

Assessment and Treatment Planning for Children and Family Members

Once a case involving child sexual abuse has been screened in and determined to require services, it is time to plan for the type of intervention or treatment that will be needed.

MODELS FOR ASSESSMENT

Over the last two decades, several models have emerged in the assessment of child sexual abuse, which have been summarized by Faller (2007a) as the child interview model, the joint investigation model, the parent-child interaction model, and the comprehensive assessment model.

The Child Interview Model

The child interview model is based on the interview of the alleged victim of the sexual abuse. It has its origins in the work of child protective services (CPS) that used interviews (or one interview) with the child as the primary method of investigation. Child advocacy centers adopted this approach, and some law enforcement agencies did as well. The problem was created when different agencies required input from the child, resulting in multiple interviews by different interviewers (Carnes & LeDuc, 1998; Faller, 2007a; Merchant & Toth, 2001).

The child interview model is based on the assumption that children are usually reliable in their reports of an issue like sexual abuse, whereas offenders and nonabusing parents may have vested interests in concealing information about any possible abuse (Faller, 2007a).

The Joint Investigation Model

The joint investigation model recognized that different agencies—child protection, law enforcement, legal—required information that would be best obtained by collaboration with a minimum of stress to the child. In the mid-1980s, many states amended their child protective statutes so that such collaboration was mandated (Faller, 2007a; National Center for the Prosecution of Child Abuse,

1997). This shift in philosophy also increased the emphasis on the fact that child sexual abuse is seen as a crime.

In this model, the data gathering is not just limited to the child but to any of the parties who may be involved. One problem when CPS and law enforcement first sought to collaborate was the differences in style and philosophy. Whereas CPS tends to see the child as its primary client and treatment as its goal, law enforcement sought to investigate a crime with the child as the victim and witness. Although these two viewpoints may still cause some friction, agencies have come a long way toward effective collaboration to meet both the needs of the child and the societal needs to protect other children.

The Parent-Child Interaction Model

The parent-child interaction model has its roots in mental health practice. During the 1970s and 1980s, some clinicians sought to explain child abuse as rooted in bonding distortions between parents and children. They felt that observing parents and children together might provide insight into their needs in treatment. When applied to sexual abuse, usually intrafamilial abuse, it was assumed that the sexualized interaction between parent and child, or conversely the child's avoidance and fear of the abusing parent, would be useful in determining which allegations were true and which were not when assessed by a trained mental health professional (Faller, 2007a). More recent research on a clinician's ability to determine what behavior points conclusively to sexual abuse has tended not to support this model. In addition, those working regularly with children in sexual abuse situations question the effect on the child when he or she is interviewed with the offending parent (Conte, Sorenson, Fogarty, & Dalla Rosa, 1991; Madonna, Van Scoyk, & Jones, 1991).

The Comprehensive Assessment Model

The comprehensive assessment model arose not only because of the criticisms of other models but also based upon the practice of comprehensive family evaluations used by CPS and mental health agencies. Pertinent information is gathered by either a single investigator or a team including social workers, physicians, lawyers, psychologists, and possibly other concerned professionals. Some team members have expertise in interviewing children, whereas others may be skilled with offenders or other family members. Referrals are made to teams by courts and law enforcement who then collaborate in order to provide the best assessment and recommend the most effective treatment for the child and family. Siblings may be included and interviewed, which has not always been a part of sexual abuse treatment (Faller, 2003, 2007a).

The emphasis on family evaluation makes it obvious that this model is appropriate for cases of intrafamilial abuse but not for extrafamilial allegations. The model's hallmark is the extent of data gathering and history taking that informs professionals as to how best to proceed with family intervention (Faller, 2007a).

In reality, CPS, law enforcement, and legal agencies within specific states and counties often develop procedures that work the best for them. Hopefully, it is a collaborative effort. Recognizing that there are several models and that individual practices may combine a variety of techniques, let us consider the assessment and treatment planning for children and their families.

ASSESSING AND PLANNING FOR THE NEEDS OF THE CHILD

Working with children who have been sexually abused requires knowledge, skill, and patience. Whatever type of professional assesses the child's

needs, he or she should be trained specifically for work with abused children. In cases of sexual abuse, children are usually interviewed and may also receive a forensic medical examination to determine if the allegation of abuse can be supported medically (Adams, 2010).

Interviewing the Child

Interviews of children may be conducted from several perspectives. The *forensic interview* is usually undertaken by an investigator from law enforcement or the district attorney's (DA) office to determine if a crime has been committed. *Forensic* means "belonging to the courts" and describes procedures that have legal implications. The interviewer searches for facts to support an allegation of abuse and uses nonleading techniques in order to solicit the child's story. The interview is carefully documented and may even be videotaped. The result will be a report that may be presented to the court as part of legal proceedings (Faller, 2007a; Sax, 2009b).

The *clinical interview* is conducted by a member of the therapeutic team, a clinician skilled in working with children. It is designed to uncover first what the child says happened and then to determine what types of therapeutic intervention will be necessary. This child-centered interview is supportive and strives to assess the child's subjective experience. Data gathering may include some seemingly leading questions to help the child to open up. Documentation in the form of note taking is less extensive with the end result being a possible short report or suggested treatment plan (Faller, 2007a; Morgan, 1995; Sgroi, 1982).

The role of the CPS differs depending upon the state and its procedures. In some states, a CPS investigator, whose role is to determine the facts for the DA's office, investigates a child sexual abuse case. This investigator may be responsible for generating a report that will be used in court. Another CPS worker may then assess the therapeutic needs of the child to determine what

treatment is needed (Crosson-Tower, 2014; Hirschy & Wilkinson, 2010; Knight, Chew, & Gonzalez, 2005).

There is some concern about how many interviews the child will be subjected to as retelling the story in and of itself can further traumatize the child. Although it would be ideal to have the child interviewed by only one professional, the reality is that there may well be multiple interviews. Some experts have cautioned against blurring the roles of clinical and forensic interviewers because of the distinct differences in the approaches (Faller, 2007a; Kuehnle & Connell, 2010; Poole & Lamb, 1998). The forensic interview seeks to gather information to prosecute the victim's perpetrator, whereas the clinical interview is geared more toward helping the child. There is another school of thought, however, that suggests that the same clinician should move from clinical to forensic mode as the "forensic questioning techniques . . . [are] triggered by the child's disclosure of sexual abuse for which the clinician is providing treatment" (Faller, 2007a, p. 5). There are certainly some problems with joining these two types of techniques.

One method of interviewing children that seems to be effective is the use of a team and a one-way mirror. One social worker explained how this method has been useful in her agency.



We have a team of social workers in our sexual abuse unit who are really tuned in to kids and are skilled in interviewing them. Our agency has a large interview room, one whole side of which is a one-way mirror. A child is interviewed by one social worker, and the other professionals on the team, an investigator from the district attorney's office, as well as other social workers observe through the one-way window. The interviewer has an earpiece through which the rest of the team can ask her to add specific types of questions. Sometimes during the interview, the interviewer may tell the child that she needs to step out for

a moment, which gives her an opportunity to discuss briefly with the team how they should proceed. When the child is alone in the room she or he is also observed. Sometimes children will behave in ways that are particularly telling when the interviewer is out of the room.



This worker went on to describe such a case.



Our interviewer had been talking with the little girl about what her abuser had done to her. They were using anatomically correct dolls and had undressed them. The interviewer, frustrated that she had not elicited from the child any indication of the perpetrator's actions, left the room to speak with the team. No sooner had she left than the child began to narrate her own story of what happened using the dolls. She had the doll that they had designated as her stepfather telling the child doll that he just wanted her to suck on "the lollypop" at which point she placed the penis of the father doll in the mouth of the child doll. Through this small segment of playacting, the interviewer was able to conduct the remainder of the interview in a manner that allowed the child to tell her story with facts that were later used to prosecute the abuser.



Extended Assessments

Currently, in most areas of the United States, victims of suspected child sexual abuse are interviewed once or twice by a forensic interviewer who is, hopefully, skilled with children. When a child victim is from a diverse culture, it is also possible for the worker most familiar with the child's culture to be the one to complete the interview. During these interviews, the information that is gleaned will provide the basis for an assessment of the child's safety as well as the decision about the prosecution of the sexual offender. Faller, Cordisco-Steele, and Nelson-Gardell (2010) argue that one or two interviews are not enough and suggest rationale for using

extended assessments in some situations of child sexual abuse.

Concerned that too many interviews by multiple professionals would further traumatize children, the National Children's Advocacy Center (NCAC) developed a model whereby children would be interviewed fewer times (usually once or twice), and a team would work together to use what was disclosed in the interviews to develop an assessment, a criminal prosecution plan, and a treatment plan. The single-interview model was supported for several reasons. First, fewer resources were necessary for the investigation. High caseloads for both CPS and criminal justice investigators require streamlining whenever possible. Second, the above-mentioned trauma to the child was considered. And finally, there was the fear that multiple interviews might program the child to falsely accuse an adult of sexual abuse (Cross, Jones, Walsh, Simone, & Kolko, 2007; Faller et al., 2010; Jones, Cross, Walsh, & Simone, 2007; LaRoy, Lamb, & Pipe, 2008).

Despite concerns about victims' well-being, several studies demonstrated that this plan was not successful in gaining full disclosure. For example, the NCAC discovered that even though 78% of the victims had disclosed the sexual abuse to someone prior to being interviewed, 9% denied the abuse during the first interview and 73% were reluctant to discuss it at all (Faller et al., 2010). In fact, some experts feel that the disclosure of sexual abuse by a child is not an event but a process, which takes time (Faller, 2003; Faller et al., 2010; Olafson & Lederman, 2006; Saunders, 2012).

Videotaping

Often these interviews are also videotaped. Tapes may or may not be used in court but can be useful in a manner of different ways. Having a taped recording is certainly preferable to and more accurate than notes that an interviewer might take after an interview. And when a perpetrator is shown a tape of a child disclosing the abuse in

some detail, he or she might stop denying that the abuse happened. Or a nonabusive parent may be helped to believe and support his or her child after seeing such a taped interview. Showing a victim the tape of a previous interview might also refresh his or her recollection of what happened during the abuse and lessen the chances of recantation. In addition, even when tapes are not admissible as evidence in court proceedings, such tapes provide a verbatim audio and visual record of the interview that can help prosecutors and investigators to build a case against the abuser (Faller, 2007a).

Although videotaping would seem to be an important tool, there has been a controversy over the use of such techniques. In the mid-1980s, videotaping was highly favored as a manner of preserving information for litigation in sexual abuse cases. Not only did this practice lessen the number of interviews to which a child was subjected but it was thought that tapes could be used in place of the child's testimony in court (National Center for the Prosecution of Child Abuse, 1997). In recent years, there have been suggestions that videotaping can also have disadvantages. For example, the defense may use such a tape to attack the victim for minor inconsistencies or discredit the interviewer. And some legal organizations argued that a defendant has the right to face his or her accuser even if that accuser is a child. Some clinicians feared that if videotaping forensic interviews became the norm, they might be expected in clinical and treatment interviews where the client's right to confidentiality would then be jeopardized (Berliner, 2011; Faller, 2007a; Myers, 1998). Parents and professionals alike have also worried about the child's privacy in the making and distribution of such tapes. Therefore, when such a videotape is made, prosecutors usually seek orders from the court that the tape not be viewed or distributed beyond the scope of the investigation or trial (Sax, 2009b).

Experts suggest that there may be other disadvantages involved in videotaping interviews with children. First, the recognition that taping is

being done may inhibit the child from disclosing or speaking freely. Or the child may behave differently (e.g., acting silly or hamming for the camera) if he or she knows that there is taping. A poor quality tape may obscure important data, or the fact that a camera will record only what is in range may mean that significant information is missed. Those viewing the tape may also be focused more on, and therefore distracted by, the interviewer's technique rather than what the child has disclosed. And finally, some courts may feel that a taped record of a child's testimony is not as persuasive as the child himself or herself when used as testimony (Berliner, 2011; Faller, 1996, 2003, 2007a).

Medical Examinations

Medical exams are undertaken with sexually victimized children for several reasons. First, the hope is to uncover physical evidence that will substantiate the abuse. Unfortunately, there may not always be obvious physical evidence or forensic specimens (e.g., semen, vaginal or rectal tearing), especially if the child was not penetrated either vaginally or anally. Further, a forensic medical exam determines if there are any sexually transmitted diseases or injuries that must be treated; the prevention of a possible pregnancy may also be necessary (Rosas, 2005). Adams (1995) suggests that there are additional reasons to complete a medical exam. These include the following:

- To document the child's description of what happened
- As a way of reassuring the victim that he or she is "OK" and has not been physically injured to any serious degree
- To identify any physical changes that may have resulted from previous injuries
- To provide prophylaxis for pregnancy or disease as needed
- To provide documentation for court testimony if such becomes necessary

Exams may be completed on an acute basis—that is, they are being conducted within 72 hours of the last sexual contact—or on a nonacute basis—that is, as much as 7 days after the abuse (Adams, 1995; Rosas, 2005). Because it is part of an investigation of a crime, parental consent is not required to give a child a medical exam (Sax, 2009b).

As part of the medical exam, a description of what happened is also obtained from the child's caretaker before the exam is undertaken. And a detailed medical history enables the examiner to be more accurate in his or her assessment (Adams, 1995). It may also help to determine if symptoms sometimes related to sexual abuse (e.g., blood in the diaper or panties, redness in the genital area, warts, scars in the genital area) are indicative of problems other than abuse (e.g., urinary tract infections, abrasions, lichen sclerosus, a skin condition) (Adams, 1995).

Although a medical exam may produce findings that support that the child has been sexually abused, this is not always the case. When a child is not penetrated or physically hurt, the evidence of abuse may not be obvious. In addition, the hymen, often thought to be indicative of virginity, can actually stretch to allow partial penetration without tearing. Or it may have become torn through other child-appropriate activities. The anus is even more expandable, and even if tears do occur, they usually heal rapidly, leaving no trace of an injury. Nor can a physical exam tell how often a child may have been violated sexually. The usefulness of a medical exam is only in conjunction with other types of evidence and testimony (Adams, 1995).

Cultural Considerations

Child sexual abuse cuts across all races and cultures, and a child's race and ethnic background must be considered when interviewing for alleged child sexual abuse. Fontes and Faller (2007) suggest that interviewers are not as diverse a

population as the clients they serve, necessitating that interviewers be schooled in and pay attention to cultural differences and how these affect interviews. Despite the abundance of resources now available for interviewing, there is little that addresses cultural competence in interviews with children around sexual abuse (Fontes & Faller, 2007; Fontes & Plummer, 2012).

Children who have been sexually abused come to an investigative or assessment interview with preexisting barriers to communication built around their hesitancy to discuss the actual sexual abuse. Combine this hesitancy with language difficulties and attitudinal perspectives based on cultural differences, the interviewer may be challenged to overcome those barriers. Fontes (2008, p. 85) suggests that prior to the interview, certain facts be ascertained.

- What language does the child speak generally?
- What language does the child speak with siblings or friends?
- Is the child an immigrant or a child of an immigrant, and if so, from where?
- Who lives at home? Who stays at home?
- What do the adults do for a living?
- What is the child's religion, and how observant is the family of this religion?

It will be especially important to know about the culture of the child's family of origin. Not only might the child's culture have prohibitions against talking about sexual matters but there may also be differences in the definitions of appropriate sexual activities. Sometimes seemingly abusive practices may also have cultural routes; for example, "a Latino mother or father grabbing briefly at her/his toddler or preschool son's crotch in public and commenting on how he is going to 'get the girls' when he grows up" (Fontes & Faller, 2007, p. 169). Cultural practices like the digital penetration of a girl's vagina by a parent as a "virginity check" are illegal in the United States but should be handled with the knowledge of the cultural origins (Fontes, 2008; Fontes & Faller, 2007; Fontes & Plummer, 2012).

In addition to knowing the child's ethnic background and some of the practices of that culture, it is important to know when an interpreter would be useful. However, it is also important to be aware of the possible bias of a particular interpreter. For example, family members as interpreters might have vested interest in the story coming out in a certain way. If the interpreter is a professional, he or she should be knowledgeable of the issues involved in sexual abuse so that the responses are translated accurately (Fontes, 2008; Fontes & Faller, 2007; Fontes & Plummer, 2012).

Some cultures are more insistent on having the child accompanied by a family member. However, this can also be problematic. Having a family member present in an interview is usually not advisable because even knowing that his or her relative is waiting outside may impede the child's disclosure (Fontes, 2008).

Techniques that are part of any interview become more complex when there are cultural differences between the child and the interviewer. For example, the use of body language, including certain gestures and nonverbal cues, is impacted by culture. Fontes (2008) explains that an interviewer asking a Latin American teen a question might be greeted with a shrug, which is often interpreted as "I don't know." However, Latinos may use this gesture to indicate "I don't care" or "I don't want to talk about it," which may be a different message. And although being face-to-face and making eye contact are appropriate in middle-class Anglo American circles, it could be disrespectful in some other cultures. Thus, the untrained interviewer may assume that the child was avoiding the truth rather than looking away to be respectful. Voice tone, the use of touch, the use of silence, and the arrangement of seating are other issues that may have different significance in different cultures. It will be extremely important to the success of the interview that cultural variation be considered (Fontes, 2008; Fontes & Faller, 2007; Fontes & Plummer, 2012).

Children With Disabilities

There are numerous misconceptions about children with disabilities and sexual abuse. First, there is the belief that children who are disabled in some manner are at low risk for sexual abuse because people would feel pity for them and not take advantage of their special needs. On the contrary, the very fact that they are disabled may put these children at higher risk for abuse. Cognitive limitations and mobility issues as well as communication difficulties may cause perpetrators to view them as safe risks. Disabled children may also be dependent upon caretakers, heightening the risk of abuse by those same adults. And the large number of caretakers over time in the life of a disabled child makes the percentage of risk greater. Although it is true that children with disabilities are less likely to interact with strangers, statistics indicate that abuse is more likely to be at the hands of those known to the child (Davies & Faller, 2007; Horton & Kochurka, 1995).

Faller (2007) points out that there may be both professional and child-related barriers when interviewing children with special needs. Professionals may be biased that the identified symptoms of sexual abuse are caused by the child's developmental disability. For example, self-injurious behaviors in developmentally delayed children may be attributed to their disability although such behavior can also be symptomatic of child sexual abuse (Davies & Faller, 2007; Mansell, Sobsey, & Moskal, 1998). A study out of Sweden (see Cederborg & Lamb, 2006) brought to light the fact that those interviewing children with disabilities may lack the expertise in evaluating children with such disabilities (Davies & Faller, 2007).

Children with disabilities also present barriers to accurate interviewing. First, their disability may present challenges to accurate communication. In addition, children with special needs are not always provided with the information about sexuality given to other children, resulting in a deficit in their knowledge about their private

parts, sexual acts, or the fact that they may have been sexually abused at all (Burke, 2008; Davies & Faller, 2007; Mansell et al., 1998). Because some abuse is disguised as child care, the problem of recognition that an act is abusive is compounded. Children with disabilities may also be dependent upon the perpetrator and/or socially isolated. Speaking about any possible abuse may be too difficult for them and may trigger abandonment fears (Davies & Faller, 2007; Horton & Kochurka, 1995).

Prior to interviewing, the interviewer should take care to familiarize himself or herself with the specifics of the child's disability. Initial interviewing involves getting to know the child's capabilities and understanding of sexuality and abuse. Data gathering must also take into consideration the child's limitations around communication. (For more detailed information, see Davies and Faller, 2007.)

Assessing Truthfulness

When interviewing children about sexual abuse and especially when they may be testifying in court, the question arises, "How does one know when a child is telling the truth?" Bernet (1993), after a review of numerous writings on false reporting, identifies possible reasons for false reports. These include indoctrination of the child by others, suggestion, fantasy or delusion, misinterpretation, miscommunication, lying (both innocent and intentional group contagion when others have reported similar events), and perpetrator substitution (when the abuse did happen but not at the hands of the perpetrator reported). Other authors have suggested that false reports might arise out of custody battles or other forms of manipulation of a child (Faller, 2007a; Friedrich, 2002; Lyon, 2005; Sgroi, 1982).

Early in the study of the assessment and treatment of sexual abuse, Sgroi (1982) postulated that an abuse report was more likely to be

true if the child reported that there were multiple incidents of abuse over time; there was a request, demand, or implication of secrecy expected by the perpetrator; there were elements of pressure or coercion involved in the abuser's technique; and if the child could give explicit details of the abuse including tactile details of sexual activity. Later attempts to determine truthfulness outlined specifics in content. Lyon (2005, p. 165) outlines some of the content criteria originally developed over time through the work of Raskin and Steller (1989) and Steller and Boychuck (1992). These content criteria include

- the characteristics of the content—is it logical and detailed?
- the specific contents—are there descriptions of interactions, conversation, unexpected complications, and the context in which the abuse occurred?
- peculiarities noted—unusual or superfluous details, related external associations, and indications of the child and perpetrator's mental states;
- Motivation-related contents—spontaneous corrections, admissions of not being able to remember or self-doubts, pardoning, or forgiving the offender; and
- the specifics of the offense.

In using content criteria, these authors suggest the importance of also assessing the abilities of the child, the nature of the abuse, and the skill and strategies of the interviewer.

Assessment of Ritual Abuse

During the 1980–1990s, there were numerous reports by child victims and adult survivors of bizarre acts of abuse, often perpetrated in groups with ritualized overtones; these were soon labeled as ritual or cult abuse (Charles, 1995; Cook, 1991; Hudson, 1991; Noblitt & Noblitt, 2008; Noblitt & Perskin, 2000). Law enforcement, child protective

agencies, and clinicians struggled to sort out fact from fiction in what seemed like unbelievable accounts. Public's mistrust of reported incidents fostered the development of the False Memory Syndrome Foundation (see Chapter 15 for more detail) and other efforts to discredit those reports. However, there was enough similarity in the events depicted that the criminal justice and child protection fields were compelled to devise methods to assess and treat those who reported ritualized abuse.

Ritual abuse is defined by Noblitt and Perskin as "abuse or maltreatment that occurs in a ceremonial or circumscribed manner and where the abuse causes traumagenic dissociation and/or establishes or reinforces control over dissociated states already in existence" (as cited in Noblitt & Noblitt, 2008, p. 25).

The reports appeared to reference specific indicators including unusual and often sadistic sexual behaviors, torture, death/murder, being tied up or otherwise restrained, the use of supernatural symbols, bestiality, consumption of bodily fluids, cannibalism, harming animals, dressing in ritual apparel, and the encouragement of strange beliefs (Charles, 1995; Noblitt & Perskin, 2000; Sinason, Galton, & Leever, 2008).

When a report is made that suggests ritual abuse, criminal justice and child protection investigators gather evidence that they hope will suggest some type of pattern. To date, no diagnostic tool effectively diagnoses ritual abuse (Charles, 1995; Faller, 2007a). Some experts suggest that ritualized abuse should be at least ruled out in any case where children report multiple perpetrators or being abused in a group (Charles, 1995; Noblitt & Noblitt, 2008). One key to diagnosis seems to be related to a child having extreme dissociative symptoms. The likelihood of a child's purposeful disclosure is rare given the fears instilled in the victims by perpetrators. In addition, the bizarre nature of the abuse makes it difficult for the victims to frame a way of describing it. When children recount confused

descriptions of seemingly unbelievable events, they are less likely to be believed. Thus, cases more frequently come to the attention of law enforcement and CPS through reports of tangential events such as animal abuse. Once ritual abuse is suspected, careful listening, an open mind, and trained interviewers are key.

ASSISTING FAMILY MEMBERS IN SUPPORT OF THE CHILD

The impact of child sexual abuse is sometimes forgotten on those family members who are not the abusers. They may have their own reactions and conflicts that hamper their ability to support the child as they process their own emotions. We discussed in Chapter 11 the difficulty that family members may have in believing the initial allegations of child sexual abuse, as well as their reactions and feelings as they hear the child's story. Some nonabusing parents will be able to support the child, believing him or her, and will protect the child against future harm from the perpetrator. Other parents' own needs are so great that they cannot stand by the child. When the latter is the case, removal of the child from the home is often necessary.

Even when a nonabusive parent believes the child's allegations, supporting the child will require courage and, often, additional professional support. This parent, too, feels like a victim. She or he is embarrassed and questions why she or he did not know earlier. As one mother put it,



Did I have suspicions? The amount of time my husband spent with our daughter, taking her on outings that it seemed clear I was not invited to be a part of, tucking her in at night, stealing out of bed in the wee hours of the morning. Weren't these actions just part of being a father? Maybe I

should have realized how secretive they both had become. But he was always out of work and I was always trying to make ends meet. Maybe I thought that it was the least he could do, taking care of our daughter. How could I have been so blind?



Some nonabusive parents blame themselves, heaping on the guilt about what they should have seen or what they should have done (Stone, 2005). Sometimes the abuse had been out of their frame of reference; it never occurs to them that their mate might abuse a child. Other parents have their own agendas and chastise themselves for not protecting their children.



I knew that Isabella was a needy person. Before our son was born, I used to feel smothered sometimes. She wanted so much from me—things I couldn't give emotionally. Then when our son was born, I thought she'd have something to keep her busy. But still she demanded. I was glad when I got the sales job. It gave me time to be away from home for long stretches. Now I wonder if it's my fault that she started sexually abusing our son. He was only a baby!



Other parents are unable to see the child's needs over their own and the importance of the offender in their lives.



Gertie could not believe it when it was reported to her that her boyfriend Emmett was sexually abusing her daughter Lissie.

"Lissie been a liar her whole life!" the mother protested. "Who gonna believe her! Emmett treat me good and pays the bills. No way I gonna kick him out because of that girl's lies."



Gertie's inability to believe and protect her daughter necessitated the placement of Lissie in foster care.

Disclosure of sexual abuse is often so traumatic an event for the victim's family that

they respond out of a crisis-survival mode. Suddenly, their whole world feels at risk. Their child has been compromised, which in turn may influence their marriage, their other children, their privacy, their economic welfare, their self-sufficiency, and their self-concept. Although the ideal goal of case management and treatment would be to keep the family together, this can be accomplished only by giving a great deal of support to those supporting the child emotionally (Crosson-Tower, 2014; Fallor, 2003).

Assessment of nonabusive parents requires that professionals answer several questions:

- Does the parent believe the child?
- Did that parent set up, condone, or cover up the sexual abuse of the child?
- Is the parent able to achieve emotional independence from the offender in order to support the child?
- Can the parent, with support, be consistent in standing by the child?

Denial is a classic response when confronted with the news that one's child has been sexually abused. There may be a great deal of stake especially if the offender is a parent or a close family member. Thus, those who intervene must help the family members sort out their feelings, including their attitude toward the child and what has happened to him or her.



When Fawn first learned that her husband, Bud, had abused their daughter, Heather, she could not believe it. She wanted to talk to Bud and confront Heather, but the police allowed her to do neither. When the CPS investigator interviewed her, Fawn sobbed bitterly, saying that she could not go on because it was so terrible. At first, she felt that there must be a mistake and that the teacher had misunderstood Heather's report that her father was abusing her. Finally, this mother was able to hear how upset her daughter was; she then realized that the allegations

must be true. Fawn worried about how she and Heather would live without Bud. Could they make it financially? After voicing her own concerns, Fawn knew that she could keep Heather safe. She knew too that she must support her daughter through further investigation and later as they went to court.



Several studies found that nonoffending mothers were more likely to believe their children when they bore their first child in adulthood, the offender was not the mother's current partner, the mother did not have knowledge of the abuse before disclosure, and the child was not displaying any sexualized behaviors (Elliot & Carnes, 2001; Joyce, 2007; Pintello & Zuravin, 2001). Nonsupportive mothers in another study had difficult relationships with their own mothers (Leifer, Kilbane, & Grossman, 2001).

Some family members feel such anger toward the perpetrator that it diverts the energy that they might have had to help the child. One task of CPS will be to help these family members to channel their anger into positive action.

The goal for CPS, once it is determined that the family members are able to support the victim emotionally, will be to provide resources, both tangible and psychological, to help these individuals to support the child as intervention proceeds and treatment is begun. To do this, CPS will carefully assess the strengths of and challenges for these family members.

COURT INVOLVEMENT IN CHILD SEXUAL ABUSE

Types of Courts

Victims, families, and perpetrators of sexual abuse might become involved with the court system in a variety of ways, and the process in which they are involved with different types of courts might

differ. *Juvenile or family court* hears dependency cases, including protective petitions on behalf of children who have been abused as well as delinquency matters and status offenses (those acts, like running away or truancy, that if committed by adults would not come to the attention of the court). Juvenile courts are not criminal courts, and decisions are made on behalf of the children (Faller, 2003; Noel, 2013). They do not have the power to punish, rather they determine how the child can best be cared for.



Sally was sexually abused by her mother's boyfriend who is sometimes a tenant in the home. Sally's mother, Lona, had approached CPS for services a year earlier when she needed the placement of her children to undergo an operation. Finding no relatives who could give the children care, CPS placed 5-year-old Sally and 2-year-old Frankie in a temporary foster home and worked with the mother during her recuperation from surgery. Unfortunately, Lona became addicted to pain killers, and CPS remained involved while she tried to detox and for subsequent months monitored her progress. During this time, Lona met Ira, a violent man who also had a drug problem. The CPS worker suspected that Ira beat Lona but was unable to prove this. When the school reported that Sally was being sexually abused by her "stepfather," CPS intervened. But Lona denied these allegations and was clearly ready to protect Ira at all costs. CPS then determined that a petition must be filed in juvenile court in order to protect Sally's safety.



Because Sally is no longer safe at home given her mother's decision to protect Ira, it will be the role of the juvenile court to decide what is best for the child.

In some states, domestic relations are handled by *probate court* where custody rights, child support payments, and child guardianship are determined (Faller, 2003; Sagatun & Edwards, 1995). Other states use the term *family court* to describe the civil court that oversees custody

disputes, visitation, family support payments, and mandated counseling. Only family members can avail themselves of the services of family court (Sax, 2009b).

Offenders usually come to the attention of *criminal court* as child sexual abuse is a crime subject to the appropriate punishment. The objective of the criminal court is to determine the guilt or innocence of the accused and, if found guilty, levy some type of consequence. Criminal courts are responsible when the crime is considered to be “against society” (Sagatun & Edwards, 1995; Sax, 2009b; Walsh, Jones, Cross, & Lippert, 2010).

Civil courts settle disputes between two or more parties related to negligent behavior, property rights, or contracts. Here the offense is committed against another individual rather than society. Sometimes, an offender may be found not guilty in criminal court but will be taken to civil court. For example, the husband of a small day care provider was accused of sexually abusing the children in his wife’s care. She was also charged as an accomplice. The case was dismissed from criminal court for insufficient evidence. Soon after, the parents of several of the children involved sued the couple in civil court for negligence on behalf of their children in failing to provide a wholesome atmosphere while they were in day care. These parents sought financial damages in order to pay for the therapy for their abused children.

Court Process

How these courts are used, at what point in the case process they are brought in, and how they influence the case will differ from state to state. In Massachusetts, for example, a case of child sexual abuse perpetrated by a family member is most often reported to the Department of Family and Children’s Services (the CPS agency). Once the case is screened in, an intake worker will begin collecting and sorting out the facts. At the same time, the case is referred to the office of the DA,

which also does an investigation. CPS may or may not involve juvenile court depending upon whether or not the nonabusing parent is able to protect the child and will cooperate. If the child is in danger because this parent is not supportive and/or the abuser still has access to the child, a care and protection petition (seeking the court’s aid in protecting the child) might be filed in juvenile court.

In the meantime, the abuser usually would have been arrested and/or removed from the home through criminal court. A forensic investigation will seek to find medical evidence, the defendant’s criminal record, possible other victims of the same abuser, other witnesses, and so on, to determine if a crime was committed by the accused. It may be that the DA’s office does not find enough evidence to go forward in criminal court, but CPS is convinced that the child needs protection and that the parents need help in protecting the child in the future. If this happens, CPS will continue to work with the family.

When an offender is reported to law enforcement for another alleged crime, abuse of children may also be discovered.



Willie prided himself on his collection of pictures that he had taken of the children whom he had sexually abused. All boys between the ages of 7 and 9, Willie had met them through his job as a school janitor. He enjoyed going to a gym after work where he met several other men who shared his interests in young boys. It was here that he was observed with his pictures and arrested by an undercover police officer who had been investigating a pornography ring in the town. After interrogating Willie, the police discovered that not only did he have pornography but the pictures were taken when he was abusing young boys. Subsequently they learned the names of Willie’s numerous victims and began the arduous process of talking with their parents. Willie was arrested for child assault.



Sax (2009b) outlines the steps that might be taken in her state with an offender like Willie.* An arrest is made when the police report is filed. A determination is made about how recently the sexual assault occurred, how much proof is available, and whether the accused confesses to the crime. Bail is set depending on what charges the prosecutor chooses to file. An arraignment is scheduled where the abuser is officially charged and asked if he or she chooses to plead guilty or not guilty. Pleading guilty to a sexual assault case will have long-term implications, including that the accused will be registered as a sex offender. The judge will then set bail and schedule future proceedings (pp. 142–143).

The preliminary hearing or grand jury indictment is like a minitrial where the prosecution strives to prove that the accused is guilty of the abuse. Witnesses may be called upon with the goal of determining if there is sufficient evidence for the accused to stand trial. If trial is scheduled, there will be a series of pretrial motions while the prosecutor and the defense both argue to determine what evidence will be admitted at trial, a determination made by the judge (pp. 143–144).

Trials have become the fodder for numerous TV shows and so are familiar to most. Few are as dramatic as often portrayed on TV, but it is always possible with such a controversial issue as the sexual abuse of children. It is also possible for attorneys to plea bargain—or settle a case by agreeing on mutually acceptable terms. This means that the case will no longer be heard in a courtroom. A plea bargain is usually offered by the prosecutor after he or she determines the strength of the case. Going to court presents not only a risk to the accused but also exposure through media. Thus, a plea bargain is often presented in a way to present further exposure as

well as expense, inconvenience to witnesses, and the time involved. If the accused goes to trial and is found guilty, he or she has the right to appeal to a higher court (Sax, 2009b).

Attorneys Involved in Child Sexual Abuse Cases

Sexual abuse will most likely come to the attention of one or both of two courts: juvenile court for child protection or criminal court for the prosecution of the offender.

Attorneys in Juvenile Court Procedures

There are three different attorney roles in juvenile court: attorney for CPS, attorney for the child, and attorney for the parents.

The attorney for CPS is often the initiator of the court proceedings on behalf of a child. This lawyer may be on the staff of CPS or borrowed from the prosecutor's office. This attorney and the worker from CPS work together closely as the case is prepared for court. The social worker, with his or her expertise on the welfare of children, makes recommendations about the child's well-being and suggests witnesses, who are then subpoenaed by the attorney (Faller, 2003; Sax, 2009b).

The Child Abuse Prevention and Treatment Act (CAPTA) of 1974 mandated that each state through CPS provide a child being seen in juvenile court with a *guardian ad litem*, usually an attorney, who is given the task of representing the child's best interests. Because CAPTA was not clear as to how children's interests should be represented by this guardian ad litem (sometimes referred to as *GAL*), states interpreted the law

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differently. Some states now provide an attorney, who is the child's advocate, throughout the process. Others use this attorney to determine the child's best interests but pay the attorney only for court appearances. Faller (2003) suggests that such a system does not provide adequate investigation and, therefore, sufficient advocacy for the child, especially if this guardian ad litem uses the CPS records as his or her only guide and does not actually meet with the child. Still other states offer both an attorney for the child throughout the process of hearings and a guardian ad litem who is assigned to interview and advocate for the child on a more individual basis.

Court-Appointed Special Advocate (CASA) agencies may also provide a specially trained volunteer to assist the juvenile court by advocating for children. CASA was started in Seattle, Washington, in 1977 by David Soukup, a juvenile court judge, in the interest of seeing that the voices of children are heard when their welfare is being considered. Today there are CASA agencies in every state (Faller, 2003; Sagatun & Edwards, 1995; Sax, 2009b).

Parents in juvenile hearings are also given legal representation. It is possible in cases of sexual abuse that the mother and father have different interests in the outcome of the proceedings especially if one of them is the sexual abuser. In these cases, parents may elect to have separate attorneys. The parents' right to an attorney is not a federal mandate as it is for the child, but if a parent cannot afford an attorney, a court-appointed attorney can be provided. These attorneys come either from law firms who do predominantly child welfare work or from those firms that do some pro bono work. In the latter situation, these attorneys may know little of child welfare law.

Attorneys in Criminal Court Procedures

In criminal court cases, there are usually only two roles for attorneys: the prosecutor and the defense

attorney. The victim does not have an attorney, except in very rare cases where a guardian ad litem advocates for the child's interests. More often, someone from the victim-witness assistance program, associated with the prosecutor's office, provides support for the victim.

The prosecutor represents "the people" or society in a criminal case. The police bring their investigative findings to the prosecutor who makes the decision, based on the amount of evidence available, about whether or not to pursue criminal prosecution of the abuser. The prosecutor also assesses his or her likelihood of convincing a judge and jury of the guilt of the defendant before deciding whether to go to trial. Crucial in this decision is the believability of the child as a witness. Because the accused has the right to face his or her accuser, children usually are required to testify if at all possible. Rather than subject a child to scrutiny in court, the prosecutor may instead try to obtain a plea from the offender (see under the section "Court Process"). When an offender pleads, it may not be to the sexual crime he or she has committed, but to a lesser offense, and jail time may not be an issue (Faller, 2003; Faller & Henry, 2000; Sagatun & Edwards, 1995).

The defense attorney hopes to win an acquittal for his or her client. If this attorney does not feel that the case for acquittal is substantial enough, he or she may seek to negotiate with the prosecutor to reduce the terms of the punishment. As mentioned earlier, he or she may be appointed by the court and, although less costly for the client, may not have the same vested interest in them as an attorney who has been hired by the client.

Children Going to Court

In both juvenile and criminal court proceedings, it may be necessary for the victim to appear in

court. In both situations, it is vital that the child be prepared about the process and what might happen.

Most juvenile courts strive to make the environment as child friendly as possible. The arrangement of a juvenile court is less likely to be intimidating as the larger criminal courtrooms. Admittedly, some juvenile courts do use courtrooms in which other proceedings take place, but this is the exception rather than the rule.

It is helpful if the child can see the courtroom, know where he or she will be seated, and who else will be in attendance. The more information a child has about who will be in court and what will happen, the better witness he or she will make (Sax, 2010). The supportive adults in the child's life should also be briefed on what to expect in court. Court appearances can be intimidating even for adults, and if the adults are as comfortable as possible, they are more able to support the children appearing as well.

Children should be alerted to the fact that there may be specific people present. In juvenile court, these people may be at the least

- judge;
- court clerk;
- attorneys for CPS, the child, and the parents;
- witnesses;
- police or investigators; and
- parents.

Depending upon the age of the child, he or she may need only to be identified or may remain for part or all of the proceedings. Courts usually try to spare children from hearing difficult testimony.

In criminal court, those present will include

- judge,
- prosecuting attorney,
- defense attorney,
- bailiff,
- court clerk,

- defendant,
- court reporter,
- investigating officer or detective, and
- jury (jurors).

When preparing children for criminal court, it is necessary to let them know that the abuser or defendant will not have physical access to them but will be present; this presence in and of itself may be intimidating depending on the child's relationship with the abuser. Children must also be advised as to how much time they may be on the stand, that they must tell the truth, that they should stop answering a question when an attorney says "objection!" and then continue only when told to do so, and about other timing issues and procedures that might add to his or her comfort (Sax, 2009a).

When children must appear in criminal court, attempts are made to account for children's shorter attention spans, their comfort (to some degree), their privacy as much as possible (e.g., limiting media coverage), and any court accommodations that can make them more comfortable. For example, judges may not wear robes or not sit behind a high bench or regular rules of evidence may be relaxed slightly for the child's comfort (Sax, 2009a).

Children should also be made aware of typical defense that attorneys may use to discredit them. Sax (2009a, p. 155) suggests several: The defense attorney may say that the child is lying because

- of the delay in reporting;
- the victim has disclosed more and more over time;
- the child minimized, denied, or recanted the allegations;
- he or she was coached or bullied by parents or prosecutors; or
- he or she wants attention or because the rules at home are too strict.

Or the defense attorney may say

- the child misunderstood the defendant's behavior or actions,
- the defendant is an upstanding member of the community who never could have done this,
- the child has a history of bad behavior and lying and cannot be believed, or
- the child is caught up in a custody battle and is confused.

Although good prosecutors often foresee such discrediting tactics and know how to refute them, children may be upset by them, assuming that they are not believed or are somehow at fault. Thus, the prosecutor or victim-witness advocate

must prepare the child carefully to minimize the effect of such an approach.

WHAT HAPPENS NEXT? _____

Following the investigation and assessment of treatment needs, as well as possible court appearances, child sexual abuse cases may then be referred for treatment. Treatment for victims and family members is discussed in Chapter 13, whereas further assessment and treatment of offenders is the subject of Chapter 14.

Summary

Several different models are used for the overall assessment of child sexual abuse. The child interview model is based on the assumption that children are truthful in their reports of child sexual abuse; this model seeks to interview children as a way of gathering data on the case. The joint investigation model joins personnel from several agencies who have an interest in the case and through cooperation uses fewer interviews with children to obtain the information needed. The parent-child interaction model looks at the interplay between parents and children to determine if clues to the likelihood of sexual abuse exist in the relationship. And the comprehensive assessment model combines a team of professionals intent upon determining if there was abuse and assessing the needs of the clients. The emphasis here is on a more complete family evaluation to assess strengths and challenges that might be addressed.

Child victims of sexual abuse may be interviewed with several different goals. A forensic interview seeks facts that could be used in legal proceeding against the perpetrator. A clinical interview is designed to uncover the child's version of the abuse and to determine what therapeutic intervention will be needed. There is some concern about subjecting children to multiple investigative interviews; as a result, several means are suggested to prevent multiple interviewing. One is that a child be interviewed in a room with a one-way mirror with other professionals observing behind the mirror. Videotaped interviews are also used in some states. There are several advantages to videotaping. These include using tapes to confront offender denial, helping the nonabusing parent recognize the validity of the abuse, and refreshing the child's memory at a later time. Disadvantages often center around the offender's right to face the accuser.

Medical examinations, too, serve several purposes, including the collection of evidence, assessment of the need for prophylactic treatment, and the ability to assure the child that he or she is not damaged physically.

During assessments, it is vital that professionals are aware of cultural variations as well as any special characteristics present in the child, such as a disability. Children with special needs can be especially vulnerable to being sexually abused.

Professionals take care to assess the truthfulness of children who report sexual abuse. Looking at the content and details of the report and possible motivations may assist in this assessment. It can be especially difficult to assess validity when the report concerns ritualized or cult abuse.

Family members whose children have been sexually abused may require special consideration if they are expected to be of support to these children. Family members may have their own reactions to the abuse and may need to sort these out first. Investigators will assess the ability of these family members to support children as a way of determining whether placement will be necessary.

Sexual abuse cases may be seen in several courts: juvenile or family court, criminal court, or sometimes probate court. Each type of court uses a different approach. There are a variety of professionals who work in these court settings, including attorneys, court staff, and victims' advocates. The court process is also outlined in this chapter. It is important that children be prepared to go to court in order to protect them from undue anxiety.

Review Questions

1. Name the typical models for assessment. What model is favored today?
2. What types of interviews must a child go through?
3. What are some of the concerns about interviewing children?
4. How are these concerns addressed?
5. What are some of the cultural considerations involved?
6. How is truthfulness in children assessed?
7. How must family members be helped in order for them to support the child?
8. What are the types of courts involved in child sexual abuse? What role does each play?
9. What do attorneys do with child sexual abuse cases?
10. How should children be prepared for going to court?