

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Human Development Services
Administration for Children, Youth and Families
Children's Bureau
National Center on Child Abuse and Neglect



FILM WITH EACH ARTICLE

Perspectives on Child Maltreatment in the Mid '80s

105544



105544
-105555

U.S. Department of Justice
National Institute of Justice

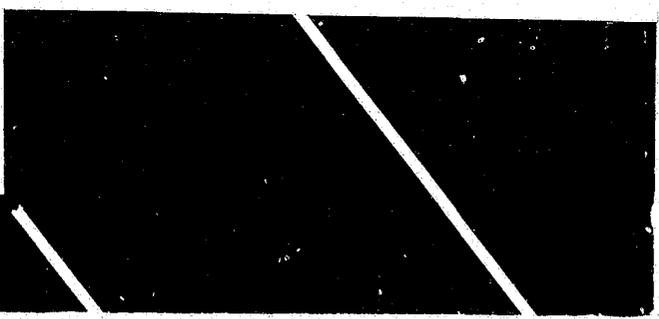
105544-
105555

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by
Public Domain/U.S. Department of Health and Human Services

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.



FILM WITH EACH ARTICLE

Contents

- 4 **Combatting Child Abuse and Neglect**
Dorcas R. Hardy
- 6 **What Have We Learned About Child Maltreatment**
James Garbarino
- 8 **Stop Talking About Child Abuse**
Donna J. Stone and Anne H. Cohn
- 10 **Community Involvement in the Prevention of Child Abuse and Neglect** 105545
Peter Coolsen and Joseph Wechsler
- 15 **Child Neglect: An Overview** 105546
Aeolian Jackson
- 18 **How Widespread Is Child Sexual Abuse?**
David Finkelhor
- 20 **What We've Learned from Community Responses to Intrafamily Child Sexual Abuse** 105547
Martha M. Kendrick
- 24 **Emotional Abuse of Children** 105548
Dorothy Dean
- 28 **Overview: The National Center on Child Abuse and Neglect** 105549
- 31 **Providing Child Protective Services to Culturally Diverse Families**
Roland H. Sneed
- 33 **Developmentally Disabled, Abused and Neglected Children**
Mark D. Souther
- 35 **The Revolution in Family Law: Confronting Child Abuse** 105550
Howard A. Davidson
- 39 **The Military's Response to Child Abuse and Neglect**
Suzanna Nash

Programs and Projects

- 41 **Working with Neglecting Families**
Marilyn Hall, Angelica DeLaCruz and Peggy Russell 105551
- 45 **The Family Support Center: Early Intervention for High-Risk Parents and Children** 105552
Yvonne L. Fraley
- 49 **Working Together to Treat Adolescent Abuse** 105553
Michael Baizerman, Nan Skelton and Shirley Pierce
- 54 **Special Child Advocates: A Volunteer Court Program** 105554
Michael Blady
- 58 **Child Abuse Prevention Starts Before Birth** 105555
Pauline Moulder
- 60 **Bubbylonian Encounter**
- 61 **Reporting Rights and Responsibilities**
- 67 **Resources**

That Russell's figures are so much higher than those of other studies may be attributed in part to the thoroughness of her questions. Where other studies asked adults a single question about sexual abuse, Russell asked 14 separate questions about sexually exploitative experiences, any one of which may have reminded people about some sexual abuse that occurred in their childhood. She also included abusive experiences at the hands of peers in her definition of sexual abuse.

Implications

These surveys have added greatly to our knowledge about child sexual abuse. They have shown that the experience of being molested occurs to an alarming number of children, and that both boys and girls are victims. They have also shown that most victims do not tell anyone, confirming the suspicion that reported cases are only a tip of the iceberg.

Unfortunately, these surveys have not given us a definitive figure for how many children are sexually abused in the United States. Russell's findings cannot be used to say that "more than one out of every two girls is molested." nor could my findings be used to argue that 15 percent of all girls and five percent of all boys are sexually abused.

For one thing, these studies are local and cannot be generalized to the country as a whole. For another, they are studies of adults and we do not know for sure that the current generation of children is having the same experience.

They can be used, however, as general guides for how widespread the problem of victimization probably is. In answering the question about the prevalence of sexual abuse, it is fair to say that "studies of various groups of adults looking back on their childhoods have found that anywhere from nine to 52 percent of the women and three to nine percent of the men were sexually abused."

¹American Humane Association, *The National Study on Child Neglect and Abuse Reporting*, Denver, AHA, 1982.

²National Center for Child Abuse and Neglect, *Study Findings: National Study of the Incidence and Severity of Child Abuse and Neglect*. Washington, DHHS, 1981.

³A. Kinsey, et al., *Sexual Behavior in the Human Female*. Philadelphia, Saunders, 1953.

⁴D. Finkelhor, *Sexually Victimized Children*, New York, Free Press, 1979.

⁵G. Kercher, *Responding to Child Sexual Abuse. A Report to the 67th Session of the Texas Legislature*, Huntsville, Tex. Sam Houston State University, 1980.

⁶D. Finkelhor, *Child Sexual Abuse: New Theory and Research*. New York, Free Press, (in press).

⁷D. Russell, "The Incidence and Prevalence of Intrafamilial and Extrafamilial Sexual Abuse of Female Children," *Child Abuse and Neglect* 7 1983.

What We've Learned From Community Responses To Intrafamily Child Sexual Abuse

by Martha M. Kendrick

Martha M. Kendrick is a Social Science Analyst, National Center on Child Abuse and Neglect.

Without question, professionals and volunteers who work with child maltreatment confront some of the knottiest legal issues, thorniest child protection cases and most complex and sensitive family issues when they work with families where there is a problem of child sexual abuse. With a burgeoning national awareness of incest, communities across the country now grapple with a whole new set of problems relating to reporting, treating and preventing child sexual abuse. As incest emerged from the closet over this past decade, professionals faced the stark reality of a nonexistent research or information base and inadequate community "systems" to deal with this growing problem area.

Spurred by the legislative priority incorporated in the 1978 Amendments to the Child Abuse Prevention and

Treatment Act (P.L. 95-266), in conjunction with the establishment of five regional sexual abuse treatment/training institutes, the National Center on Child Abuse and Neglect (NCCAN) funded 14 service improvement demonstration projects in late 1980 designed to upgrade the quality of services available to victims and their families and improve coordination among agencies responsible for intervening in or treating intrafamily child sexual abuse. Federal funding for these projects ceased in September 1983, and the yield from the experiences of these agencies is indeed rich.

What is striking is the commonality of issues and challenges confronted, despite the very different premises and bases from which these programs started. The projects were coordinated by community child abuse council, a police department, a mental health center, child protective service agency units at the city, county and state levels, two Parents United chapters, a children's hospital and two private, non-profit community agencies.* This analysis is drawn from the final reports submitted by each project.

Initial Challenges

Most of the projects seemed genuinely surprised that opposition to their programs was virtually nonexistent. Some, particularly in more conservative areas, anticipated that they would face objections within their communities to launching a program designed to serve incest victims and their families. Projects that seemed to establish themselves successfully and quickly already enjoyed strong support within their agencies or institutions—they were a natural expansion of or adjunct to programs already serving maltreated children. Those which faced the most difficult and, in some cases insurmountable, bureaucratic hurdles seemed to lack good or long-standing institutional relationships at the outset.

The key to success in every single community was the degree to which the program established strong cooperative working relationships with other agencies. Social service and law enforcement agencies were a natural alignment in some places, while in others it took dogged determination and constant efforts to bury "turf" hatches and competitive instincts. A substantial amount of time was spent in developing protocols and agreements specifying the roles and duties of the cooperating agencies.

A testament to the establishment of effective working relationships and mutual respect is the commitment within the various communities to keep these programs going after Federal funding ended. Only one of the 14

projects closed its doors, and in that instance, alternative arrangements were made to continue services to the families.

A consistently voiced frustration relates to the inevitable turnover in personnel and funding in the coordinating agencies. With law enforcement, child protection, mental health, legal and social service agencies working together, a high level of staff turnover is undoubtedly inevitable. Agencies should plan for this disruption and cross-train as well as provide for continuing communications. Breakdowns in program relationships with cooperating organizations were universally attributed to these personnel gaps and changes. Because of the evolving state-of-the-art in working with these families, the need for ongoing training was also universally perceived as essential.

One of the more important findings is the degree to which the legal system influences how others effectively serve these families. All of the projects recognized that it requires extraordinary amounts of patience, skill and time to work with incest victims and their families. For example, it takes substantially longer to move these cases through most legal systems because of the involvement of both the family and criminal courts. One project noted that "when agencies provided a united front in court, it became almost impossible for the client to have a fair chance of a successful defense."

Yet others criticized inconsistencies in prosecution decisions and articulated frustration with meeting difficult evidentiary standards in this area, particularly with younger children. There was stated recognition that these cases long frustrated district attorneys and law enforcement officials, particularly because of retractions of victims and general discomfort in dealing with children. Almost every project noted the necessity of having the clout of the legal system to keep families involved in a very difficult and painful treatment process. Deferred prosecution and diversion programs for offenders were found to be most effective. Clearly the authority and leverage of the legal system is perceived as an essential ingredient in creating an effective community response.

All of the projects invested a substantial amount of time and creative energy in public education and community awareness efforts. They uniformly found that as

awareness increased, so did reporting and requests for services. Some noted the beneficial effect of these efforts on attitudes and approaches toward victims. All felt they were successful in setting into motion a level of awareness and concern that will continue to generate a community response and concern for prevention.

Incest Victims and Their Families

Many of the projects presented information challenging familiar stereotypes on the dynamics and personality characterizations within these families. Several emphasized the uniqueness of each family and the impossibility of prepackaging treatment approaches. Some families are clearly easier to treat than others. There seems to be greater success in cases where the father has admitted and/or disclosed the abuse, where the spouse believed the abuse occurred and was able to be assertive enough to support the child, and where the father apologized to the child and accepted responsibility for the abuse.

Every program recognized the need for a wide range of treatment modalities—including crisis intervention, casework counseling and individual, group and family therapy. Improving communication skills among family members as well as parenting skills appear to be core central concerns. From a clinical perspective, some of the projects observed that they expected to find more pathology within these families, and they were surprised, for example, at the predominantly normal range of scores on standardized tests.

Whether the marriage remains intact following disclosure of the sexual abuse seems to depend in part on the bias or approach of the responding agency. Several programs did not assess whether or not the family remained intact, but there were significant statistical variations among those who did. Most of the programs now seem to feel that removal of the child from the family should be a last resort; this represents a departure of thinking from a few years back, when removal of the child was often the first action taken. In making a determination, agencies most often look toward whether the mother believes and supports the child and/or whether the father denies the abuse and the mother sides with him rather than the victim.

Programs repeatedly emphasized that the child tended to have poor self-esteem and often felt responsible and blamed herself for the abuse. The importance of believing the victim was cited as an acute need. One project with a primary focus on serving victims cited other needs, including the need to feel good about themselves

Many see the relationship between victims and their mothers as the one most critical and, possibly the one most damaged by incest.

and their sexuality, the need to improve their communication skills and the need to learn how to develop healthy peer relationships.

Many see the relationship between victims and their mothers as the one most critical and, possibly the one most damaged by incest. Not surprisingly, victims expressed anger at the mothers either for not being there or for not protecting them. Most programs discovered that the mother's attitude and involvement in treatment was crucial to the progress made by the victim as well as the overall family. The mothers themselves were capable of sabotaging their daughter's treatment, and they often needed empathy and basic peer support to accept and deal with what had happened in their families. More often than not, the mother is torn and her changing allegiance between the father and the child is fairly common, particularly in the early stages of treatment. Changing family alignments and relationships and tremendous internal turmoil face all of these families. Some of the projects noted that mothers had more difficulty when the daughter was an adolescent. Consciously or unconsciously, adolescent girls more often were blamed for the abuse.

One of the striking findings among these projects was the high proportion of cases in which the mothers were child victims of sexual abuse. Programs that added adult "survivor" groups did so both to help mothers understand their daughters' needs and to help them work out their own unresolved problems.

Several programs seemed to feel that it was easier to make progress with victims and mothers than with fathers. Projects stressed that a basic criteria should be that the father take full responsibility for the incestuous relationship, and they emphasized their inability to work effectively with perpetrators who continued to deny the abuse. The necessity of uniquely tailoring treatment sequences was emphasized. Peer support and parent groups seemed to be helpful in assisting perpetrators to work through their problems and increase their own self-esteem. The degree of resistance and rigidity of the offender in treatment was noted as a surprise.

Other Issues and Challenges

An overriding issue expressed by all of the projects is the extraordinarily high "burnout" rate of staff and volunteers and the particular emotional drain on therapists. Therapists and other staff members working with these families need recognition, nurturance, positive feedback, agency support, time off, and flexibility in approach and structure.

Several programs successfully incorporated volunteer professionals to provide therapy and extend their own agency capacity. A few noted the particular challenge and mixed results in using client facilitators either to run or to assist staff members in working with peer support groups. Other programs used volunteers to provide transportation, child care, public speaking and community awareness efforts as well as office support.

One of the most startling findings is the degree of sibling abuse in incestuous families. Even in families where there is no sibling abuse, sibling relationships play an important role in treatment for the victim. However, many agencies are hamstrung in their inability to protect these children. Since many state laws are totally inadequate regarding the special needs of siblings, community agencies are often unable to help unless they can establish parental neglect. To do this, agencies often face the difficult task of establishing lack of supervision on failure to report.

Virtually every program had to grapple with substantial increases in reports of male juvenile sex offenders. Most programs now identify the needs of these offenders—who often fall through the cracks in terms of treatment as well as legal handling of cases—as critical.

Several programs were surprised to learn that when they began treating adult perpetrators, more often than not they discovered patterns of abuse that began during the adolescent years, usually by victimizing younger children. This finding concurs with other research in the field, which suggests that the adolescent sexual abuser of today, if untreated, is likely to become the adult sexual offender of tomorrow.

Several projects also noted the special needs of parents and siblings (particularly siblings who were victims) of adolescent offenders. They report that the dy-

One of the most startling findings is the degree of sibling abuse in incestuous families.

namics of adolescent sex abuse seem different from adult patterns. This, too is perceived as another area requiring legislative attention in several states. Finally, these projects also consistently point out that abuse of males is far more prevalent than previously thought; a significant proportion of the male offenders were themselves victimized as children or teenagers.

Another issue that emerged for several programs relates to the special needs of sexually abused children and adolescents who are placed in family foster care. These children seem to exhibit more severe emotional and behavior problems, which most likely correlate with the type and duration of sexual abuse. Many of the girls had great difficulty in working out foster home relationships and, likewise, many foster parents were neither equipped nor prepared for dealing with them. Training for foster parents and alternatives to family placements, such as group homes, were cited as needs.

On a national level, child sexual abuse programs have no concrete methods of charting their successes or failures. Many, therefore, have resorted to analyzing the reoccurrence of intrafamily child sexual abuse as the cornerstone for measuring success. While several of NCCAN-funded projects noted either an extraordinarily low or nonexistent recidivism rate, others wisely ignored the issue. To measure recidivism as the sole or exclusive barometer of success of an entire program would seem to be short-sighted and foolhardy in the complex interpersonal relationships and family dynamics presented by these cases.

These 14 community programs have contributed significantly to our understanding and awareness of the dynamics of intrafamily child sexual abuse as well as the emerging issues in prevention and treatment.

The cost-effectiveness of these programs must be measured in terms of the larger costs of foster care, institutionalization of children and incarceration of offenders. Perhaps a more important measure of success, however, is the universal perception among these projects that they contributed substantially to their communities by offering these troubled families the hope of a better quality of life.

*A list of projects may be obtained from the National Center on Child Abuse and Neglect, P.O. Box 1182, Washington, D.C. 20013.