims and their families.

The last project in this section provides guidelines for best practices in child sexual abuse treatment programs. This work focuses on program administrators and practitioners, providing them with the information needed to develop and implement a model child sexual abuse treatment program. The project generated a report that

examined 26 key issues related to program administration and service delivery, providing step-by-step guidance on topics ranging from the program's design to the termination of services.

Training and Support Groups for Foster Parents of Sexually Abused Children

Children who have been sexually abused often exhibit a range of emotional problems and maladaptive behaviors such as hostility, destructiveness, depression, and a preoccupation with sexuality. Such problems make children with histories of sexual abuse a special challenge to foster parents, who are asked to perform a therapeutic role without the necessary training or support.

Foster parents may feel both frustrated and inadequate in their role when they do not understand the dynamics of child sexual abuse or do not get the support they need to deal with the sexually abused child and the child's birth family. As a result, the foster care placements of sexually abused children may be unnecessarily disrupted. Such disruption, in turn, only compounds the sexually abused child's existing behavioral and emotional difficulties.

Foster parents may feel both frustrated and inadequate in their role when they do not understand the dynamics of child sexual abuse.

In the project entitled "Training and Support Groups for Foster Parents of Sexually Abused Children," Yeaton and her colleagues developed a program to enhance the therapeutic capabilities of foster parents of sexually victimized children.[9] The program is based on psychoeducational training and group support for foster parents to prevent the disruption of the children's placement in foster homes. In addition to supporting foster parents and helping them to interact with their foster child, the program helps foster parents understand the child's birth family and the special dynamics associated with foster parent-birth parent contacts.

Yeaton et al. designed the program to include two key components: (1) the development of the curriculum entitled "Training Foster Parents of Sexually Abused Children: A Group Approach,"[10] and (2) research to determine the program's impact on foster parents and their foster children. Research revealed that all of the foster parents who participated in the program felt more capable in their foster parenting role as a result of the training. However, foster parents did not report overall improvements in their foster children's problematic behaviors. Rather, foster children showed increases in problematic behaviors between pretests and posttests. The researchers concluded that in addition to providing training and support programs for foster parents, services are needed to address the needs of sexually abused children in foster care homes as well.

Sample and Methodology

Yeaton et al. based their research on a sample of 16 foster parents who participated in the training program over the course of 3 months. Most of the foster care parents were black females; the foster parents had an average of 9 years of foster care experience. Most had received no training related to child sexual abuse prior to this program. Most of the foster children in this study were black females; the fos-

ter children were an average of 9 years old. All children had lived with their foster families for more than 1 year. A comparison group of foster parents who cared for sexually abused children, but who did not participate in the program, was included as well. All parents completed preprogram assessments and postprogram assessments of their foster child's behaviors.

Selected Findings

Yeaton et al. reported that the research and program experiences provided valuable insight into the training and support needs of foster parents of sexually abused children. Despite an increase in foster children's problematic behaviors between preassessments and postassessments, the researchers reported several indicators of the training program's success such as the following:

- Foster parents reported that the training program helped decrease their anxiety about foster parenting. They saw the training as practical, empowering, and enlightening and reported that the program led to a better understanding of their sexually abused foster children.
- The training and support groups helped to prevent the disruption of foster care placements. In some cases, the groups identified placements that were not in the children's best interests. In these instances, the groups helped to get the children placed in more therapeutic environments.

Two types of foster parents participated in the program: those who were the child's relatives and those who were nonrelatives. These two groups expressed different concerns regarding their foster children, suggesting that training programs should be geared to meet a variety of different needs. Yeaton et al. reported the following distinctions between the two groups:

- Many foster parents in the relatives group had been abused as children themselves, which raised additional issues in regard to their responses to their foster children. Group support appeared to be the critical component of training for this group.
- Nonrelatives appeared to be more interested in learning parenting techniques from the group and were more involved in brainstorming activities.

Yeaton et al. reported some surprising findings about the effectiveness of the program in helping sexually abused children in foster care. Children in treatment were reported to exhibit more problematic behaviors in postprogram assessments than they had before the program. The researchers noted that several factors may account for this finding. For example, sample sizes were small, and the training program may not have been intense enough to produce measurable positive changes. Furthermore, the knowledge that foster parents gained from the program may have led them to notice more disturbed behaviors in their foster children.

Additional forms of intervention may be necessary to improve children's behavior. These interventions could include home-based services, simultaneous therapeutic

support groups for children and foster parents, and overlapping services to assist child care providers and teachers in understanding and dealing with the foster child.

Product Overview

The counseling and education program for foster families developed by Yeaton et al. relies on focused discussions and problemsolving activities rather than lectures. The program's curriculum consists of 11 sessions that are designed to increase foster parents' understanding of issues involved in sexual abuse. The curriculum addresses topics such as sexual behaviors that may be of concern to foster parents, the emotional dynamics of sexual abuse, issues of involvement with the child's biological family, and effective parenting skills. Optimally, the program reduces the foster parents' stress and makes them feel more comfortable and effective in their interactions with their sexually abused foster child. The program also developed a videotape that briefly describes the training curriculum and provides suggestions for conducting the training.

Yeaton et al. emphasized that finding foster parents for sexually abused children is becoming an increasingly difficult task. Every effort should be made to implement programs that provide foster parents with the training and support they need to be effective parents and that help with their foster child's recovery. The researchers recommended that incentives be offered to encourage foster parents' participation in support and training programs. Potential incentives could include college credit, certificates of course completion, and increases in foster care payments. Finally, foster parents who are extended family of their foster care children especially should be encouraged to participate in support programs. Traditionally, relatives have received less assistance from child welfare agencies than nonrelative foster parents, although their need for support appears to be greater.

The SAFE-TEAM Project

Although NCCAN provides most of the Federal funding for child sexual abuse projects, other Federal agencies also conduct research and develop materials relevant to the problem. The SAFE-TEAM Project, which focuses on child sexual abuse issues in adoption, is funded by the Adoption Opportunities Branch of the Children's Bureau, Department of Health and Human Services. Under the direction of McNamara and McNamara, the project produced The SAFE-TEAM Curriculum: Preparation and Support for Families Adopting Sexually Abused Children.[11] This curriculum is similar to that designed by Yeaton et al. and aims to provide adoptive parents and prospective adoptive parents with the specific information, skills, and services necessary to meet the challenges of parenting the sexually abused child.

Because many children who come into foster care and move into adoptive homes are victims of sexual abuse, they often have serious emotional and behavioral problems, which may interfere with their ability to trust and form attachments to adults, impede their healthy development, and create disciplinary problems in the home and in school. Sexually abused children may express their emotional needs through behaviors that are inappropriate, compulsive, or negative. Problematic

behaviors may include sexual acting out or self-destructive behaviors, flashbacks, phobias, and abusiveness toward others. Consequently, the risk of adoption disruption increases when adoptive families have trouble dealing with the child's emotional needs or behavioral problems.[12]

The SAFE-TEAM curriculum provides a resource for families adopting sexually abused children that contributes to adoption success and helps to decrease the risks of adoption disruption. The curriculum evolved from McNamara and McNamara's research, training, and workshops and is intended for use by professionals in the field of adoption.

Product Overview

Adoptive parents and professionals in 23 States and 4 Canadian Provinces participated in the development of the SAFE-TEAM curriculum. They completed surveys, offered suggestions, and provided evaluative feedback on training sessions and curriculum materials. Parents' and professionals' perspectives were integrated into the curriculum, as follows:

- Empathy, understanding, and consistent commitment are vital for parenting adopted children who were sexually abused. These values need to be bolstered through educational information and practical parenting skills training specific to the needs of sexually abused children and their adoptive families.
- Peer group and family therapy were reported to be more effective and appropriate for sexually abused children and their adoptive families than conventional nondirective individual therapy.
- Support for adoptive families should begin before the adoptive placement by providing opportunities for interactions with other adoptive families, parent groups, and therapists who have experience with sexually abused children.
- Experienced adoptive parents should be involved as much as possible to help parents develop realistic expectations in regard to the adoption of sexually abused children. For example, adoptive parents could cofacilitate sessions for families preparing to adopt, participate in panel discussions, and become "buddy families" or mentors.
- Involving adoptive parents in parent support groups encourages parents to use postplacement therapeutic services that often are critical to adoption success.

The SAFE-TEAM curriculum includes either one- or three-session training modules. An optional training session entitled "Therapy Supports for Families" is included as well. McNamara and McNamara recommended the three-session module, which involves 6 hours of training, although they recognized that limited agency resources may necessitate the use of the one-session module. The curriculum provides training facilitators with information about how to prepare for and conduct parent groups, and delineates the objectives, materials, procedures, and activities of each session.

Family group sessions are designed to provide parents with information and skills that will help them to parent their sexually abused adopted child. The sessions

include information on the characteristics and parenting needs of sexually abused children who move into adoptive families. Effective strategies to meet both the child's and the family's needs are presented as well, including parenting tools and child management skills specific to sexually abused children in adoption. Lastly, parents are educated about the importance of support services, such as family support groups and therapeutic intervention, which are critical for stable adoptive placements.

A parent workbook was developed to supplement the curriculum. The workbook contains worksheets, readings, and resource materials, all of which are presented over the course of the training. While the workbook is intended to enhance the curriculum, it also can serve as an independent resource for adoptive families and for professionals in child welfare and mental health settings.

The appropriate handling of cases by judges and court personnel is another way to help sexually abused children recover from the trauma of abuse.

McNamara and McNamara reported that the needs of prospective adoptive families differ from those of families who already are parenting sexually abused children. Prospective adoptive parents may need more time to become comfortable with the topics and other group members and to assimilate the factual and theoretical materials. In contrast, experienced adoptive parents may want fewer facts and theories and more practical tools to improve parenting skills. McNamara and McNamara suggest that parents who already have adopted can support prospective parents by providing examples and anecdotes to make the information more realistic and meaningful. Experienced adoptive parents' needs can be met by allotting sufficient time for discussions of topics such as child management and therapeutic interventions.

National Judicial Targeted Professional Training Project on Child Sexual Abuse

The appropriate handling of cases by judges and court personnel is another way to help sexually abused children recover from the trauma of abuse. According to legal experts who have examined the effects of the court system on sexually abused children, the judicial procedures used both in and out of court can be important to the abused child's recovery. Furthermore, the experts assert, judicially oriented training, which is specific to the daily needs of judges and court personnel involved with child sexual abuse cases, is greatly needed.[13] The training program developed through the NCCAN-sponsored project entitled "National Judicial Targeted Professional Training Project on Child Sexual Abuse" represents one step toward meeting that need.[14] The project was conducted by the National Council of Juvenile and Family Court Judges under the direction of Kuhn.

Kuhn developed a comprehensive training project that consists of 12 self-contained instruction modules for judges and court personnel. The modules were developed with the help of judges, court personnel, and child protective services professionals from across the country, who participated in the project through advisory committees and by evaluating the training program. The materials for the project underwent two field tests. The first field test involved 25 participants representing several court jurisdictions, while the second involved 400 participants at a national symposium.

The modules and information on how to conduct the 3-day training program are presented in the document *Child Sexual Abuse: Issues and Actions—A Manual and Administrator's Guide.*

Product Overview

Kuhn's manual and guide incorporate participants' suggestions about what aspects of the court experience needed to be addressed in the training materials. As a result of judges' and court personnel's input, the training modules seek to promote the following:

- Appropriate child sexual abuse prevention, detection, investigation, interviewing, and legal practice through the adoption of uniform judiciary procedures;
- Clear, concise, and purposeful judiciary procedures for substantiating, adjudicating, and serving all reported cases of child sexual abuse;
- The maintenance of adequate standards for child sexual abuse intervention and service provisions;
- The ready availability of community services, including day care, foster care, parent training, homemaking, abuse prevention, and mental health services for both united and separated families; and
- Positive relationships between the court and community resources.

The modules cover an array of topics, including an overview of child sexual abuse, an evaluation of medical evidence in child sexual abuse cases, and the prevention of child sexual abuse. Additional topics include the detection, investigation, and reporting of child sexual abuse; legal considerations in the criminal process; court proceedings and trial/adjudication; and the judicial system's response to the treatment and sentencing of the offender and to victim's assistance programs.

Kuhn developed five videotapes to supplement the training materials. The videotapes average 15 minutes in length and include the following topics: "Judicial Overview of the Child Sexual Abuse Case," "The Intake Interview, Establishing Credibility of the Child Witness," and "Treatment and Sentencing of the Sex Offender." Finally, the project produced a 350-word glossary for professionals involved in child sexual abuse cases entitled *Integrated Glossary of Normal Child Sexuality and Child Sexual Abuse Terms for Juvenile Justice Professionals.*

Child Sexual Abuse Treatment Programs: Guidelines for Best Practice

Therapeutic services for child sexual abuse victims, families, and offenders are provided by an increasing variety of specialized programs. Considerable diversity exists among the programs in regard to their design, organization, administration, and services provided. Such diversity raises the issue of whether some approaches to program development and implementation are more effective than others in the treatment of child sexual abuse. To explore this question, Keller, Cicchinelli, and Gardner conducted an extensive 3-year study entitled "Comparative

Analysis of Child Sexual Abuse Treatment Approaches and Development of Best Practice Guidelines." Based on the results of the study, Keller et al. produced a report that describes a model child sexual abuse treatment program, with step-by-step implementation guidelines for program administrators and practitioners. The report, entitled "Child Sexual Abuse Treatment Programs: Guidelines for Best Practice," covers seven major components of program administration and service delivery.[15] This work is also discussed in Chapter V.

Product Overview

"Child Sexual Abuse Treatment Programs: Guidelines for Best Practice" is based on the researchers' synthesis of data from four principal sources. First, Keller et al. reviewed the literature on child sexual abuse to identify current treatment approaches and issues. Second, a survey of 553 treatment programs was conducted to obtain information about programs' professional affiliations, sources of financial support, staffing, client populations, services, assessment measures, and therapeutic techniques.

The third source of data was interviews with the administrators, staff, and clients of a sample of 29 treatment programs. Interviews focused on the programs' histories, operations, problems encountered in service delivery, and factors contributing to program success. Finally, detailed data were obtained on 623 child sexual abuse cases served by the 29 programs, including information on case circumstances, client characteristics, services provided, and observed case and client outcomes. In analyzing the data, Keller et al. identified 26 key issues related to the administration and services of child sexual abuse treatment programs.

The report provides child sexual abuse treatment program administrators and practitioners with guidance in seven programmatic areas: "Designing a Treatment Program," "Involving the Community," "Defining the Admissions Process," "Establishing Treatment Plans," "Implementing Treatment Interventions," "Assessing Client Progress," and "Terminating Services." Keller et al. delineate the key administrative and service delivery issues within each area. Discussions of each issue highlight the researchers' findings, presenting program and service options and recommendations. At the conclusion of each discussion are guidelines that provide administrators and practitioners with specific information on how to implement effective administrative and therapeutic practices.

For example, the section "Designing a Treatment Program" addresses program structure, target population, client eligibility criteria, treatment approaches, staffing, financial support, and evaluation and makes specific recommendations about how each issue should be approached by program administrators. Similarly, the section "Establishing a Treatment Plan" discusses setting treatment goals and matching therapists with clients. In their research, Keller et al. found that many treatment programs failed to use objective measures to assess clients' progress over the course of treatment. Rather, important decisions, such as the termination of services, were based on the therapist's perceptions of improvement in client functioning. Based on

this finding, Keller et al. recommended that specific requirements for determining appropriate treatment goals be established. The researchers also advised that appropriate measurement tools be identified, which can serve as indicators of treatment progress.

In summary, "Child Sexual Abuse Programs: Guidelines for Best Practice" offers child sexual abuse treatment program administrators and therapists specific advice on the design and implementation of a model program. The report's guidelines are based on an extensive examination of current practices and individual cases in the treatment of child sexual abuse. The work of Keller et al. exemplifies the direct application of research to improvements in treatment.

CHAPTER SUMMARY

The seven projects in this chapter discuss the diverse educational needs of the many populations affected by the problem of child sexual abuse. In addition to the educational needs of child sexual abuse victims or potential child sexual abuse victims, the projects address educational training and support issues of adolescents as potential abuse offenders, adults involved with hearing-impaired children and youth, foster care families and adoptive families, judiciary and court personnel, and treatment professionals. Each population has unique concerns, and each requires specialized tools to deal with these concerns.

The development and refinement of tools that contribute to more effective child sexual abuse prevention and intervention is an ongoing process. The seven projects reviewed in this chapter illustrate the initial steps in the process. The researchers found that more must be done to ensure that the educational tools developed reach the populations that need them. The research also indicates that more must be learned about the impact of specific tools on the prevention and treatment of child sexual abuse.

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IX

TOWARD THE FUTURE: A DISCUSSION OF RESEARCH, POLICY, AND PRACTICE

Knowing is not enough; we must apply. Willing is not enough; we must do.

Goethe, German poet and philosopher[1]

THE SCOPE OF RESEARCH ON CHILD SEXUAL ABUSE

The projects presented in this book provide a window into a tremendous body of NCCAN-funded research on child sexual abuse. Collectively, these studies examine more than 20,000 reports of child sexual abuse and summarize interviews conducted with more than 4,500 child victims, 1,000 parents and families, 700 offenders, and 300 professionals. Examined individually, each study provides valuable insight into the mysterious dynamics of child sexual abuse. As a whole, this research reveals a striking diversity of experience in both the circumstances surrounding child sexual abuse and the range of philosophies of professionals in the field.

The research in this book explores many facets of the problem of child sexual abuse. The studies identify underreported and underserved populations, clarify the differential effects of childhood abuse, examine the efficacy of prevention and intervention strategies, and explore available treatment options. Many of these projects have received widespread attention and, in some instances, have acted as catalysts for systemic change. The implications of this work are far-reaching, providing direction for future research, tools for improving practice, and suggestions for improving policy.

Although there is a tendency to conceptualize research, practice, and policy as distinct categories, these aspects of the field of child sexual abuse often overlap. For example, effective prevention requires an understanding of the scope and dynamics of child sexual abuse, effective investigation requires expertise in both child psychology and the admissability of evidence, and effective treatment requires knowledge of the latest research findings and the range of available community services. Thus, although the projects in this book may have different focuses, each project is relevant to numerous professionals, including physicians, clinicians, educators, lawyers, law enforcement professionals, and social service workers. As professionals become increasingly aware of the importance of interdisciplinary cooperation, the need for forums for multidisciplinary communication grows. This book seeks to facilitate such an exchange of information and to encourage the development of a shared vocabulary with which to address the problem of child sexual abuse.

IDENTIFYING THE PROBLEM OF CHILD SEXUAL ABUSE

One goal of research in child sexual abuse has been to establish the phenomenon of child sexual abuse. Although numerous studies have enriched our understanding of the number, frequency, and demographic and psychological characteristics of the abusers and the abused, professionals have been unable to reach a consensus on a profile of the problem. No single depiction of child sexual abuse accurately reflects the enormous variation present in the hundreds of thousands of cases reported each year.

Unfortunately, recent research supports the belief that child sexual abuse is much more common and much less unitary than previously believed. Studies indicate that children of both sexes and all ages are sexually abused by both male and female offenders, who may be adults, adolescents, or other children. Offenders and child

victims are represented in all socioeconomic classes and in every ethnic population. Sexual abuse occurs in children's homes and in out-of-home care settings and may be perpetrated by family members, friends, or acquaintances.

One finding that appears across the studies is that child sexual abuse is but one of a cluster of serious intergenerational family problems which may include parental alcoholism, maltreatment during the parent(s)' childhood, and spousal or child physical abuse. Although it is not known to what extent family instability compounds problems associated with child sexual abuse, it is apparent that both nonoffending parents and adolescent and adult abusers frequently have histories of family violence. Neglect and physical abuse often precede or accompany sexual abuse as well. In addition, familial chaos may hinder the nonoffending parent's ability to support the abused child—a variable that several studies found to be important to a child's recovery following abuse.

Recent incidents involving allegations of child sexual abuse in out-of-home care settings have brought the issue of child sexual abuse in day care to the attention of the general public and to the forefront of the field of child sexual abuse.

Although abuse in out-of-home care settings occurs with greater frequency than professionals had realized previously, it is still far less common than the general public fears. Nevertheless, research on out-of-home sexual abuse has underscored the fact that such cases are potentially devastating not only to child victims but also to their families and the community. Cases of out-of-home abuse involve a variety of special needs, including keeping parents informed of progress in the case, regulating information given to the media, and conducting investigations that minimize repetitive interviewing and encourage information sharing. A number of professionals have asserted that special interagency protocols need to be developed for cases of out-of-home abuse to guide agencies in the investigation, prosecution, and treatment of cases of out-of-home abuse.

Just as no single profile of child sexual abuse exists, there is no definitive description of the impact of sexual abuse on child victims. The effects of child sexual abuse are characterized by great variation and range from short-term effects to those that endure throughout adulthood. Many of the symptoms associated with child sexual abuse victimization—such as low self-esteem, anxiety, hostility, depression, hyperactivity, and psychosomatic disturbances—are common to a range of other problems as well. Much remains to be learned about the mediating variables that influence a child's reaction to sexual abuse. Several mediating factors, such as the use of force as a component of abuse and a lack of support from a nonoffending parent, have been associated with increased maladjustment of the child and warrant further research in the future.

PREVENTING CHILD SEXUAL ABUSE

Many professionals have responded to the problem of child sexual abuse with educational programs designed to prevent the occurrence or recurrence of abuse. The majority of prevention programs are school based and traditionally have educated children about the potential for abuse, taught children how to resist abusive

advances, and encouraged children who may have been sexually abused to disclose this information. Recently prevention programs have expanded to include treatment for offenders, victim education about the intervention process, and parent education pertaining to the prevention of abuse in out-of-home care settings.

It is unclear how successful school-based child sexual abuse prevention programs have been in changing children's behavior or encouraging disclosures of abuse. Some studies indicate that children, particularly young children, have difficulty generalizing the principles in prevention curricula to real-life situation. More research is needed on the efficacy of different types of prevention programs. Furthermore, prevention materials should be field tested extensively prior to program implementation to ensure that the content matches the developmental level of the target population to the greatest extent possible. The development of educational materials targeting underserved populations has gained increased attention in recent years. Research findings about previously underreported populations, such as male child victims and female offenders, have underscored the importance of developing prevention programs that target a variety of different populations. In addition, prevention efforts are beginning to address the needs of unserved populations—such as hearing-impaired children, developmentally disabled children, and foster parents of sexually abused children.

Effective prevention is not limited to the education of children alone; it also includes the need for communitywide prevention awareness. New information about the causes, conditions, and results of child sexual abuse helps professionals to develop community-based prevention programs. The need for community education is clearest in regard to prevention of child sexual abuse in out-of-home care settings. Recent research on abuse in out-of-home settings indicates that most sexual abuse occurs in the bathroom, that low staff-to-child ratios are associated with a lower incidence of abuse, and that allowing parents unimpeded access to visit their children may reduce the risk of out-of-home abuse.[2] Prevention programs that educate parents, day care administrators, and day care staff can help reduce the risk of child sexual abuse in out-of-home care settings.

INTERVENTION: INCREASING COORDINATION

While the discovery or disclosure of child sexual abuse represents the end of the sexual abuse problem in one sense, it also marks the beginning of another phase—intervention. The intervention process involves multiple phases that range from initial investigations of abuse allegations to final determinations of the legal and child protective services systems. Successful intervention is a balancing act that requires the cooperation and coordination of numerous professionals from a variety of disciplines, agencies, and service delivery systems.

The diversity of agencies involved in child sexual abuse intervention has raised questions about the potential for "system-induced trauma," which is created by repetitious interviews, a lack of information sharing, and disorganized handling of cases. Limited agency resources and increases in child sexual abuse reports have

exacerbated such concerns and have motivated professionals to examine the impact and efficacy of various components of the intervention process. The implications of this research fall into two distinct categories. The first category pertains to the policies and protocols that guide agency operations following a report of child sexual abuse, and the second pertains to the practices used by professionals who intervene with sexually abused children and their families.

Investigation is the first and perhaps the most complicated step in the intervention process following a report of child sexual abuse. The number of different agencies involved in, and the complexity of, the investigative process is most clearly illustrated by cases of out-of-home abuse, in which a single incident may necessitate the involvement of child protective services, the childcare licensing authority, medical and mental health professionals, law enforcement professionals, the prosecutor's office, and the judiciary. Although the investigation of in-home abuse may involve a more limited range of professionals, interdisciplinary cooperation still is needed to reach a conclusion about the allegations.

Successful intervention is a balancing act that requires the cooperation and coordination of numerous professionals.

The research presented in this book emphasizes the importance of establishing interagency protocols to effectively guide sexual abuse investigations, enhance interagency coordination, and improve intervention. Interagency protocols establish guidelines that reduce the number of repetitious interviews, eliminate needless followups, reduce delays in intervention, promote information sharing, and decrease the demand placed on any one agency's time and resources. This is particularly important in cases of out-of-home abuse in which agencies may quickly become overwhelmed by the investigation of multiple victim cases; the need to procure legally admissible evidence and testimony; and the competing demands of the media, parents, and the community.

The value of interagency protocols is mirrored in the concept of multidisciplinary teams. Used in both the investigative and case management phases of child sexual abuse cases, multidisciplinary teams are composed of professionals from various disciplines who have the skills needed to respond to the multifaceted needs of sexually abused children and their families. Multidisciplinary teams have been particularly useful in cases going to trial, because the teams can simultaneously address the need for additional investigation, case planning, and mental health intervention.

Although there has been a trend to move toward multidisciplinary approaches in intervention, it is important to recognize that these approaches alone cannot compensate for the burden created by large caseloads and decreases in staff and agency resources. Similarly, protocols do not ensure effective staff interactions; changes in agency policy need to be accompanied by substantial staff training and ongoing monitoring. The characteristics of successful interagency protocols and multidisciplinary teams include the following:

- Clear designation of agency/staff roles;
- The provision of timely, comprehensive training to all involved professionals;
- Established protocols for making collaborative decisions among agencies and/or team members;

- Clear delineation of the types of services and referrals that agencies and/or team members can provide to victims and their families;
- The provision of interagency/staff training and ongoing agency/staff meetings to improve staff rapport; and
- Designation of a staff coordinator to facilitate interagency/staff cooperation and coordination, supervise agency/staff relations, and monitor agency action/case management goals set for individual cases.

Regardless of the proficiency with which agencies respond to reports of child sexual abuse, allegations of abuse are extremely difficult to substantiate. Child victims often resist disclosing abuse, because they are embarrassed about the abuse and are afraid of the repercussions of disclosure. Children's reluctance to disclose may be further complicated in cases in which children were bribed or threatened into secrecy and in cases that involved ritualistic or prolonged abuse. As a result, child sexual abuse offenders often are not prosecuted.

Because child sexual abuse usually lacks accompanying medical evidence or eyewitness reports, interviews with child victims are often the central component of the investigative process. When interviewing a child to determine the validity of sexual abuse allegations or to assess appropriate agency intervention, professionals may use a variety of interviewing tools and techniques. Although the traditional verbal interview remains the most common interviewing technique, many professionals also use props—such as drawings, dolls, doll toys, or anatomically detailed dolls—to facilitate disclosure.

The validity of anatomically detailed dolls has been the focus of intense debate in the field. Although the dolls have received widespread use in eliciting disclosure and in facilitating more descriptive reports of abuse, a number of professionals assert that the dolls are overly suggestive, are inappropriate for children, and may encourage false reporting of abuse.

The research presented here suggests that, in general, anatomically detailed dolls do not encourage false reporting of sexual abuse and that, when used correctly, the dolls can help children provide accurate details about their abuse experiences. Additionally, the research indicates that traditional verbal interviews may not be the most effective means of interviewing children and that interviews supported by dolls or drawings may help children disclose more information, more quickly.

However, when used improperly, anatomically detailed dolls may inhibit clear communication, intimidate or upset child victims, render the information gathered inadmissable in a court of law, or create the possibility of a civil lawsuit.[3] The potential for misinterpretation of interviews using anatomically detailed dolls highlights the need for comprehensive professional training prior to the use of the dolls with sexually abused children. Further research is needed on variations in frontline workers' use of the dolls, interrater reliability in doll-supported interviews, and

clinical versus forensic interviewing procedures in interviews using anatomically detailed dolls. In an effort to develop interviewing and assessment tools that are both psychologically sensitive and legally sound, researchers need to reevaluate existing tools and examine alternative protocols for use in the assessment of child sexual abuse.

The growing trend to initiate legal proceedings in cases of child sexual abuse has further complicated the investigative interviewing process. The controversy surrounding the use of anatomically detailed dolls is only one part of the debate over whether children can provide clear and accurate accounts of past events. Concerns about children's abilities to be effective witnesses have arisen primarily from the assumption that children are suggestible and could potentially initiate false reports of sexual abuse in response to pressure from their parents or other adults. Despite these claims, however, research indicates that the risk that children will omit relevant details or withhold the disclosure of abuse are far greater than the risk that children will falsely report abuse.

In fact, a number of studies indicate that although children's degree of suggestibility varies, children as young as 4 years old can provide accurate accounts and resist misleading information about past events.[4] These data highlight the importance of examining the effects of a range of different variables on children's recall and the need to develop methods to maximize the accuracy of children's reporting.

The potentially detrimental impact of legal action, particularly courtroom appearances, on child victims is another concern relevant to the prosecution of child sexual abuse cases. Research indicates that children are capable of a functional understanding of the legal system and can provide testimony. However, the impact of the courtroom experience on children's functioning varies significantly. While some children experience tremendous anxiety about the prosecution of their cases and the prospect of testifying, other children feel that they can cope with the experience and may even be relieved to tell their account.[5]

These findings suggest that sensitivity in the legal arena is as important as it is in the clinical arena in cases of child sexual abuse. Therefore, the role of professionals is to guide children through the legal process and find ways to maximize the value of children's accounts of abuse. Although education and courtroom preparation programs can minimize children's anxiety about the legal process, investigations of alternative forensic procedures, such as videotaped testimony, continue to be important in improving the efficacy and sensitivity of the legal system in cases of child sexual abuse.

Overall, there is scant evidence to support the assertion that the investigation of abuse and legal action are detrimental, per se, to victims of child sexual abuse. Nevertheless, it is apparent that these aspects of intervention can potentially be extremely traumatic, especially when they involve repeated contact with many different agencies or professionals who are insensitive to the needs of child sexual abuse victims and their families. The research reviewed in this book suggests that

a number of relatively simple reforms may dramatically improve the investigation and prosecution of child sexual abuse cases. Some of these findings and systemic changes are described below:

- An increased number of contacts with different agencies during the investigation process has been associated with increased distress in child victims and their families. Thus, interagency protocols and multidisciplinary teams should be used to reduce the number of system contacts children and families have following a report of child sexual abuse.
- Intervention in cases of out-of-home abuse may place a particularly heavy burden on involved agencies. Special protocols that facilitate interagency responses to reports of out-of-home abuse may ease the demands of intervention in these cases.
- Legal proceedings, particularly the prospect of testifying, are usually highly stressful for child sexual abuse victims and their families. Education about the intervention process and legal proceedings and courtroom preparation programs may help alleviate children's anxiety about these aspects of intervention.
- In regard to child witnesses, jurors appear to have difficulty discerning accurate from inaccurate testimony. Education about the abilities and limitations of child witnesses and about the potential impact of the courtroom experience on child victims may be helpful to judges and to the general public from which juries are drawn.

TREATMENT: NEW RESEARCH, NEW APPROACHES

The increased attention given to the problem of child sexual abuse in recent years has contributed to an explosion of treatment programs for child victims. While the traditional approaches to therapy are still most common, a range of specialized therapy techniques and programs have been developed, such as art and play therapy, peer support groups, and family-oriented therapy.

Because the field of child sexual abuse is still relatively new, few outcome evaluation studies have been conducted on the effectiveness of different treatment approaches. As a consequence, most available treatment programs are based on theoretical assumptions about the dynamics of child sexual abuse and the needs of child sexual abuse victims rather than on the basis of research findings. As increasingly sophisticated research becomes available in the field, professionals can use information about gaps in existing services, the dynamics of abuse, and the efficacy of various treatment programs to guide the development of new treatment approaches and to refine existing treatment programs.

Current research indicates that significant gaps exist in available treatment services in cases of child sexual abuse. Perhaps because child sexual abuse has been regarded primarily as the child's problem, most of the available treatment programs limit their focus to the child victim following an incident of sexual abuse. It is increasingly apparent, however, that sexual abuse is part of a cluster of serious

intergenerational family problems that need to be addressed through family-oriented treatment. This is most apparent in regard to the importance of maternal support, which several studies have found to be a vital resource for the sexually abused child's recovery. Thus, mental health services that target a range of familial problems and help nonoffending parents support their sexually abused children may contribute positively to the children's recovery.

Due to inadequate funding and confusion about the most appropriate treatment for child sexual abuse offenders, many programs have failed to address the child sexual abuse offender altogether. Although recent research has revealed previously underreported populations, including women and adolescent offenders, treatment programs have been slow in responding to the treatment needs of these populations. The prevalence of adolescent offenders and adult offenders who report having experienced childhood abuse emphasizes the fact that abuse is often a cyclical and intergenerational problem. This is clearest in regard to adolescent offenders, most of whom have experienced or continue to experience severe abuse or neglect and, if left untreated, may embark on a lifelong course of perpetrating sexual abuse.

There is evidence that minority groups also are underrepresented in treatment and mental health intervention programs. Virtually no research has been conducted on the treatment needs of minority populations or on the most effective treatment modalities for different minority groups. Some professionals have asserted that traditional forms of child sexual abuse treatment, notably programs that use a psychotherapeutic model, may be inappropriate for many minority populations, which may be more responsive to other forms of treatment. Future research needs to focus on the differential responses of minority groups to various forms of treatment, in an attempt to develop services that are accessible to and appropriate for various minority populations. The possibility that deficits in programs' efforts to recruit and to conduct outreach to minorities are responsible for the underrepresentation of minority groups also warrants futher exploration.

There is evidence that minority groups also are underrepresented in treatment and mental health intervention programs.

One way to bridge the gaps in existing services is to conduct research and demonstration projects that highlight the needs of different populations and identify effective treatment strategies and programs. Both cost-benefit analyses and outcome evaluations are needed to help develop treatment programs that will respond effectively to the treatment needs of various populations. Professionals from different disciplines need to collaborate to identify program goals and to establish outcome measurements with which to evaluate the efficacy of various treatment modalities.

METHODOLOGICAL ISSUES IN CHILD SEXUAL ABUSE RESEARCH

Research on child sexual abuse is extremely exacting and is complicated by confidentiality constraints, popular misconceptions about the nature of abuse, parental protectiveness, and a host of methodological difficulties. A number of methodological concerns appeared across the studies in this book, which suggests that existing

techniques for conducting child sexual abuse research need to be examined. Some of the problems commonly reported by researchers include the following:

- Small sample sizes and a lack of appropriate comparison groups;
- Samples drawn from clinical populations that may have a high incidence of problems unrelated to the occurrence of child sexual abuse;
- The absence of a shared definition, across studies, of what constitutes sexual abuse;
- The almost exclusive reliance on self-report and parent-report measures, which are highly subject to bias; and
- The use of outcome measures designed to identify other problem areas, such as depression, which may not be sensitive to the unique effects of child sexual abuse.

In response to the methodological limitations of past studies, professionals have recommended ways to improve the quality and consistency of research on child sexual abuse. These suggestions address two main issues: (1) the need for research to adopt a longitudinal perspective and to develop constructs that broaden the applicability of research findings to a range of populations and (2) the need to refine tools and techniques currently used to conduct research in child sexual abuse. The following are suggested guidelines for future research:

- Large-scale, multisite collaborative research should be conducted to increase sample sizes, provide comparison groups, and broaden the generalizability of research findings.
- Longitudinal research and reanalysis of existing data sets should be conducted to provide data on the long-term impact of child sexual abuse, interventive approaches, and treatment programs.
- Multidisciplinary research should be designed with the involvement of clinicians and frontline workers.
- Standardized assessment tools should be developed that are broad enough to capture a range of problems in children's functioning but are sensitive enough to measure the specific emotional, cognitive, and behavioral effects unique to child sexual abuse.
- To compensate for disagreement between parent-reports and children's self-reports, researchers should use multiple sources of information about children's functioning

Although the research in this book provides professionals in the field with new information about child sexual abuse, it also raises new questions about the problem. In an attempt to establish priority areas for future studies, researchers have tried to identify research topics and methodological constructs that will help provide professionals, practitioners, and policymakers with the information they need to respond effectively to the problem of child sexual abuse. These issues include, but are not limited to, the following:

- Research on the prevalence and characteristics of child sexual abuse in previously underreported and underrepresented populations, such as victims of abuse in various minority populations.
- Examinations of the dynamics of abuse, particularly the role of childhood victimization in the development of abusive behaviors during adolescence and adulthood.
- Studies of the short- versus long-term impact of child sexual abuse on various victim populations, including studies of adults who were abused during childhood.
- Examinations of the impact of different components of intervention on child sexual abuse victims and their families. This includes studies of the efficacy of prevention programs, the development of tools to identify previously underreported victim populations, and the exploration of how interagency protocols and multidisciplinary teams may be structured most effectively.
- Research on the value and impact of children's involvement in the legal system, including studies on how to maximize the accuracy of children's testimony and minimize children's anxiety about courtroom testimony.
- Investigations of ways in which professionals can strengthen the prosecution of child sexual abuse cases.
- Comparisons of the efficacy of different treatment approaches, including investigations of nontraditional therapies, such as programs for nonoffending mothers, various offender populations, and adult survivors of childhood abuse.

STEPS TO MOVE FORWARD

The research and demonstration projects presented in this book provide new perspectives on the problem of child sexual abuse. This work underscores the magnitude of the problem and reaffirms the variability in the conditions and impact of child sexual abuse. Although the research, in one sense, is a call for further exploration, in another sense, it is a vital resource for motivating immediate systemic change.

One of the greatest difficulties in interpreting child sexual abuse research is to reconcile the statistical portrait of abuse with the psychological and emotional realities that these data reflect. Professionals in the field are charged with the responsibility of rigorously examining this research and, then, reevaluating and refining current practices, protocols, and preconceptions in light of their conclusions.

Objectivity and selectivity are vital tools with which to evaluate these projects. Although the findings of each study have received the most media attention, it is important to remember that each study's setting, methodology, and sample play vital roles in shaping the outcome of the research. Thus, no one finding—or set of findings—in itself reflects the sexually abused child, the sexual abuse offender, or the field of child sexual abuse. Rather, each project provides another piece of insight and information, which must be integrated or reconciled with what was previously understood.

A recurring theme that emerges from this research is the importance of cooperation and collaboration, particularly in meeting the needs of families following a report of child sexual abuse. As professionals become aware of the multidisciplinary demands of the child sexual abuse problem, the art of interagency cooperation is becoming increasingly refined. Communities nationwide are striving to improve the quality of services by developing coordinated responses to child sexual abuse, establishing multidisciplinary teams, and encouraging forums for interdisciplinary communication.

A similar need for cooperation is indicated among the research, policy, and practice aspects of the field. Although these branches of the field historically have been interrelated, this relationship has become increasingly intense as practitioners look to research to guide program development, policymakers use research statistics to support policy decisions, and researchers respond to the needs of policymakers and practitioners with research studies.

A recurring theme that emerges from this research is the importance of cooperation and collaboration in meeting the needs of families following a report of child sexual abuse.

The 1990's are a critical time in the field of child sexual abuse. Prior research has determined that the problem of child sexual abuse deserves national resources, public attention, and professional examination. Prior research also has established a base of knowledge to guide the development of practice, policy, and research in the future. At the same time, recent advances in research challenge professionals to further improve the field based upon new information. The research discussed herein aims to increase awareness about the shared nature of the problem of child sexual abuse in hopes of making each of us aware of our responsibility and capability to address this problem.

Ultimately, we in the field of child sexual abuse will need to build upon what we have learned to guide our future efforts.

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5. **Berliner, L., and Conte, J.** Final report to NCCAN of grant #90CA1181, "Effects of Disclosure and Intervention on Sexually Abused Children," 1990, University of Washington, Sexual Assault Center, Seattle, WA.

APPENDIX A: LIST OF CONTRIBUTING RESEARCHERS

The names and addresses of the principal researchers of the NCCAN-funded projects examined in this document are provided below. The researchers are listed alphabetically, and the titles of their work and corresponding NCCAN grant number are included for reference.

Achtzehn, J.C.
"Sexual Abuse of School Age Hearing Impaired Children: Education of Parents, School Personnel, and Other Service Providers"
(NCCAN Grant #90CA1129)
Gallaudet University
Kendall Green
800 Florida Ave., N.E.
Washington DC 20002
(202) 651-5530

Allen, C.
"A Comparative Analysis of Women Who Sexually Abuse Children"
(NCCAN Grant #90CA1214)
Department of Human Development and Family Studies
Iowa State University
Ames, IA 50011-1120
(515) 294-6317

Beeman, S.
"The National Children's Advocacy Center Research Project To Study the Effects of Intervention in Child Sexual Abuse"
(NCCAN Grant #90CA1186)
National Children's Advocacy Center
106 Lincoln St.
Huntsville, AL 35801
(205) 533-5437

Berliner, L.
"Effects of Disclosure and Intervention on Sexually Abused Children"
(NCCAN Grant #90CA1181)
Harborview Medical Center
325 Ninth Ave., ZA-07
Seattle, WA 98104
(206) 233-3047

Boat, B.W.
"Interactions of Nonabused Preschool Children With Anatomical Dolls: A Normative Study"
(NCCAN Grant #90CA1195)
Department of Psychiatry
University of North Carolina
at Chapel Hill
Chapel Hill, NC 27514
(919) 966-2023

Conte, J.
"The Effects of Sexual Abuse on Children"
(NCCAN Grant #90CA1182)
The School of Social Service Administration
The University of Chicago
969 East 60th St.
Chicago, IL 60637
(312) 962-1149

Deveney, W.
"Services to Sexually Abused Children and Their Families: Characteristics of Children and Families in Treatment (Part II)"
"Services to Sexually Abused Children and Their Families: Case Management in Sexual Abuse Cases—A Functional Analysis (Part III)"
"Services to Sexually Abused Children and Their Families: Process and Outcome in the Treatment of Sexually Abused Children and Their Mothers (Part IV)"
(NCCAN Grant #90CA1187)
Department of Social Services
150 Causeway St.
Boston, MA 02114
(617) 727-0900

Finklehor, D.
"The Sexual Abuse of Boys: An Empirical Analysis of Current Knowledge"
(NCCAN Grant #90CA1215)
"Sexual Abuse in Day Care: A National Study"
(NCCAN Grant #90CA1155)
Family Research Laboratory
University of New Hampshire
126 Horton Social Science Center
Durham, NH 03824
(603) 862-1888

Gilbert, N.
"Child Sexual Abuse Prevention: Evaluation of Educational Materials for Pre-School Programs"
(NCCAN Grant #90CA1163)
Family Welfare Research Group
School of Social Welfare
University of California
Berkeley, CA 94720

Goodman, G.S.
"Child Sexual and Physical Abuse: Children's Testimony and Jurors' Reactions to Child Witnesses"
(NCCAN Grant #90CA1264)
Psychology Department
State University of New York
Park Hall
Buffalo, NY 14260
(716) 636-3380

Gray, E.
"Children as Witnesses in Child Sexual Abuse Cases"
(NCCAN Grant #90CA1273)
Center for the Child
National Council for Jewish Women
15 E. 26th St.
New York, NY 10010
(212) 532-1740

Hunter, J.A.
"The Manifestations of Child Sexual Abuse at Critical Developmental Stages"
"A Comparison of the Psychosocial Maladjustment of Adult Males and Females Sexually Molested as Children"
(NCCAN Grant #90CA1185)
Horsham Foundation, Inc.
Center Psychiatrists, Ltd.
Butler Pike and Walsh Rd.
Ambler, PA 19002
(804) 446-7433

Kassees, J.M.
"Adolescent Sexual Abuse Prevention Project"
(NCCAN Grant #90CA1162)
Parents Anonymous of Delaware, Inc.
124 D Senator Dr.
Wilmington, DE 19807

Keller, R.A.
"Comparative Analysis of Child Sexual Abuse Treatment Approaches and Development of Best Practice Guidelines"
"Best Practice Guidelines for Child Treatment of Child Sexual Abuse"
"Child Sexual Abuse Treatment Programs: Guidelines for Best Practice"
(NCCAN Grant #90CA1183)
Social Systems Division
Applied Research Association, Inc.
7114 W. Jefferson Ave., Ste. 308
Lakewood, CO 80235

Kuhn, J.A.
"National Judicial Targeted Professional Training Project on Child Sexual Abuse"
(NCCAN Grant #90CA1167)
National Council of Juvenile and Family Court Judges
P.O. Box 8970
Reno, NV 89507
(702) 784-6012

Levy, H.S.
"Reliability of Information Obtained Through the Use of Anatomically Correct Dolls"
(NCCAN Grant #90CA1349)
Department of Pediatrics
Mount Sinai Hospital Medical Center
15th and California
Chicago, IL 60608
(312) 650-6474

Martone, M.
"Child Sexual Abuse: A Longitudinal Study of the Effects of the Removal of the Perpetrator Versus Removal of the Victim From the Home Upon the Development of the Child and Family"
(NCCAN Grant #90CA1356)
Behavioral Sciences Department
La Rabida Children's Hospital
E. 65th St. at Lake Michigan
Chicago, IL 60649
(312) 363-6700

Mowbray, C.T.
"Sexual Abuse in a Day Care Setting: The Community Investigation Response"
(NCCAN Grant #90CA1180)
Department of Mental Health
Research and Evaluation Division
Lewis Cass Bldg., Sixth Fl.
Lansing, MI 48926
(517) 373-3860

Newberger, C.M.
"Child Sexual Victimization and Disclosure: Response and Recovery of Children and Families"
(NCCAN Grant #90CA1184)
Department of Medicine
Children's Hospital Corporation
300 Longwood Ave.

Boston, MA 02115
(617) 735-7979

Shapiro, J.P.
"Cognitive Functioning, Social Competence and Abuse-Related Variables as Predictors of Maladjustment in Sexually Abused Girls"
(NCCAN Grant #90CA1395)
Behavioral Sciences Department
La Rabida Children's Hospital
E. 65th St. at Lake Michigan
Chicago, IL 60649
(312) 363-6700

Smith, B.
"Improving the Coordinated Response of Agencies to Child Sexual Abuse in Out-of-Home Settings"
(NCCAN Grant #90CA1254)
American Bar Association
1800 M St., N.W., Second Fl.
Washington, DC 20036-5886
(202) 331-2250

Steward, M.S.
"The Development of a Model Interview for Young Child Victims of Sexual Abuse: Comparing the Effectiveness of Anatomical Dolls, Drawings and Video Graphics"
(NCCAN Grant #90CA1332)
Department of Psychiatry
School of Medicine
University of California at Davis
275 Murk Hall
Davis, CA 95616
(916) 453-2961

Sullivan, R.
"Coordinating Interagency Response to Child Sexual Abuse"
(NCCAN Grant #90CA1059)
School of Social Welfare
University of California at Berkeley
Berkeley, CA 94720
(415) 642-4362

Waterman, J.
"Reported Ritualistic and Non-Ritualistic Sexual Abuse in Preschools: Effects and Mediators"
(NCCAN Grant #90CA1179)
Department of Psychology
University of California
405 Hilgard Ave.
Los Angeles, CA 90024
(213) 825-8561

Yeaton, J.
"Training and Support Groups for foster Parents of Sexually Abused Children"
(NCCAN Grant #90CA1313)
Child Protection Team
Children's Hospital Oakland
747 52nd St.
Oakland, CA 94609
(415) 428-3325

APPENDIX B: INFORMATION ON THE AUTHORS

ELIZABETH HOLLENBERG, M.A.

Ms. Hollenberg is a senior analyst for Cygnus Corporation in Washington, D.C. Previously she was a research associate and study manager for CSR, Incorporated. She has experience in child and adolescent development, family systems, program evaluation, and the development of support and technical assistance materials. Ms. Hollenberg received a B.A. in psychology and an M.A. in sociology from Stanford University.

CYNTHIA RAGAN, M.S.W., A.C.S.W.

Ms. Ragan is a social work consultant in the Washington, D.C., metropolitan area. She has extensive direct child welfare experience in child protective services and residential care services for adolescents. Her experience includes directing a child abuse and neglect demonstration project that included a strong research component. Ms. Ragan also has developed training curricula related to child abuse and neglect and has authored a variety of publications in the field. Ms. Ragan has a bachelor's degree in social work and a master's degree from Smith College's School for Social Work.