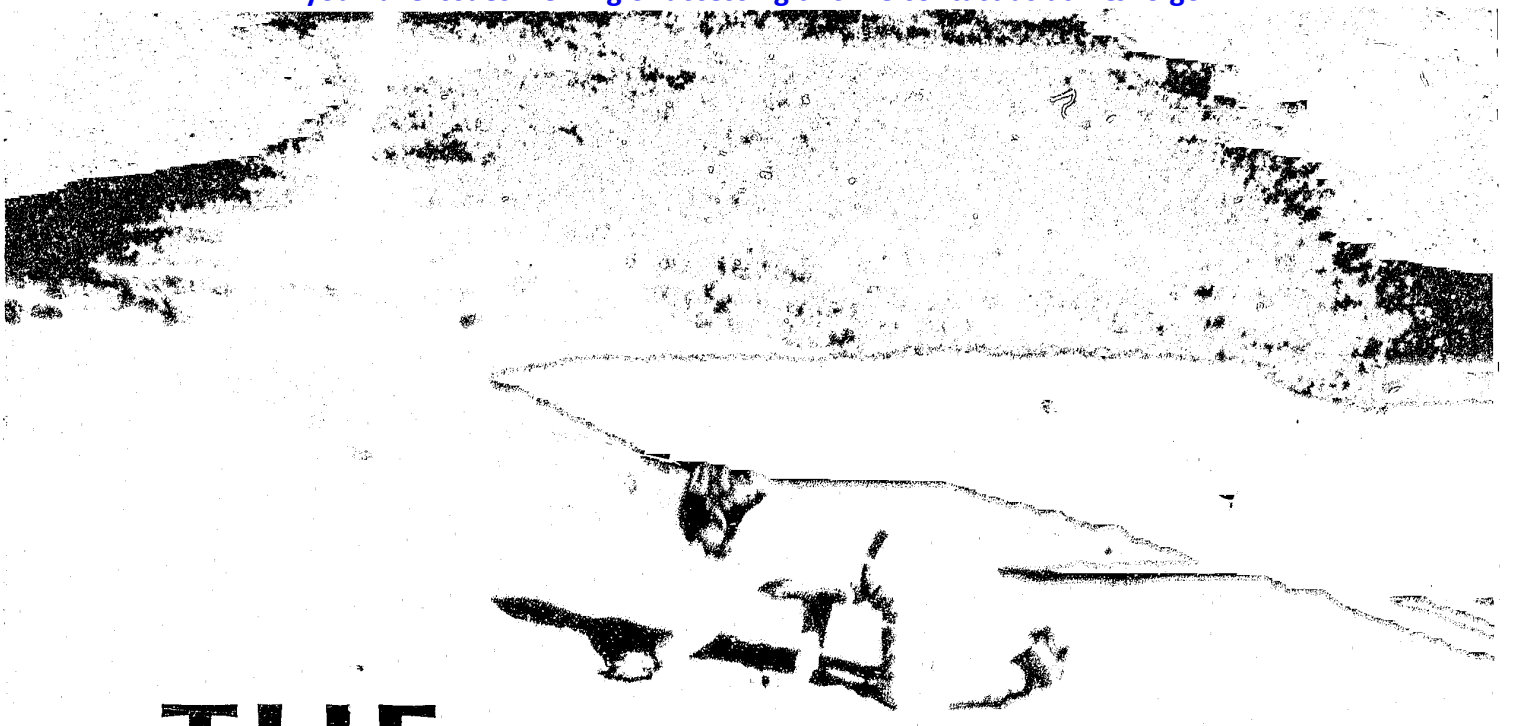

THE WORKING HANDBOOK

A Professional's Manual for Intervention with Sexually Abused Boys

THOMAS . . ROANE

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A Professional's Manual for Intervention with Sexually Abused Boys

by Thomas H. Roane

Child Care
PUBLICATIONS

"It always grieves me to contemplate
the initiation of children into the ways of life
when they are scarcely more than infants.
It checks their confidence and simplicity,
two of the best qualities that heaven gives them,
and demands that they share our sorrows before
they are capable of entering into our enjoyments."

Charles Dickens

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INTRODUCTION

Only a generation ago, sexually victimized children remained silent - powerless because adults were deaf to what they did not want to hear. At the start of this decade, adults working with children took advantage of societal changes to construct a climate of acceptance that allowed the first public acknowledgements of the sexual victimization of children. Once children were given permission to reveal these secrets we became witness to an almost unbearable volume of testimony. These revelations demanded action.

Teachers, law enforcement officers, protective service investigators, physicians and nurses, psychologists, judges, lawyers and counselors all worked to become knowledgeable about the sexual abuse of children. Learning from each other, professionals in communities across the country organized into task forces and multi-disciplinary teams to begin to assess the dizzying number of cases coming to light. Our fund of knowledge about the sexual abuse of children began to expand because of the rich, national exchange of information and ideas among these child advocates.

Our willingness to believe information from the first girls who reported their abuse allowed more testimony to come forth. Evaluation of reports from those courageous children helped us establish a course of action to aid other girls and their families.

We are still learning how to listen to what sexually abused children have to tell us about their lives. And now we are beginning to hear from boys who have been sexually abused. We are listening, recording, analyzing and sharing the data about this "new" victimization. The more we can listen and understand, the more able we will be to offer appropriate response and care.

THE WORKING HANDBOOK is offered by Child Care Publications as another link in the chain of knowledge and enablement that connects children to their advocates.

Elizabeth D. Drake
Anne Gilroy Nelson
Child Care Publications

PREFACE

Most of what we know about the sexual abuse of children comes from efforts to examine the nature and dynamics of the abuse of female children victimized by men. While the similarities of male and female victims are great, the special circumstance of the sexually abused boy has received a relatively minor amount of attention in the professional literature.

It is the purpose of this book to provide practical suggestions and guides to the initial assessment of sexual abuse with an effort to incorporate what is known, and to some extent what is speculated, about male victims. Chapters 1, 3, 7, and 8 discuss and review literature relevant to male victimization in the areas of reporting, interviewing, therapy, and validation. Chapter 2 relies upon the work of Suzanne Sgroi as a framework to examine the case histories of boy victims. Chapters 4 and 5, along with other discussions, rely upon the author's experience with the assessment and case management of over 200 young, male victims referred to a multi-disciplinary child protection team. An opportunity to provide group therapy to offenders and mothers of victims through a Parents United Chapter also extended this writer's understanding of abuse.

The knowledge base of the social sciences often moves in a cycle from conceptual to empirical and back to a more refined conceptual basis. It is hoped that *THE WORKING HANDBOOK* will facilitate this process and join the focus of the different perspectives of psychology, social work, medicine and law enforcement in the healing process.

Tom Roane
Gainesville, FL
June, 1989

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Chapter One

Boys as victims of sexual assault

Allen is nine years old. He has an older brother who has recently revealed a history of his own extensive sexual abuse by their father. Allen has been asked once and has denied that he has been abused.

Asked again regarding the possibility, Allen is reluctant and sullen, but finally talks about the many abuses which he endured and then asks of his father, "Why did he have me born if he was going to do that to me?"

The young male victim of sexual abuse moves in a world of fear, anger, denial, and self-doubt that we are just beginning to comprehend. In the past, the numbers of male victims that were reported were small. Such is not the case now. Children's protective service agencies and law enforcement personnel are increasingly asked to investigate cases of boys who have been sexually assaulted. Treatment programs that provide services to victims of abuse have also seen dramatic increases in the rate at which male victims are referred for treatment.

INCIDENCE RATES

Gaining a consistent picture of the prevalence of sexual abuse of boys has been difficult. Although there have been only limited numbers of studies that pertain to boys, the survey work of David Finkelhor is widely noted:

8.7% of male college students reported they had experienced sexual contact while under age 13 with a partner at least 5 years older or had had an experience between ages 13 and 16 with a partner at least 10 years older.

The stigma of homosexuality may be the primary factor in preventing parents from reporting a child's abuse to social and legal agencies.

The research that addresses sexual contact between boys and adults suggests that between 2.5% and 5% of males are sexually abused before they reach age 13 (Finkelhor, 1985).

UNDER-REPORTING BY BOYS

Boys are often reluctant to report their victimization. From a very early age, boys are reinforced to be aggressive rather than passive and are reluctant to admit behavior that does not meet this expectation. Perhaps the most powerful factor in under-reporting is the social stigma of homosexuality. Not only does this stigma inhibit the victim from reporting, but it may also be the primary factor in preventing parents from reporting a child's abuse to social and legal agencies.

It is suggested in research by Rogers and Terry (1985) that because boys are often abused by teenagers, the narrow age difference between the victim and abuser allows encounters to be mislabeled as "inappropriate sex play" rather than abuse.

DIFFERENCES IN PATTERNS OF ABUSE

Research is beginning to be reported that addresses the nature of the sexual abuse of boys and the differences between male and female victimization. Clinical experience suggests these differences are relevant for the investigator in the early stages of case assessment, management and treatment:

1. **Boys are more likely than girls to be abused by a non-family member whom they know** (Finkelhor, 1985).

2. **As with girls, the vast majority of boys are abused by a male offender** (Finkelhor, 1985).

3. **If a boy is abused within a family, he is much less likely than a girl to be the only victim of that offender** (Finkelhor, 1985).

4. **In families where a boy is sexually abused, there is a greater incidence of physical abuse than in families with a female incest victim** (Finkelhor, 1985).

5. **Boys are more likely to be threatened with physical violence** (Rogers and Terry, 1984).

6. **Male and female victims seem to be equally at risk for actual physical trauma and violence** (Rogers and Terry, 1984).

7. **Boys are less likely to be the victims of non-contact abuses such as voyeurism and exhibitionism** (Pierce and Pierce, 1985).

8. **Male victims are more often engaged in oral sexual contact and masturbation than female victims** (Pierce and Pierce, 1985).

Notes

Notes

Chapter Two

Phases of sexual abuse of boys: A guide for case assessment

The goal of investigative interviewing is to have enough information to make decisions regarding the validity of the accusations and to make recommendations regarding placement and treatment. As the child begins to reveal specific details regarding abuse, you will need to direct the child into both general and specific areas of inquiry to obtain an overall history of the abuse and its context.

As the history unfolds in the interview, one needs a framework for considering typical and atypical patterns of child sexual abuse. Five phases of sexual abuse first articulated by Suzanne Sgroi are a useful guide in assessing male victims.

PHASE ONE: ENGAGEMENT

The abuser creates opportunities to form relationships with children and to be alone with them.

To set the stage for sexual abuse, the abuser creates opportunities to form relationships with children and to be alone with them. Even though the abuser may not be a parent, he virtually always establishes himself in a role with some authority and power over the child. The fear of the authority of the offender, along with the need for approval, and a curiosity about sex makes a child susceptible to abuse.

Individuals who abuse boys may spend a considerable amount of time and effort in victim selection. They may involve themselves in group activities as a boy scout leader, a coach, church group leader, etc. This gains them access to boys and an opportunity to select a boy who appears particularly vulnerable.

Some boys report that at the beginning of the relationship the offender wants to talk about sexual activities. He may ask the child questions about his sexual knowledge and talk about masturbation and homosexual relationships.

Chris is a 10-year old boy whose parents have been divorced for several years and he seldom sees his father. He was taken to sporting events and befriended by 21-year old John. Chris eventually became uncomfortable with the relationship and reported that John talked with him about, "how two men can have sex with each other" and in conversation and demonstration showed, "how you can have sex by yourself."

The use of pornography as an engagement strategy may be more common with males than with female victims. The abuser often wants his victim to be as aroused by pornography as he is. Showing a child pornographic material early in the relationship may also precede attempts to photograph the victim pornographically.

Larry is a 13-year old emotionally disturbed boy who was placed in a residential treatment facility which permitted community volunteers to take children on weekend outings. In telephone calls to his parents, Larry eventually revealed a sexually abusive relationship with a 27-year old male volunteer that had progressed to genital fondling. Larry reported that the abuser had given him a paperback book which contained descriptions of fellatio between males and had shown him photographs of other teenage boys wearing only underwear.

The abuser is very motivated to gain even the smallest indications of consent.

These manipulative engagement strategies usually occur in sexually abusive relationships that are progressive and seductive in nature as opposed to overtly assaultive ones. The abuser is very motivated to gain even the smallest indications of consent, mutual interest, and arousal in his victim. He is looking for indications to convince himself the child "likes" the sexual contact.

Investigate the offender's engagement strategies by asking the child such questions as:

Did he talk to you about sex?

Did he show you pictures of people having sex?

Did he give you presents or favors?

Did he scare you in any way?
Were you afraid he would hurt you? Why?

Did he show you pictures of people with their clothes off?
Were they pictures of children or of anyone you know?

Did anyone ever take pictures of you with your clothes off?
Do you know where the pictures are?

PHASE TWO: SEXUAL INTERACTION

Sexual interaction might be progressive, seductive or assaultive.

A progression of increasing sexual activity has been noted by Sgroi as a frequent history in female victims of incest. With boys, a similar progression that moves from fondling to oral sexual contact to anal intercourse is often seen. However, with boys, there are also a great number of accounts that won't fit this model. And these different patterns of abuse will suggest courses of questioning during the interview.

A Progression of Activity

The following history is from a boy who was engaged in a long-term sexually abusive relationship with his step-father. Notice the progression of events as he got older and his choice of words to graphically describe what happened. These explicit statements are often the basis for validation of an accusation of sexual abuse.

Tony is a 13-year old boy who was seen by a physician secondary to complaints of genital pain. He was diagnosed as having gonorrhea and reported a history of sexual abuse by his stepfather, Jim. There were severe marital problems, including alcoholism and, at one point, when Tony was 11-years old, his mother and stepfather were divorced and then remarried. Tony recalls that when he was "about 9" years

old that his stepfather would "come in the bedroom when I was asleep" and "take off my clothes and touch me, on my private spot, on my penis." Tony reports that "I was asleep and I woke up and I was scared, so I kept my mouth closed." By age 11, his stepfather would "take off his clothes and make me take off my clothes," and "he put his mouth on my penis." Tony reports being instructed in fellatio by being told to "Stick your mouth on mine." Masturbation and ejaculation were described as: "He put his hand on his weener and would go up and down on it" and "white stuff would come out of it."

Some offenders are "fixated", or focused predominantly on children, not adults, as sexually desirable.

Seductive Interaction

A somewhat different history will be given by the boys who are victimized by a "fixated" offender. As described by Groth (1982), some offenders are "fixated" or focused predominantly on children, not adults, as sexually desirable. (See Appendix II for Groth's taxonomy of *Sexual Offenders Against Children*) An assessment of such a boy's history may reveal:

1. The offender concentrated much activity on sexually stimulating the child.

2. There were fewer activities focused primarily on penetration of the child by the offender.

3. Statements were made to the child seeking affection and approval.

4. There may be a history suggesting numerous victims.

Ray is a 10 year old boy who was abused by a 40 year old school official and acquaintance of the family. He and other children occasionally spent the night at the home of this adult. Ray reported that he slept with the offender who genitally fondled him and kissed him. Ray indicated that he was asked, during attempts by the offender to stimulate him, if he "was hot?" The child was questioned: "Are you mad at

me? Do you still like me?" He was given presents and told by the offender that the relationship was one of "true love." After arrest, the offender admitted to the abuse and expressed the conviction that he had done nothing harmful to the child.

Some specific activities that male victims are involved in by their abusers that do not occur to female victims include reciprocal anal penetration of the abuser by the child and cross-dressing of the victim. The abuser is aroused by having the boy wear female clothing. Boy victims are highly guarded against revealing these behaviors and are unlikely to do so unless questioned directly by someone they feel will accept the information without disgust or revulsion. Boys who reveal a history of reciprocal penetration of the offender are particularly likely to have unspoken homophobic and guilt feelings.

Boy victims are highly guarded against revealing these behaviors and are unlikely to do so unless questioned directly by someone they feel will accept the information without disgust or revulsion.

Try asking:

Did he ever want you to do things to him?

Did he ask you to touch him?

Sometimes the man wants to see a boy in girl's clothes. Did that happen to you?

Assaultive Interaction

In contrast to these progressive strategies, many other male victims experience sexual abuse as a sequence of assaults that may involve force and threats of violence. The offender is not interested in engaging the child emotionally. Children with these histories report penetration and assault from the first encounter and are also threatened to keep the incident a secret.

Jim is a 9-year old boy who reported sexual abuse consisting of fellatio and anal penetration that would occur each time he was babysat by an 18-year old uncle during the summer. Jim revealed that his uncle had "threatened me if I told; he said no one would believe me" and "he said he would beat me up."

Reports of single, forceful assaults can be equally valid histories of male victimization.

Reports of single, forceful assaults, as well as ones of progressive or seductive interaction, can be equally valid histories of male victimization.

QUESTIONS ABOUT SEXUAL INTERACTION

In evaluating the sexual interaction, the interviewer should attempt to determine:

1. **The age of the child when the abuse began and how often it happened.**

2. **The occurrence of fondling, masturbation, fellatio and anal intercourse.**

3. **The victim's observation of erection and ejaculation.**

4. **What did the offender say to the child.**

5. **Abuse by other adults or knowledge of other victims.**

You might ask the child questions like these:

Did he ever want you to watch him do anything with his clothes off? Tell me what he did.

Did his penis change? How did it look?

Did anything come out of his penis? What did it look like?

Did he touch you with his penis? Where and how?

What did he say to you? What words did he use?

How did he tell you what he wanted?

The offender has a primary task of ensuring the sexual abuse remain secret.

PHASE THREE: SECRECY

In the vast majority of sexually abusive relationships, the offender knows that his activities are illegal and repugnant to society. Therefore, he has a primary task of ensuring the sexual abuse remain secret.

In the relationships that are progressive in interaction, the abuser is likely to ensure secrecy by making the youngster feel trapped by his own actions or responses. The boy is made to feel partially responsible for what happens to him.

The abuser is likely to ensure secrecy by making the youngster feel trapped by his own actions.

If the boy has experienced any physical pleasure or sexual excitement, it is used by the abuser as "proof" that the boy has given his consent for sex. Victims are often asked, "Does it feel good?" and "Do you like it?" Even if they go unanswered, these questions generate feelings of guilt and help to maintain secrecy. Just as with female victims, boys are sometimes given gifts or special privileges that serve to give the child a feeling of complicity.

In more assaultive interactions, a range of threats will be made by the offender to ensure secrecy. The boy may be threatened that he will be beaten, that no one will believe him, or that he will be placed in a foster home if he discloses.

In a small number of cases, the offender's behavior seems so driven and compulsive that only the most simplistic of strategies are employed by the abuser in an effort to see that his behavior will not be discovered. This is often seen in extra-familial offenders.

If the boy has experienced any sexual excitement , it is used by the abuser as "proof" that the boy has given his consent for sex.

Boys may also keep the secret because of fears about homosexuality. Victims often report denigration and ridicule with slang terms for homosexuality during the assault. The victim is told by the offender that if he were to reveal the sexual abuse, he would be labeled as "gay" or "queer" by his peer group. This is a powerful strategy often employed by adolescent offenders.

In a variance of this, two boys who are engaged in abuse by the same offender may be instructed to participate in sexual activity together, and then threatened with disclosure of this peer sexual activity if they should report the activity of the adult.

The interviewer should find out about secrecy regarding the abuse, threats of violence, guilt and fear of consequences:

Why did you decide to tell now?

You kept this secret a long time. Can you tell me why?

Were there any reasons you were afraid to tell anyone?

How did he make you keep this a secret?

Boy victims sometimes decide to disclose as the sexual demands of the abuser escalate.

PHASE FOUR: DISCLOSURE

Boy victims sometimes decide to disclose as the sexual demands of the abuser escalate. Increasingly, boys may also disclose out of a fear of contracting Acquired Immune Deficiency Syndrome (AIDS). Additionally, more media attention and descriptions of abuse presented in school prevention programs give some boys the courage to ask for help to stop the abuse.

Sexual abuse may be revealed indirectly after diagnosis of a sexually transmitted disease in the child, inappropriate behavior of the child, or observation of sexual behavior by someone else. A complaint of encopresis (soiling of the underwear), may reveal a history of sodomy and sexual abuse.

Boys are more likely than girls to act out their victimization by becoming sexually aggressive toward other children. It is best to approach this difficult issue by dealing with thoughts and impulses. Later, ask about specific behaviors:

Sometimes boys who have had some of the things happen to them that you have will have thoughts about doing those things to another boy or girl. Have you had any thoughts like that?

Have you ever done anything to other boys or girls because of those thoughts?

When a boy reports an assault by another child, the other youngster should also be interviewed for a possible history of abuse.

When a boy reports an assault by another child, the other youngster should also be interviewed for a possible history of abuse. A youngster who is confronted with his assaultive behavior often reveals his own history of sexual abuse. These young offenders also need to be interviewed regarding a history of abuse. *(See Chapter 5 for more information on adolescent offenders.)*

PHASE FIVE: SUPPRESSION

Upon disclosure of the abuse, family and other adults close to the child may discourage the child from further talk about the abuse. The child may even be encouraged to "recant" the allegations and deny his account.

With boy victims, the dynamics of suppression most often take the form of denial of ill effects. A victim or his family may deny the need for counseling or treatment. Parents will talk about the male

victim's need to "forget about" the abuse and minimize the significance of any behavioral problems. The father of a boy abused by someone outside the home may be particularly insistent that it would be best if his son "not talk" anymore about the abuse and not receive counseling.

Abuse may be minimized and construed as within the acceptable bounds of sexual experimentation between adolescents.

A seldom discussed aspect of suppression occurs in institutional settings where children have been sexually victimized. In residential facilities or schools where sexual abuse has occurred, great effort may be expended to avoid revelation to the public. Abuse may be minimized and construed as within the acceptable bounds of sexual experimentation between adolescents. Staff members may be dismissed and living and sleeping arrangements altered, all without directly addressing the issue of sexual abuse.

USE THE PHASES AS YOUR GUIDE FOR QUESTIONS

This five phase framework for looking at sexual abuse can be used as a format for directing the interview. Questions should be directed to the child and the parents that review how the child was drawn into or coerced into the relationship. Exactly what happened? And when? How did the offender gain access to the child? What did the child wear, say and do? What kept the boy from asking for help? Were there threats? Bribes? Why is he telling now? And finally, what pressures is the child under to stop talking?

Notes

Chapter Three

Interviewing the child

As an interviewer, you should learn to use a variety of approaches. With practice and observation of other professionals conducting investigative interviews of children, you will develop your own style that is comfortable and productive.

GENERAL GUIDELINES

1. Always identify yourself and explain your role in language the child can understand.

2. It is generally best to interview the child in a neutral setting away from home. Note who accompanies the child to the interview and the possible implications for the interview. Try to arrange for the child to be accompanied by someone he trusts.

Note who accompanies the child to the interview and the possible implications for the interview.

3. Referral information, behavioral history, and other data from care givers should be obtained before interviewing the child. *However, this sequence obligates the interviewer to carefully guard against bias and preconceived expectations when interacting wtih the child.*

4. Interview the child alone without parents or care-givers present. If other professionals need to observe the interview, it is better for them to be behind a one-way mirror than in the interview room.

5. Don't allow the child free access to toys, drawings or books you intend to use as interviewing tools. Set up the interview room to include these as you need them.

6. Take into account the child's age and developmental level. For example, it is best to interview young children in the morning rather than later in the day. Be sure the child isn't exhausted or hungry.

7. Don't interview a child in the middle of the night. Be

Make a deliberate effort not to express to the child any feelings of horror, disgust, or anger.

sure he is in a safe place and plan your interview for morning, after the child has rested.

8. Be honest with the child and don't promise any actions will be taken that you cannot guarantee. Do tell him what you will do next with the information you have learned. Tell him as much as you know about what will happen next or who else will need to talk with him.

9. Children will take cues from your tone of voice, gestures and facial expressions. Make a deliberate effort not to express to the child any feelings of horror, disgust, or anger.

10. The sex of the interviewer, particularly with a very traumatized victim, is an important issue to be addressed *before the interview.* Older boy victims in particular may feel more comfortable with a male interviewer.

11. Most interviewers have to take notes when talking with a child in order to report the interview accurately. *Decisions to make audio and video recordings should be made in conjunction with law enforcement personnel, as such records may be evidence in a criminal investigation..*

12. Answer the child's questions. If you can, tell him what will happen next for him and the offender.

*At this point you may want to use **Working Together,** developed and published in conjunction with the **Working Handbook** to support sexually abused boys. It is recommended that **Working Together** be given to a child at the earliest point of intervention. See Chapter 9 for a review.*

Find out what the child expects of the interview situation.

ESTABLISHING RAPPORT

Your first job in the initial phase of the interview with a child is to establish a relationship of comfort and trust. Be aware of the child's anxiety level. Acknowledge the child's feelings by saying, "I know this is tough to talk about." Reassure younger children that they are not "in trouble" because they have been brought to speak with you.

Clarify the child's expectations about the interview. Find out if he was told anything about the interview situation ahead of time. He might expect a variety of things from "playing games" to a medical exam.

Tell the youngster that you have talked with other boys his age about similar problems. This builds your credibility and helps the child feel less isolated.

Help the child feel less isolated by telling him you have talked with other boys his age about similar problems.

BEGINNING A DISCUSSION ABOUT SEXUAL ABUSE

You are setting the stage for a child to disclose details of sexual abuse. Your job is to provide "cues" to the child that you are prepared to listen. It is impossible to predict which cue or question will prompt a detailed history.

There are a variety of strategies for eliciting information that range from very indirect to more direct in approaching the topic of sexual abuse. The interview should proceed from open-ended questions, confirming that abuse has occurred, toward more direct questions to establish the details and context of the abuse. Leading questions which imply or suggest a particular answer to the boy should be avoided.

From Indirect to Direct

Start with indirect approaches with the aim of having the child bring up the subject of abuse. Begin a discussion with the boy about problem solving and then ask in general terms about any problems with family members or other adults. Asking about topics such as sleeping arrangements and privacy offer other indirect approaches which provide opportunities for the child to volunteer information about sexual abuse (Friedman & Morgan, 1985). Often, only children who have already made some partial disclosure will respond to these indirect approaches.

It is impossible to predict which cue or question will prompt a detailed history.

If indirect tactics do not generate a spontaneous revelation you may simply ask if the child has experienced any "uncomfortable touches." With younger children the phrase "private parts" can be utilized. Define the term for the child by telling him that his private parts are the parts of his body covered by a bathing suit.

It is important at this initial stage that you do not supply the names of possible abusers in your questions. Multiple choice questions should be avoided also, because a child may select an answer he thinks you are seeking. Use questions such as: "Some children are touched in the private places on their body by people they know well, like their parents, grandparents, or someone in their neighborhood. Has anything like that ever happened to you?" (Jones, 1985).

You may be seeing the child after actions have already taken place to protect him. In this situation, you may say to the child: "I know that you have been in a foster home and away from your family for several days. Can you tell me what happened? How do you feel about what happened?"

Ultimately, anatomical dolls and other interview tools are useful only to the extent that a trusting relationship has been established in which the disclosure can take place.

USING ANATOMICAL DOLLS

Anatomically correct dolls are a common tool for interviewing victims of sexual abuse. The dolls are available in sets which include male and female adults and male and female children.

Perhaps the most important thing that can be said about anatomically correct dolls is that they are simply one of many tools which are available to the investigator. **They will not expedite or facilitate disclosure of abuse beyond the interactional skills and sensitivity of the interviewer.**

Several recent writers, Friedman and Morgan (1985) and MacFarlane (1986), suggest a conservative approach to utilizing anatomical dolls because of increasingly frequent challenges in court as being suggestive and "leading" by their very nature and their presence in the interview setting. *A cautionary approach in which the dolls are not introduced until after the child has made some disclosure of abuse may be wise.*

When introducing the dolls, first allow the child to play with and explore the dolls. Explain that the dolls are useful in telling what has happened because they have sexual parts. If the child reports or demonstrates sexual behavior with the dolls, the interviewer can then begin to ask questions about the child's experiences.

If the youngster does not offer any information, then offer the boy doll and ask the child to name the body parts beginning with non-sexual (head, face, elbow, etc.) and progressing to sexual. The slang terms that the child provides for the genitals are repeated matter-of-factly and the child may be asked where he learned the word. Distinctions between adult and child, and male and female dolls may then be discussed. It is important to be aware that a young child may have an appropriate sense of sexual identity and still confuse the sex of the dolls.

Next, ask the child to show what happened. Any assignment of

identity to the dolls must come spontaneously from the child. **As the interviewer, do not label the dolls for the child.** Such an action will be considered a "leading" question and damages the credibility of your assessment techniques and interview.

Do not label the dolls for the child. Such an action will be considered a "leading" question and damages the credibility of your assessment techniques and interview.

Additionally, do not say "Let's play" or "Let's pretend." Inviting a child to pretend, elicits non-credible information. Instead, say, "Can you show me what happened?" As the child utilizes the dolls, ask questions relating to the details of the abuse:

What room were you in?

Were your clothes on?

What did he touch you with?

What did he say?

What happened next?

Did any other part of his body touch you?

Was there anything else that he wanted you to do?

Did you tell anyone?

As an interview using the dolls progresses, be patient and observe the behaviors of the child in this setting. Some will interact openly with the dolls, spontaneously demonstrating explicit sexual acts. Others will be secretive and want to play with the dolls out of sight of the interviewer. Still others will direct anger at the dolls. Note these interactions and behaviors.

Many professionals who have contact with children characterize the free play of sexually abused children as often more aggressive and sexualized than "normal." A study of 144 non-abused children by Sivan, Schor, Koeppl and Noble (1988) documents normal, free-play behaviors of children ages 3 to 8 with anatomical dolls. In a strong conclusion they write:

"The results of the present study suggest that in most ways children's reactions to anatomical doils are similiar to their reactions to other toys. Thus, unusual behavior observed in interactions with these dolls should be taken seriously. In direct contrast to clinical observations of the play of

abused children, observations of these 144 non-referred children suggest that the doll play of non-abused children is, for the most part, free of aggression and sexual concerns."

It is best to avoid repeated interviews with anatomical dolls. Occasionally experienced clinicians will encounter children who become withdrawn and avoid the dolls. This behavior is often the result of repeated insistence by well-intentioned interviewers that the child replicate some behavior with the dolls. If it is felt that some type of demonstration aid is needed in a repeat interview, the child can be given some sense of control in the setting by offering the choice of utilizing dolls or drawings.

Ultimately, anatomical dolls and other interview tools are useful only to the extent that a trusting relationship has been established in which the disclosure can take place.

The child can be given some sense of control in the setting by offering the choice of utilizing dolls or drawings.

USING DRAWINGS

Using paper and colored markers can be a useful way to make friends and also provides a format for informal assessment of developmental levels. By age 3-1/2 to 4 most children can identify the primary colors. Most children can copy a circle by age 3, a cross by age 4, and a square by age 5. If a child is shy or withdrawn, you can begin to draw first. Ask the child for suggestions and then invite the child to draw with you.

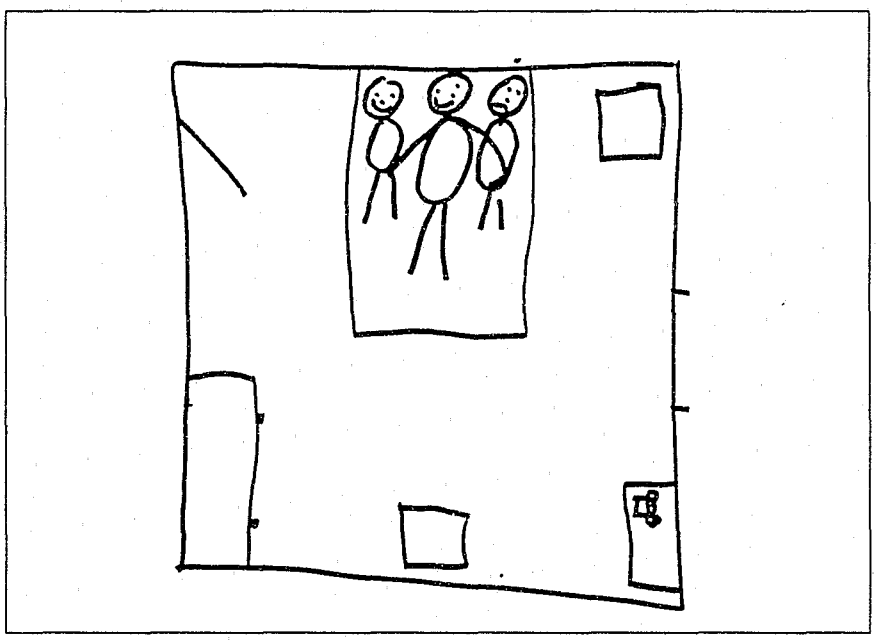
Drawings can assist the child in recalling and relating the specifics of the abuse. This technique is most useful with school-age children who have not been highly traumatized by the abuse. Find out where most of the abuse occurred and then draw a simple outline of the house or a room in the home. With the child's instructions, draw in objects and furniture in the outline of the home. Then ask the child to draw in himself and the abuser. While drawing, children will often spontaneously provide information about the abuse or you can ask questions:

1. **Find out about sleeping arrangements. When do they change? Why do they change?**

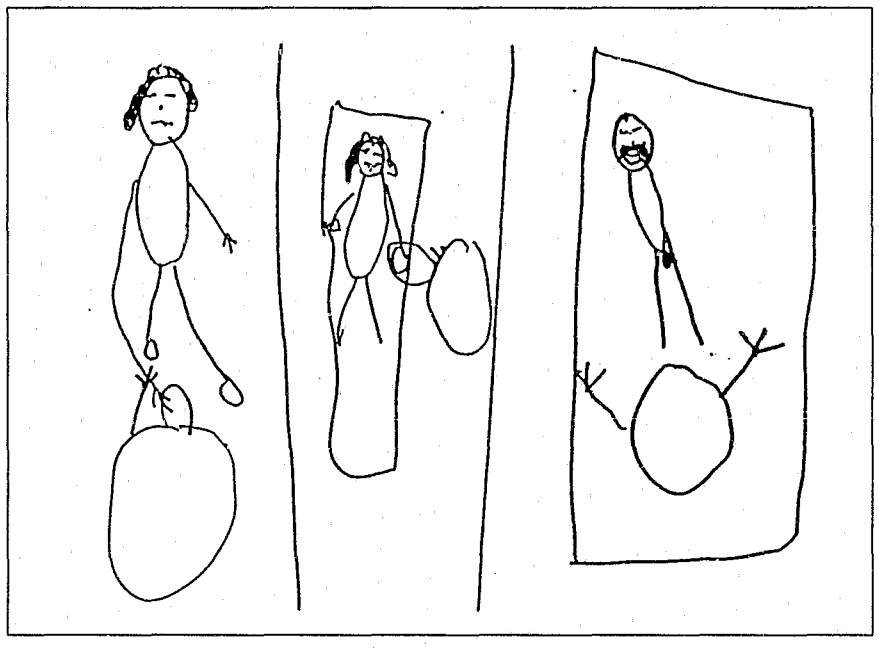
2. **Where is the family during the abusive episodes?**

3. **Abuse often occurs around bedtime and bathing activities. Who puts the child to bed? What happens at bath time?**

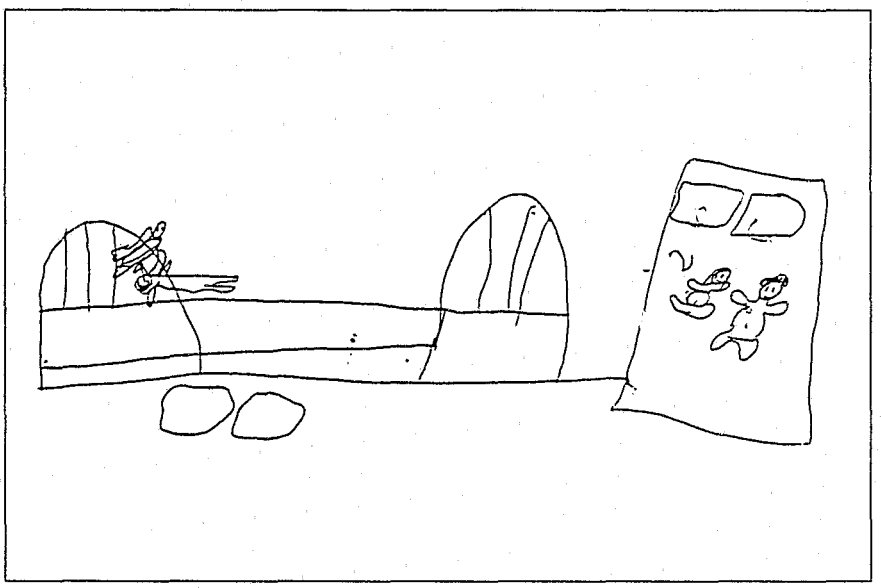
Young children in particular should not be pushed to create a drawing of a traumatic event.



Brothers, Mike, age 10, and Jim, age 7, were sexually abused on several occasions by an unrelated acquaintance of the family. Both boys spent the night at the home of the abuser on one occasion, and fondling and fellatio occurred. Mike produced this drawing, reporting that both boys were made to stay in bed with the abuser at the same time. The seven year old's history was corroborative. The room, bed, etc. were drawn by the interviewer; the figures were drawn by the child.



This drawing was produced spontaneously by a nine year old girl who was abused by a baby sitter. The abuse consisted of masturbation and digital penetration. The three separate panels delineate what are to the child different incidents or activities.



This drawing was made by a 12 year old boy. He lived with his 11 year old brother, their retarded mother, and maternal grandfather. Both boys disclosed a history of observation of repeated sexual assault of their mother by their grandfather. In this drawing, the 12 year old depicts himself and his brother in fearful observation of an assault occuring in another bed in the same room.

As with use of anatomically correct dolls, you must respect the child's signals of discomfort or resistance to drawing.

CAUTIONS IN THE USE OF DRAWINGS

Drawing is properly used by an interviewer to build rapport, to note the maturity of the youngster and to depict incidents that help recall events specifically.

Do not try to interpret the spontaneous drawings of youngsters or assign your own meanings to what is drawn. Projective techniques and art therapy are useful for psychological assessment but should not be relied upon for validation of child sexual abuse.

Young children in particular should not be pushed to create a drawing of a traumatic event. This is part of art therapy and appropriate in a therapeutic setting and not in an interview.

As with use of anatomically correct dolls, you must respect the child's signals of discomfort or resistance to drawing.

HELPING THE CHILD TALK TO YOU

The assessment of a child who has been referred to you as a possible victim of sexual abuse begins a process. There will be many points during the interaction where opportunity exists to either ease or inhibit the child's disclosure. You must make an opportunity to establish a relationship in which the child will feel comfortable to talk. Discussing favorite toys, play activities, or even clothing worn to the interview are all ways of communicating to the child that you are interested in him.

There will be many points during the interview where opportunity exists to either ease or inhibit the child's disclosure.

Male victims of sexual abuse will often come into the interview situation with some concerns of masculine role identification as a result of having been abused by a male. Because of this it is particularly helpful and reassuring to boys to engage them in conversation about cars, sports and other stereotypic, age-appropriate interests of boys.

Brief statements of support, validation, reframing, and closure will be helpful at various points during the interviews:

"You have a good memory."
"You are doing a good job of remembering."
What we are asking a child to do in an interview about sexual abuse is a taxing, anxiety provoking task that calls for specific behavioral reinforcement.

"It wasn't your fault."
"You didn't do anything wrong."
Victims experience feelings of guilt secondary to the process of engagement and entrapment in sexual abuse. Firm, supportive statements of their lack of culpability help disclosure and begin the healing process. Older boys often have particularly strong guilt feelings because they didn't "fight back," and may believe their family and friends can't understand why they couldn't resist the offender.

"Some of the things that happened felt strange or hurt and some of them may have felt good."
Acknowledge the anxiety the male victim experiences as a result of sexual arousal that may have occurred during the abuse.

Many victims need permission to express the fear generated explicitly or implicitly by the offender.

"That sounds scary."
"That sounds confusing."
"That sounds frightening."
Many victims need permission to express the fear generated explicitly or implicitly by the offender. Some research has suggested that male victims of sexual abuse are more likely than female victims to be physically threatened.

"Let's stop for a few minutes and talk about something else."
Be vigilant about the child's anxiety level and offer a break.

"There were probably some things about Mr. Smith that you liked."
If the abuse occurred in the context of an ongoing relationship, the child may like the abuser and probably has been receiving special attention, favors or gifts that increase ambivalence and feelings of confusion about his disclosure.

"I've talked to other boys, even some who were older than you are, who had something like this happen to them."
Communicate to the child that you have dealt with similar situations and can calmly accept the information that is being disclosed.

"I know its hard to talk about."
"I know its hard to remember."
These are general statements with which to acknowledge the child's anxiety.

"It's O.K. to say dirty words."
As part of the abuse the child may have been subjected to obscene threats or instructions and adult permission may be needed to allow the child to disclose the content of these.

"I'll be talking to John and Bill about the things that happened to them. too."
"John did a good job of remembering just like you."
At times, you may be talking to several children abused by the same individual. If it is possible to do so without violation of confidentiality, it is often helpful to victims to know that their disclosure is strengthened and corroborated by similar reports from others in the same circumstance. Of course, it would contaminate such an investigation to report details of one child's abuse to another possible victim.

FACT FINDING IN THE INTERVIEW

The following list of questions will help guide your interview and review aspects of the phases of sexual abuse. While the interviewer will probably not ask all these questions in this order, the interviewer should know the answer to most of these by the end of the session.

How did it first start happening?
What happened after that?
Where did it happen? Anywhere else?
Where was everyone else?
When would it usually happen?
When did it first start happening?
Exactly what did he do?
What did he say to you?
Did you tell anyone?
Did anyone else know or see it happen?
Were your clothes on or off?
Were his clothes on or off?
Was there touching over or under your clothes?
Did anything in particular happen that made you want to tell now?
How many times did it happen?
Did anyone ever take pictures of you with no clothes on?
Did anything like this ever happen with anyone else?

Communicate to the child that you have dealt with similar situations and can calmly accept the information that is being disclosed.

Notes

Chapter Four

Interviewing the boy's mother or caregiver

Whenever possible talk with the youngster's parent. In the majority of cases this will be the child's mother, as the father is often the alleged abuser or a suspect. If the child's mother is not available, a social worker or foster parent may be able to answer questions about the child's recent history and behavior.

Remember, you are listening for information about how the child functions and about the adults in the child's environment. **In addition to your own observations, you need a baseline of information about the child to note recent behavioral changes and problems.** The adults who are interviewed should be reassured that their information will be used in the best interest of the child. Answer their questions about the interview process.

Remember, you are listening for information about how the child functions and about the adults in the child's environment.

TAKING A DEVELOPMENTAL HISTORY

Review these general and specific areas of the child's developmental history:

Begin by noting any problems that may have occurred with pregnancy and delivery. Does the child have any birth defects or chronic health problems?

Find out when the child began to talk and his current language skills. How well does the child talk? Does he have any speech problems?

Is the child toilet trained? Have there been any changes in toilet habits? Are there frequent "accidents?" The extent to which very young children are trained or need help in the bathroom may be significant in the evaluation of accusations of abuse, particularly in day care or baby-sitting situations.

Is there any significant history of trauma, either physical or psychological?

What grade is the child in? Are there any recent or chronic problems with school performance and behavior?

What does the parent think is the level of the child's sexual knowledge and vocabulary?

Difficulty in separating from a parent is an expected developmental stage for pre-school children. However, extreme problems with this behavior or its presence when it is not age-appropriate can be warning signs of abuse.

As the interviewer, you are not only looking for the achievement of normal developmental milestones but also indications of regression or "slipping" from previously accomplished behaviors. Ask if there are any concerns about the child's development. Ask about thumb sucking, nightmares, new fears, or "baby-talk." Find out about any problems because of masturbation.

It is important to ask for the exact words used by the child.

DISCLOSURE TO FAMILY

The parent or care-giver may have been the first to hear a spontaneous statement from the child about the abuse. It is important to ask for the exact words used by the child. Note these words separately from adult interpretations or embellishments. There have been increasingly successful attempts to introduce these first statements into the courtroom as evidence and exceptions to hearsay rules.

When did the child make these statements? Where? Who was present? What happened prior to the statement? Often, in cases of abuse within the family, children's first disclosures occur when visiting a friend or grandparents, because they are not near the abuser.

Some children minimize the abuse or later deny the allegation because of these first adult reactions.

The child's emotions at the time of his disclosure are also noteworthy. Many younger children will report in a matter-of-fact or secretive manner to a non-abusive parent. However, some older male victims may be quite agitated when they initially tell, as a result of suppression of feelings over a long time. Some children expect to be punished. They may talk about feeling guilty, particularly if they have begun to act out sexually with other children.

Adult responses range widely from supportive to confrontive. Try to have the adult recall how they reacted to the child's statements. What did they say or do afterwards? This information will

give clues to the child's account. Some children minimize the abuse or later deny the allegation because of these first adult reactions. Young male victims who have been abused by an older teenage boy may even be taken by a parent for a direct confrontation with the abuser. This is quite traumatic for the child and leaves him feeling unprotected.

The parents or care-giver will often have some hindsight about the statements made by the child. In particular, they may recall statements by the boy regarding "pre-offense" behavior of the abuser. Maybe the boy made comments about physical contact during play that made him uncomfortable. The parent may recall the offender's participation in the child's dressing and bathing activities that did not cause any particular parental concern at the time.

Ask the parent or care-giver:

Can you remember anything strange your child said about the abuser?

Did you recall seeing the offender do or say anything that seems odd now?

DOES THE FAMILY KNOW THE OFFENDER?

The individual who abuses a boy is more likely to have had multiple victims.

Often when a sexual abuse case is reported and the initial investigation begins, a particular adult has already been identified as the alleged abuser. The parent or care-giver may have valuable information about this individual.

A general history and even specific statements may be reported that suggest the alleged offender has shown a sexual and social interest in children that is unusual. The individual who sexually abuses a boy is more likely than one who abuses a young girl to have had multiple victims. An example would be the individual whose social activities consist exclusively of volunteer situations that allow lots of contact with children.

It may also be known that there have been prior, unproved accusations of sexual behavior with children or even prior job dismissals and treatment. Information about such prior behaviors will be helpful in validating a current accusation. An offender's method of engagement and interaction with each subsequent child

Adult homosexual behavior and homosexual pedophilia have different origins. There is no research to suggest that one activity leads to the other.

is often similar, so past history may corroborate a child's account.

At times in the assessment of a male victim, information will be provided that the alleged abuser is known or believed to have been involved in homosexual relationships. Such information should be received, reported, and interpreted very cautiously. Adult homosexual behavior and homosexual pedophilia have different origins. There is no research to suggest that one activity leads to the other. However, these sexual interests may overlap in the offender and this possibility should be considered when the sexual abuse victim is a post-pubertal or teen-age male.

If the history suggests that the offender may also have had sexual contacts in the adult homosexual community every effort should be made to evaluate the possibility that he may have exposed the child victim to (1) venereal disease (2) Acquired Immune Deficiency Syndrome, or (3) Hepatitis B.

IS THE ALLEGED OFFENDER A FAMILY MEMBER?

Information about the family is particularly important if it is a possibility that the abuser is a family member. Find out the names and ages of siblings, length of marriage, prior marriages, separations and divorces, and ask if other adults live in the home. A family history may reveal sexual abuse in prior generations. If the victim's mother has a prior history of abuse this may either serve to block her awareness of indications of abuse in her child or make her overly sensitized to these concerns.

The professional who is assessing the possibility of sexual abuse in a family where divorce and custody litigation are occuring will lend more credibility to his assessment by being as circumspect as possible.

If the parents are divorced, what are the custody and child visitation arrangements? Have there been any recent changes in visitation? If so, how does the child deal with these? Is there any current legal action dealing with custody or visitation? There may be recent or pending psychological evaluations related to custody issues. The professional who is assessing the possibility of sexual abuse in a family where divorce and custody litigation are occurring will lend more credibility to his assessment by being as circumspect as possible to the issue of the abuse. *(See Chapter 6 for a review of false allegations in custody disputes.)*

If it is possible to interview the spouse of the alleged abuser, useful information may be gained by asking about the marital sexual relationship. They may outline increasing problems with a

satisfactory sexual relationship. There may be a gradual depersonalization reported as coercive introduction of pornography and other sexual partners. Some mothers of male incest victims have reported that the abuser gradually grew dissatisfied with vaginal intercourse and desired only fellatio and anal intercourse as sexual outlets.

Particularly in the assessment of young victims of alleged abuse, a care giver should be asked if they are aware of any pornography in the home and if the child has been exposed to it. Often with preschool age children, sexual acting out behavior is one of the primary indicators of abuse and those assessing this behavior will face the explanation that it was precipitated by the child's exposure to pornography in the home. Seldom is the case. Sexually acting out behavior between preschoolers which is repetitive, aggressive, and involves penetration is particularly indicative of abuse.

Sexually acting out behavior between preschoolers which is repetitive, aggressive, and involves penetration is particularly indicative of abuse.

MEDICAL PROBLEMS AND BEHAVIORAL CONCERNS

A history of physical complaints related to sexual abuse and sexually transmitted diseases is an important part of evaluating sexual abuse and makes it essential to obtain a physical examination of the child by a physician.

Abused children may present a variety of non-specific physical complaints that disappear after the abuse is disclosed. These would include vague abdominal or stomach pain and headaches.

A significant number of sexual abuse cases are revealed because children are brought for medical attention with symptoms of sexually transmitted diseases. In male victims these symptoms may include penile discomfort, penile discharge, warts in the genital and anal areas, and rectal discomfort or irritation.

It is essential to obtain a physical examination of the child by a physician skilled in exams of sexually abused children.

Bedwetting in a previously dry child is a regressive symptom of a variety of psychological problems but also of abuse. Encopresis (feces in the underwear) is often seen as a symptom of abuse in boys subjected to anal intercourse. This symptom is generally related to the child's anxiety about the abuse and not related to any physical trauma or damage. A careful history of the behavior sometimes reveals that the boy is able to control his bowels in certain settings but not in others, such as at school.

In recent years the extensive amount of discussion in the public

media about Acquired Immune Deficiency Syndrome has led to an awareness of the danger of AIDS and its relationship to sexual behavior by the general public. This awareness is shared by school-age children. Because of the emphasis in the media on the presence of AIDS in the homosexual community, boys who are being abused by a man may fear that they have the disease. Questions about AIDS, because of this fear, may be the first step in a boy's disclosure of his abuse.

OTHER BEHAVIORAL INDICATORS

People familiar with the youngster may report a wide variety of behavioral difficulties. Your interview should cover the presence of any of these indicators:

1. **Sexual acting out behavior with other children**

2. **Precocious sexual knowledge as shown by the child's talk and/or play**

3. **Sexually stylized behavior towards others or behavior that mimics an adult's seductive actions**

4. **Persistent masturbation**

5. **Sleep disorders, nightmares**

6. **Eating problems**

7. **Fearfulness of adult males**

8. **Fear of being alone**

9. **School failure and poor concentration**

10. **Sexual play with animals**

11. **Other regressive symptoms**

12. **In older children, evidence of prostitution, promiscuity, depression, sex-role confusion and drug abuse can be signs of sexual victimization**

Chapter Five

Guidelines for interviewing the suspected offender

"Those child molesters who actually turn themselves in to the police, and they add up to a tiny number, usually do so only when it begins to look as though their victims are about to blow the whistle." (Crewdson, 1988)

At times an individual assessing a child sexual abuse case will have an opportunity to interview the alleged offender. In many states there is a statutory requirement that the children's protective services agency contact the alleged offender within a certain time period after a report of abuse is made.

A calm, structured approach to the interview will often yield valuable information.

The alleged offender may respond with hostile denial or rationalizations or he may blame others, becoming agitated or depressed. Whatever the response, a calm, structured approach to the interview will often yield valuable information. The following are provided as guidelines to this first contact with an adult whom you believe may have sexually abused a child.

1. **Do not approach the interview with a mental framework that your only goal is to obtain an admission.** Admissions do occur in a small number of cases on initial confrontation. However, it will generally be most productive to take an information gathering, even supportive stance.

2. **Interview the child and others with knowledge of the allegation before talking with the alleged offender.**

3. **When the allegations are of intrafamilial abuse or incest, use inclusive phrases that emphasize the family as a unit, such as "a problem in *your family*" rather than "Alice said" or "John said."**

4. **Do not approach in a manner that will heighten guardedness and defensiveness.** Avoid statements such as "Someone told us—" or "We know that you—."

Many offenders will deny even normal aspects of sexuality, such as masturbation and fantasy.

5. Expect that an alleged offender may try to exert control in the interview. He may try: a) making threats; b) flooding you with extraneous information; c) making demands; or d) beginning to question the interviewer.

6. Be non-directive in the initial stage of the interview. Be increasingly directive as the interview progresses.

7. Ask the alleged offender to help you "understand what has happened in the family."

8. Use open-ended questions. Ask questions that elicit responses regarding what kind of relationship this individual has with his own children and with other children.

9. Take a general social history. This would include areas such as: a) family history; b) marital history; c) arrest record; and d) employment history.

10. Take a sexual history. This would include such elements as: a) first knowledge of sex; b) awareness of parental sexual relationship; c) masturbation and sexual fantasy; d) sexual relationships with peers or spouse; e) extramarital relationships; f) homosexual relationships; and g) sexual abuse in childhood.

Many offenders will deny even normal aspects of sexuality, such as masturbation and fantasy. Many incest offenders have never pursued and established extra-marital sexual relationships. In treatment, they often offer excuses in which an extra-marital affair is seen as more immoral than incest. Incest offenders who have molested a boy are more likely to have a mixed sexual orientation than those whose victims were girls. They may have had some homosexual contacts as young adults and then attempted to establish a heterosexual orientation through marriage.

Some research has suggested that the earlier an individual is abused, the more likely he is to become an offender.

A history of sexual abuse in childhood will generally be denied. However, at times, sexual experiences such as coercive activity by older adolescents may be revealed as the offender assumes they are normal occurrences. Additionally, some sex offenders, while not having been abused themselves, were witness to sexual violence in their childhood, such as marital rape or abuse of a sibling. Some research has suggested that the earlier an individual is abused, the more likely he is to become an offender. The age at which he was abused may even match the age of his victim.

Be prepared for the fact that if an admission is forthcoming it will, in the vast majority of cases, be a partial admission. There are two typical patterns. The first is for the offender to admit to activities that did not involve penetration and to deny those sexual activities that did involve penetration.

Virtually all initial admissions by offenders are partial admissions.

The second pattern is an admission to abuse that occurred when the victim was post-pubertal and denial of any actions that occurred when the child was younger.

These first tentative admissions will often be couched in terms of the offender's lack of responsibility for his actions. This will be accomplished by references to intoxication, memory loss, intended sexual education, or even the child's "seductiveness". Any partial, initial disclosure should always be met with support and acknowledgment of the difficulty of reporting such behavior. This will pave the way for more complete disclosure and evaluation of the treatment potential of the offender.

These are examples of statements made by offenders during the initial stages of the investigation reflecting denial of responsibility, minimization, rationalization, and blaming the victim.

Any partial initial disclosure should always be met with support and acknowledgment of the difficulty of reporting such behavior.

"I never knew he didn't want me to do it."

"I must have been drinking. I don't remember."

"It stopped for a while, then I couldn't help myself."

"Penetration never took place."

"I thought he liked it."

When talking with an alleged offender, present incest as a treatable problem that can be dealt with in an established treatment program. Although you can not make promises, it may be helpful to describe cases that did not involve incarceration.

Confront the alleged offender with the child's report of abuse. Be firm, but calm in your belief that the child has been abused.

Ask about the individual's history of psychological and psychiatric treatment. What is the extent of and type of treatment? Treatment may have been sought for depression or alcoholism. Consid-

In the past, there has been a tendency to dismiss an incident of sexually assaultive behavior by an adolescent as "misguided experimentation".

eration should be made of the suicidal potential of an alleged offender and a referral to a mental health professional should be made, if needed.

ADOLESCENT OFFENDERS

In the past there has been a tendency to dismiss an incident of sexually assaultive behavior by an adolescent as "misguided experimentation." We now know that such behaviors present a serious social problem. By some estimates, 20% of all sexual offenses committed in this country are perpetrated by adolescents. (Davis and Leitenberg, 1987)

The first recognition of the scope of this problem came from surveys of adult offenders granted immunity from further prosecution for providing self-incriminating information. Over half of the adults in such studies acknowledged that they had committed their first sexual offenses prior to the age of 18 (Abel, Mittleman, Becker, 1984).

These histories suggest that the age of the offender at his first offense appears to be youngest with a group of offenders who show a victim preference for young boys. Many of these individuals reveal that they committed their first sexual crimes before the age of 15 and went on to commit offenses numbering into the hundreds without apprehension or intervention.

Poor school performance, arrests for non-sexual crimes and conduct disorders are common in the adolescent offender population. Adolescents appear to be less likely to utilize weapons and more likely to use verbal threats with their victims than adult offenders. They target younger victims more often than same age or older children. Most victims are known to the offender and there are indications from police report data that group rape may be more frequent among adolescent than adult offenders. It is a common misconception that adolescent offenders act out of sexual inexperience when, in fact, most have had sexual relationships.

Much research remains to be done about the nature and causes of adolescent sexual offenses. "Adolescent sexual offenders represent a serious social problem. Not only do they commit a relatively large number of sexual crimes. . . but these often represent the early stages of a developing sexual deviance that the adolescent carries into adult life," (O'Brien and Bera, 1986).

FEMALE OFFENDERS

Although several diagnostic frameworks have been proposed for the assessment of male offenders, there have been no attempts to apply these to female offenders. This is a reflection of the sparse amount of data available on women as sexual offenders against children.

Interviewers should remain open to the possibility of the sexual abuse of a child by a female.

In his review of reporting data on sexual abuse, Finkelhor (1984) suggests that probably 5% of girl victims and 20% of boy victims are abused by a female offender. Often, women offenders are named as co-perpetrators with men who are sexually abusive. Cases of sexual abuse in day care settings may involve female offenders in a much greater proportion than occurs in intrafamilial abuse. Interviewers should remain open to the possibility of the sexual abuse of a child by a female.

Long term, progressive, manipulative, intrafamilial sexual abuse with the mother as perpetrator certainly does exist. Many of the same feelings of anger, betrayal, and confusion are present in the victim. James and Nasjleti (1983) present the following profile of a sexually abusive mother:

1. **Infantile and extreme dependency needs.**

2. **No spousal relationship, or one that is emotionally empty.**

3. **Possessive and overprotective attitudes toward child.**

4. **Alcohol used as a crutch and as a "disinhibitor" to the expression of sexual feelings.**

This author has seen male victims in families closely fitting this profile and one such case is presented here:

Robert is a 14 year old who had lived with his mother and an 11 year old sister prior to running away from home. He had made some brief statements to law enforcement officers suggesting sexual abuse by his mother. The mother had never married and although they had lived with relatives at times, there was never an adult male in the household. The mother was unemployed, alcoholic and on several occa-

sions the children had to be placed in shelter during the mother's admission to detoxification facilities.
Robert reported that sexual abuse by his mother began several years before puberty and that his mother would, "make me get in bed with her when I didn't want to."
"She was drunk and she had me get up in the bed and made me do it with her. She had me take my clothes off." He describes the relationship as progressing to intercourse, "two or three times a month, mostly when she was drunk."
He said his mother "told me I can't have a girl friend and I can't go out." Robert expressed his anger by saying that, "If I hadn't run away, I would have killed her." He said that his mother had talked about suicide when intoxicated and that he had also had such thoughts himself.

In your conversation and questions with the male victim who may have been abused by a woman, be aware of these concerns:

Indicators of confusion and anger in the young victim.

Indicators in the case history and child's statements of emotional disorder/substance abuse on the part of the female abuser.

Be aware that the older boy may feel intense anxiety that the abuser may become pregnant as a result of the relationship.

As with female incest victims, the boy may report efforts by the abuser to restrict his peer relationships.

Chapter Six

Coming to a conclusion

Increasingly, intense professional attention as well as public notice and judicial concern have been brought to bear on the issue of the credibility of reports of child sexual abuse. Alarm and confusion have sometimes arisen because data from childrens' protective service agencies may show large percentages of cases categorized as "unfounded."

THE CREDIBILITY OF CHILDREN'S STATEMENTS

A review of 267 unfounded reports by Jones and McGraw (1987) concluded 87% of them could be characterized as cases in which there was an unsubstantiated suspicion of abuse or insufficient information to make a determiniation. The number of outright fictitious histories presented by adults and/or children was found to be 6% of a total sample of 576 reports that Jones and McGraw examined. The majority of these fictitious reports were made by adults and only 1.5% were made by a child. Other researchers find similarly low rates of false allegations by children. Only a 3% rate of false allegations in a sample of 190, was reported by Faller. (1988).

By careful review of valid, substantiated case histories, a number of researchers have created criteria for assessment of children's reports. These criteria are attempts to characterize child sexual abuse and generalize from the similarities in valid cases.

On the following pages, a table presents the case indicators first delineated by Suzanne Sgroi in 1984. Three other summary lists for reviewing the credibility of a child's report, from more recent authors are presented for comparison: Wehrspaun, Steinhauer, Klajner-Diamond (1987), Farr and Yuille (1988), and Schetky (1988).

There is strong agreement and consensual validity across these criteria. However, child sexual abuse is a very heterogeneous

psycho-social phenomena and the absence of these criteria should not be used to dismiss children's reports as invalid.

"The problem is that when one attempts to describe the whole range of responses from a group as disparate and as complex as sexually abused children, it is difficult to do so in a simple checklist." (Corwin, Berliner, Goodman, Goodwin, White, 1987).

CRITERIA FOR ASSESSING CREDIBILITY OF A CHILD'S STATEMENT OF SEXUAL ABUSE

SGROI (1984)

1. **Multiple incidents of abuse over time.**

2. **A progression of sexual activity over time.** For example, the child may report a progression beginning with incidents of exposure and fondling, and later moving to penetration.

3. **Elements of secrecy.** The history may reveal that the child was given a direct or implied understanding that the activity should be kept secret.

4. **Elements of pressure or coercion.** The abuser uses bribes, threats, or adult authority to obtain compliance.

5. **Explicit details of sexual abuse.** The child provides details of sexual interaction in age-appropriate language.

WEHRSPAUN, STEINHAUER, AND KLAJNER-DIAMOND (1987)

1. **Spontaneity of statements.**

2. **Repetitions over time with consistency.** The child is able to repeat the same basic history in different assessments or with the same interviewer.

3. **Embedded responses.** An event of everyday life triggers a memory of abuse that was not available due to repression or developmental limitations.

4. **Amount and quality of details.**

5. **Story told from the child's viewpoint.**

6. Evidence of the child's emotional state consistent with disclosure.

7. Evidence of Accommodation Syndrome, (Summit, 1983)

A. Secrecy
B. Helplessness
C. Entrapment and accommodation
D. Delayed, unconvincing disclosure
E. Retraction

8. Consistency in the face of challenge. The child responds to challenge by reconfirming the original allegation.

There is strong agreement and consensual validity across these criteria.

FARR AND YUILLE (1988)

1. The child's statement is presented with general cohesion, is spontaneous, and has detail.

2. Presence of accurate detail that the child does not comprehend. An example of this would be the child's description of adult sexual arousal without comprehension.

3. Reports of unexpected complications. For example, the authors report a history of a child describing someone coming to the door of the house during an abusive incident.

4. The presence of elements unlikely to be seen in a fictitious history such as:

A. Spontaneous corrections
B. Admission of lack of memory

5. Offense specific elements that are consistent with the dynamics of child sexual abuse.

SCHETKY (1988)

1. Child uses own vocabulary. Vocabulary changes but not the facts. The accounting is from a child's viewpoint.

2. Affect is consonant with allegations.

3. Behavior may be seductive, precocious, regressed, or guarded with somatic complaints.

4. **Child can differentiate fact from fantasy.**

5. **Recall of details including sensorimotor, absence of denial, idiosyncratic detail.**

6. **Absence of secondary gain.** Examples of secondary gain are: anger over recent punishment, or a wish to change a custody arrangement.

7. **Play and drawings exhibit sexual themes, may re-enact trauma, exaggerates or avoids sexual features.**

8. **History of progressive sexual activity over time, delayed disclosure, child threatened to keep secret, psychological coercion, sex rings, rituals, and pornography.**

The common psychological defense mechanisms of repression, denial and disassociative processes may make it impossible for the child to recall some of the most traumatic aspects of abuse.

CONCERNS ABOUT FALSE ALLEGATIONS

Even more tenuous than criteria for validity, is the issue of "hallmarks" that are indicators of false allegations of sexual abuse. It is a source of concern that conclusions are based on small numbers of cases and that varying rates of false reports have been found in studies of sexual abuse allegations in custody disputes. From these studies some factors have been suggested as indicators of false reports:

1. **The presence of post-traumatic stress disorder in either the child or the adult who may have a history of prior victimization.**

2. **A lack of concern and emotional response in the child.**

3. **The absence of any threats or coercive elements in the account of the abuse.** (Wehrspaun, Steinhauer, Klajner-Diamond, 1987 and Jones, McGraw, 1987)

There are important caveats with even this short list of indicators of fictitious reports. First, we know that substantial numbers of abuse victims appear to have few symptoms of distress. Secondly, the common psychological defense mechanisms of repression, denial and disassociative processes may make it impossible for the child to recall some of the most traumatic aspects of abuse.

In cases that arise as part of custody disputes, be aware of the circumstances of the allegation. When was the issue

first raised and how does this correspond with events in the family?

Is the history principally given by the parent? Will the parent allow the child to be interviewed on his own?

What does the child say and how does he say it? Many children know the correct anatomical terms for their body parts and use of these words is not necessarily a sign the child has been told what to say. Instead, listen to how the child talks about the incidents for appropriateness of expression.

What emotions does the child display while talking?

What indicators of threat or coercion are present in the account of events?

Does the boy exhibit any behavioral indicators and symptoms of sexual abuse?

Young children under stress from family changes or traumatic loss in their lives may exhibit behavioral symptoms similiar to those noted in sexually abused children. (Bedwetting, night terrors, acting out aggressively or fearful withdrawal, etc.). These symptoms alone are not enough to substantiate a suspicion of sexual abuse, but are certainly warning signs of a child under stress. A child who has been victimized sexually may also have sexualized content to his play, act out sexually with others, say things that reveal inappropriate sexual knowledge or simply report the abuse. It is this sexualized overlay to the behaviors that distinguish these symptoms as significant of sexual abuse.

Listen to how the child talks about the incidents for appropriateness of expression.

Notes

Chapter Seven

A model for writing the interview summary and case assessment

While agency requirements will vary on format for interview reports, your complete assessment should address these points:

ONE: REFERRAL INFORMATION

A. How and when was the referral received?

B. List any known history of abuse and neglect of this child or any history of protective service intervention with this child and/or his family.

C. Have there been other interviews regarding this allegation? If so, who conducted them and what were the results?

D. Has there been any contact with psychologists, therapists, pediatricians, etc. because of concerns about abuse?

E. Summarize any law enforcement or protective service actions taken because of the allegation.

TWO: INTERVIEW WITH THE FAMILY OR CARE-GIVER

A. Family history

1. Marriages and divorces

2. Changes in physical or legal custody

B. Significant medical information

1. Chronic illness or handicap

2. Treatment with psychotropic medication

3. Symptoms of genital injury or venereal disease

4. Bedwetting or soiling

5. Sleep problems.

C. Note any concerns about developmental history

1. Failure to achieve developmental milestones or any evidence of unexpected immaturity.

2. Regression from previously acquired skills.

D. Any known history of sexual abuse of siblings, parents or step-parents.

E. Reports of observed sexual-acting out behaviors or spontaneous statements by the child regarding sexual abuse

F. Any significant observations about the mood or manner of the parent or care-giver.

G. Any day-care or baby-sitting situations.

THREE: REVIEW THE INTERVIEW SETTING

A. Who else was present for the interview?

B. Was the interview recorded or video-taped?

C. Relevant information about observed speech problems, motor or developmental delays, gross intellectual deficits or obvious mental problems such as hyperactivity or thought disorders.

D. Comment on the child's ability to provide general information about himself and his family.

E. Did the child know the purpose of the interview?

F. What "tools" were used: booklets, dolls, drawings, etc.?

FOUR: SUMMARIZE THE INTERVIEW FINDINGS

A. How was the topic of sexual abuse approached?

B. What types of questions were asked? (for example, did open-ended questions obtain sufficient information?)

C. Include verbatim quotes of the child's answers and statements.

D. Report specifically what sexual behaviors the child describes, what was denied and any vague responses.

E. Record details of sexual interaction the child can recount: time, place, chronology of events, statements made by the abuser, etc.

F. What mood and affect were associated with the child's responses?'

Report specifically what sexual behaviors the child describes, what was denied, and any vague responses.

FIVE: ADDRESS CONCERNS RAISED BY THE INTERVIEW

A. Include any information about any prior abuse and its differences from current allegations.

B. If the child has been interviewed before are there any significant changes in the account? Discuss possibilities for minimization or later denial of the allegations by the youngster.

C. Include any information that suggests there are other victims that need to be brought to the attention of protective service agencies.

D. Has there been a medical exam or is one needed?

SIX: IMPRESSIONS AND RECOMMENDATIONS

A. Summarize the abuse which the child reported.

B. Assess the credibility of the child's account by organizing your information to recount the development and course of the sexual abuse.

1. Is the child's account consistent with other valid cases of sexual abuse and assault?

2. To offer evidence of the credibility of the child's account, describe how the history fits into

one of the recognized frameworks for considering child sexual abuse *(Summit, Sgroi, MacFarlane, Corwin, etc., see Chapter 6)*

C. If you are a therapist or counselor, offer any diagnostic impressions that are of concern, such as depression, post-traumatic stress disorder, or attention deficit disorder.

D. Recommendations

1. Does the youngster need supervision or protective service placement outside the home?

2. If appropriate, address visitation with abusive parent or non-abusive parent.

3. Should additional investigative interviews be conducted?

4. Are any other types of assessment needed, such as intelligence or psychological testing or a psychiatric evaluation?

Chapter Eight

Treatment for the Child Victim of Sexual Abuse

Every child who is the victim of sexual abuse should be seen by a counselor to consider if the child and his family need counseling. This is true whether the child is victimized by someone within his family, an acquaintance or by a stranger.

The effects of sexual abuse can be pervasive and persistent across time. Because the vast majority of sexual abusers are male and many of these report histories of their own victimization in childhood, skillful intervention and therapy for the victim is vital to break the cycle of sexual abuse.

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The youngster and his family need information about sexual abuse and how it happened in addition to exploration of the strong feelings it engenders. The common emotional defense, to deny the impact of the victimization, needs to be countered by therapists and children's protective service workers willing to reach out to the child with education and support.

An assessment of the boy should include a review of his behavioral and emotional symptoms, his ability to cope with the events and the quality of his family's support for him. Experienced therapists know that emotional response to trauma is often delayed rather than immediate. So, any assessment should also include a plan with the child's caretakers for later intervention. Additionally, because of the expectations and demands of the criminal justice system on victims of crimes, support through the entire process will be helpful.

It is important for those who are responsible for the investigation and case management of a sexual abuse case to be aware of counseling issues. This awareness will help in crisis intervention and assist in the critical stage of transition from investigation to ongoing support and counseling.

THERAPEUTIC ISSUES

1. How does abuse happen? The child and his parents will have spoken and unspoken questions about how and why the abuse occurred. These are extremely difficult, but the therapist must try to verbalize for the victim the whole process of secrecy, entrapment, fear and even discuss unmet emotional needs which started and moved the process of the abuse.

2. Normal sexual response: In a manner appropriate to the developmental age of the child, the therapist will provide information about normal sexual response and functioning.

3. Loss of power: All victims need to deal with the issue of powerlessness. However, this is particularly acute for boy victims due to strong societal expectations that they should have resisted or evaded the abuse.

4. Isolation: By means of group therapy, reading or through his individual therapist, the victim needs to know that this has happened to other boys.

5. Anger and fear: Victims need to verbalize fears which often come from specific threats made by the abuser. The disclosure of abuse also often releases tremendous anger towards the abuser. Overpowering thoughts of punishment and even homicidal ideas may need to be dealt with.

The abuser may have been nurturing and attention giving as well as abusive, and thus the victim may experience feelings of loss which others in his environment would rather not acknowledge.

6. Loss: The abuser may have been nurturing and attention giving, as well as abusive, and thus the victim may experience feelings of loss which others in his environment would rather not acknowledge.

7. Guilt: Many victims of abuse have guilt feelings, not only for the abuse itself, but also for the disruption to their family and friends following the disclosure.

8. Reassurance: Direct, consistent, and repeated reassurance should be provided to the victim that he took the appropriate action when he reported the abuse.

9. Recapitulation of the abuse: Male victims are more likely than female victims to become sexually aggressive towards other children. This issue should be approached even if it was not the precipitating factor in the disclosure.

10. Sexual fantasies: Even if the child has not acted out sexually with other children, the child may be experiencing intrusive thoughts and sexual fantasies regarding abusive activities.

11. Dealing with peers: Questions and/or teasing by age mates can be extremely disturbing and painful to the young victim and he needs concrete suggestions for responses.

12. Homosexuality: Male victims of sexual abuse will have concerns about sexual orientation and sexual role if abused by a man. This issue is particularly acute if the victim is a post-pubertal teenager.

13. The civil and criminal process: The therapist may have to be active in giving support to the child who is providing depositions and testimony in civil and criminal matters. The therapist should not withdraw from opportunities to provide recommendations about the child's emotional ability to participate in the legal process.

14. Depression and self-esteem: The therapist must be vigilant for a wide range of symptoms and expressions of childhood depression and poor self-esteem. These range from diminished school performance to suicidal ideation and substance abuse.

ADDITIONAL TREATMENT CONCERNS

The choice of treatrnent is a primary consideration for the victims of abuse. Porter (1986), who makes a strong recommendation for the use of group therapy with child and adolescent victims of sexual abuse, suggests that there may be compelling reasons for the effectiveness of group techniques with male victims. Since there is a higher level of denial and less reporting of sexual abuse cases involving males, the use of the group process can be powerful in overcoming the isolation and stigma a victim can feel. Porter further recommends the age range of boys in a treatment group be kept narrow and if possible, male and female therapists conduct the group.

If individual therapy is the modality, Porter argues that caution should be used in placing male victims with male therapists. The child may confuse the emotional intimacy encouraged by the male

The child may confuse the emotional intimacy encouraged by the male therapist with the sexual intimacy that was encouraged by the male abuser. (Porter, 1986)

The primary psychodynamic difference between male and female victims is the "identification with the abuser" that occurs with boys.

therapist with the sexual intimacy that was encouraged by the male abuser.

The primary psychodynamic difference between male and female victims is the "identification with the abuser" that occurs with boys. This identification can create numerous issues such as sexual role confusion, concerns about homosexuality, and the greater likelihood the male victim will sexually aggress against younger children. This identification with the abuser will need to be addressed at different stages in treatment.

An early assessment needs to be made of the cognitive distortions and confusion a boy may have as a result of abuse by a man. It is not unusual for boys to begin expressing fears about future sexual orientation after disclosure of their own abuse.

The therapist must provide information about sexual response to help the boy victim understand that if arousal and pleasure did accompany some of the abusive interactions, these experiences do not indicate the discovery of a homosexual destiny. The youngster also needs to understand that everyone's body responds to pleasurable sexual touching and this is not further proof of his complicity in the abuse.

The male victim who re-enacts his victimization by abusing younger children presents difficult treatment issues for the therapist. This behavior is sometimes mistaken for normal sexual exploration when the age difference is narrow. Confrontation of this behavior should be cautious, as the process of denial and identification with the aggressor makes the victim-turned-abuser appear to be less fragile than he is.

The youngster also needs to understand that everyone's body responds to pleasurable sexual touching and this is not further proof of his complicity in the abuse.

It may be helpful for the therapist to approach this issue early in treatment by discussing ideation rather than behavior. The therapist should present the child with the information that he may have thoughts or impulses to be sexually aggressive, as have other male victims.

DENIAL AND GUILT

Most boys who are referred for therapy have been abused by someone other than the father or father-figure. The therapist may be unsure of the extent to which the family of a boy who has been

molested by an acquaintance or relative should be involved in therapy.

Efforts should be made to involve the boy's father in the treatment in some manner at an early stage. The father's denial, minimization and his own homophobic concerns may cause him to sabotage the treatment if he is not involved. This projection and identification by the father with a son who has been abused can lead to feelings that it would be best to "not talk about it and try to forget it."

The father's denial, minimization, and his own homophobic concerns may cause him to sabotage the treatment if he is not involved.

As do female victims, boys often have strong guilt feelings as a result of the abuse. Guilt feelings arise particularly in cases of long-term abuse, where the boy may have been sexually aroused and led into activities in which he was the sexual aggressor.

Societal expectations regarding resistance to assault and self-defense are greater for boys than for girls. This cultural pressure leads to guilt feelings in even the youngest of boys for not having resisted the advances of the abuser. Rogers and Terry (1985) discuss these children's attempts to redress a perceived failure of masculine aggressiveness. Boy victims may become quite oppositional and confrontational as they try to reassert the expected social role of prowess against assault.

On the other hand, the therapist must also be able to recognize symptoms of depression during the abuse and after its disclosure. Parents will describe this child as quiet, distractable, with poor concentration and decreased productivity at school.

Boy victims may become quite oppositional and confrontational as they try to reassert the expected societal role of prowess against assault.

THERAPEUTIC FRAMEWORKS FOR INTERVENTION

Therapists benefit from having a conceptual framework with which to view the process and effects of sexual victimization.

Summit (1983) has proposed and described the Child Sexual Abuse Accommodation Syndrome. He postulates five aspects of the child's response, which may happen sequentially: secrecy, helplessness, entrapment and accommodation, delayed disclosure, and retraction.

Through these categories, Summit conceptualizes what happens when the vulnerable child encounters the demands of the abuser.

Disclosure may be followed by a retraction because others have made the child feel responsible for the disintegration of the family.

The child accommodates to the abuser with increasing feelings of helplessness. Disclosure, when it occurs, will be delayed and may be followed by a retraction because others have made the child feel responsible for the disintegration of the family or "causing trouble."

An alternative and complimentary framework is offered by Courtois (1986), Goodwin (1985) and others who have discussed the use of Post-Traumatic Stress Disorder as a conceptualization of the symptoms seen in child victims. PTSD was introduced into the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1980) and has been utilized primarily as a means of understanding the effects of trauma on victims of war and natural disasters.

There are several criteria for the use of the PTSD diagnosis. In addition to the presence of a significant stressor, the person must also be re-experiencing the trauma through intrusive thoughts, memories, nightmares, or flashbacks. The victim will also have symptoms that were not present before the traumatic event, such as constricted emotional response, diminished interest, feelings of detachment, hyperalertness, and feelings of guilt regarding behavior required for survival of the traumatic event.

Symptoms such as denial and hypervigilance that we see in a child victim fit well into the schematic of acute PTSD. However, there are shortcomings in the ability of both PTSD and Child Sexual Abuse Accommodation Syndrome in providing a conceptual framework for the traumatic effects of sexual abuse on boy victims. Roland Summit indicates that most of what we know about sexual abuse comes from the histories of young female victims molested by adult males. He writes, "less is known about possible variations and accommodation mechanisms of sexually abused males."

Finkelhor (1987) offers a review of the difficulties of utilizing PTSD as a formulation for understanding the symptomology of sexual abuse. Some of the most commonly presented symptoms of sexual abuse which bring victims into psychotherapy, such as depression, substance abuse and sexual dysfunction do not fall neatly within the framework of PTSD. There have also been surveys conducted (Kilpatrick, 1986) which suggest that only a minority of adult women molested as children reported having experienced symptoms consistent with PTSD.

Finkelhor and Browne (1985) offer a formulation for viewing

child sexual abuse which they describe as a "traumagenic dynamics model of child sexual abuse." This model describes four dynamics to account for the range of effects of sexual abuse on a child: traumatic sexualization, betrayal, stigmatization and powerlessness.

The strength of the model lies in its incorporation of both the emotional effects of abuse and well as the cognitive distortion aspects of the victimization process. Traumatic sexualization is seen as the manner in which the abuse causes developmentally inappropriate sexual behavior and misconceptions in the child. The male victim may experience this traumatic sexualization as confusion about sexual role as a result of having been abused by a same sex offender. He may also be more likely than a female victim to manifest aggressive sexual behavior towards others.

Betrayal is the bedrock dynamic of all child abuse in which a child suffers the loss of the care and protection that are anticipated from the significant adults in the home. Feelings of betrayal can exist even in cases where the abuse is extrafamilial, as children assume their parents have an omnipotent ability to protect them.

The sexual abuse victim is stigmatized by secrecy and shame, with effects seen in self-destructive behaviors. Powerlessness is seen in impaired coping mechanisms and a "compensatory reaction, an unusual need to control or dominate, seen particularly in male victims" (Rogers and Terry, 1984). This framework of the trauma of child sexual abuse presented by Finkelhor provides a valuable and comprehensive survey of the impact of child sexual abuse which is relevant to the male victim. (Refer to Appendix I for the complete schematic.)

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Notes

Chapter Nine

Working Together: A resource for young male victims

The events set in motion by a report of sexual abuse can be overwhelming to the child victim and his family. Providing information and support at the earliest point of intervention begins the work that leads to a therapeutic resolution of the case.

Written as a companion piece to THE WORKING HANDBOOK *Working Together-A Team Effort,* is a 24-page booklet designed to be given to the victim and the family being guided through the crisis of sexual abuse. The booklet addresses the issues pertinent to male victimization; confusion over sexual identity, pedophilia, misconceptions about compliance, homosexuality, counseling and legal issues.

Additionally, when given to the child, *Working Together* becomes tangible evidence of support for the child making a report of sexual abuse. The booklet reinforces messages of support and educates the child and his family about sexual abuse, the impact of the assault and the confusing process of getting help.

Boys are very often reluctant to discuss either the details of their abuse or their thoughts and feelings about what has happened to them. Each section of *Working Together* provides the interviewer and counselor an avenue of discussion of the critical issues for the victim and his family. In this chapter, the thirteen sections of *Working Together* are reviewed and discussion points noted.

CHAPTER ONE: "THE SECRET IS OUT, NOW WHAT?"

Both an introductory letter in the booklet and this section offer support to the child for his decision to talk about his abuse. He is commended for his bravery in reporting and told that caring adults are available to help him understand both the abuse and what will happen because of his report. Many children find it comforting to know that because of their report, other children can also be protected.

Working Together *is available from Child Care Publications, PO Box 12024, Gainesville, FL 32604*

Children may feel just as traumatized by what was said to them or by things they saw as they were by the actual physical contact.

CHAPTER TWO: "WHAT IS SEXUAL ABUSE?"

The answer to this question offers a simple definition of abuse and clearly states that the offender "broke the law." Because children often feel guilty and even responsibile for their abuse they must be reassured that the offender is responsible for what happened.

The broad definition of abuse is also helpful to the child's family. Sometimes adults want to dismiss events not directly related to sexual, physical contact as unimportant, but children may feel just as traumatized by what was said to them or by things they saw as they were by the actual physical contact.

CHAPTER THREE: "WHO HAS THIS PROBLEM?"

To lessen his feelings of isolation, a victim needs to know he is not the only one who has ever been abused. Many are visibly relieved to know that other boys and girls have faced this same problem.

This section provides an opportunity to talk about the many ways sexual abuse happens. Be certain the child understands his situation is not unique. Older boys may be interested in current statistics about abuse and the fact that children often keep their victimization a secret for a long time. A discussion on this subject allows you to ask the boy if he's aware of any other children who are keeping the same secret.

CHAPTER FOUR: "GETTING HELP"

Frequently victims feel overwhelmed by their troubling thoughts. This section lets the youngster know that any "out of control" feelings are a normal response to crisis. Nightmares, crying, rage and fearfulness are discussed as common to all vicitms and people in crisis. Use this section to acknowledge these thoughts and to encourage the child to begin to talk about them. Help the boy understand he is not "crazy," but having a natural reaction to distressing events.

Getting help means the child victim doesn't have to face this crisis all alone. Tell him the ways he and his family will be helped. Preview the things he will be asked to do, the people he will be asked to talk to, and answer his questions about them.

CHAPTER FIVE: "IT'S NOT YOUR FAULT"

Working Together directly addresses the child's guilt feelings. Counselors report that children often feel guilty about the abuse for a long time, and they need to hear repeatedly that they are not to blame.

This section gives the child and his family a way to think about how the child may have been coerced or drawn into the abuse. By discussing the many specific ways abusers gain compliance, the child may be able to say, "Yes, that's what happened to me, too," and thus recognize the adult was responsible for engineering the abusive situation.

By discussing the many ways abusers gain compliance, the child may be able to recognize that the adult was responsible for engineering the abusive situation.

CHAPTER SIX: "WHY DOES SEXUAL ABUSE HAPPEN?"

To begin to answer this difficult question, the word pedophile is introduced and briefly discussed. It's a chance for the boy and his family to consider the actions of the offender and ask questions about him. When a child feels some affection for the abuser he may be particularly troubled in trying to understand the man's actions.

You can emphasize that no children are safe with the offender until he receives professional help to change his behavior. Families often want to believe the offender's actions were so misdirected that the man will not abuse another child again. On the contrary, there is no evidence that offenders self-correct their aberrant behaviors. This is another potent reason why the child's cooperation with the judicial process is an important contribution.

CHAPTER SEVEN: "YOUR BODY"

This section addresses a variety of issues: medical exams, AIDS and other sexually transmitted diseases, homosexuality, sexual arousal and experimentation.

The text gives permission to the boy to ask questions about what has happened to him. It is common for both the victim and his familiy to have many misconceptions about the effect of the abuse on the boy, particularly in regards to homosexuality.

Working Together provides a context for talking about normal responses to sexual touching. A boy may be troubled that his

Working Together gives the interviewer or counselor an opening for discussion of sexual experimentation with other children.

response to sexual touches is evidence that he somehow gave permission for the abuse or that this means he is now homosexual.

Information that every person's body responds to sexual touches can be very reassuring. If you are uncomfortable talking about sex with the child, arrange an opportunity for him to talk to some other adult. A sexually abused child needs matter-of-fact, correct information about sex and a chance to ask questions.

A medical exam can also be reassuring for the boy. Ask if he has any worries about his body. Is he afraid he now has AIDS? Be sure the physician directly addresses any concerns the child has.

Finally, *Working Together* gives the interviewer/counselor an opening for discussion of sexual experimentation with other children. *(Please refer to the sections on juvenile offenders and therapy in THE WORKING HANDBOOK for more details.)*

CHAPTER EIGHT: "WORKING TOGETHER"

Use this section to explain your role. Identify other adults the boy will have to talk with and explain their jobs as well. Be sure the youngster knows who to get in touch with if he has questions or worries. In face of a constantly changing cast of adults a victim is required to see, try to offer at least one person who will be available to the child and his family from the beginning of the case until the resolution.

By de-mystifying the legal ramifications of the investigation, the child is encouraged to cooperate with the investigators in the difficult task of being interviewed. The role of the interviewers, counselors, the police and state attorney are all defined. A simple explanation of the purpose of the Grand Jury and court testimony is included. These are explained in general terms to fit legal procedures in many states and should be used as a springboard for discussion of what will happen in any specific case.

Throughout, the boy is commended for talking about the details of the abuse and again assured that the offender is the person responsible for, "causing all the trouble."

CHAPTER NINE: "YOU DID THE RIGHT THING"

It cannot be overemphasized to the child that he has made the right decision by reporting the abuse. Remind the child of all the good reasons there were to report, while acknowledging he may have mixed feelings because of the unhappy attention he has drawn.

A final note in this section is a prompting to the child: "Don't let anyone talk you into pretending that the abuse didn't happen." Frequently, parents and the child are told by well-meaning people that the best thing to do is to forget all about the abuse. Sexually abused children and their families cannot "forget." To lessen the impact they need to receive help in sorting out a plethora of complicated feelings.

Sexually abused children and their families cannot "forget." They need help in sorting out a plethora of complicated feelings.

CHAPTER TEN: "YOU AND YOUR FRIENDS"

The connotations of homosexuality make sexually abused boys the frequent target of cruel teasing once the abuse is disclosed. Use this section to address this problem and work with the child to make a plan to deal with it. Ask the boy if anyone at school knows what has happened to him. Make a plan that helps the child answer any questions about the abuse or the abuser. Even if schoolmates are unaware of the situation, the child may need some defense against curious or insensitive adults.

Occasionally a child will inappropriately tell many people details about the abuse and will need some help in keeping silent. Discuss with the boy and his family who it is that should know about the abuse and how much they should be told.

CHAPTER ELEVEN: "CAN IT HAPPEN AGAIN?"

There is a great deal of evidence that once a child has been victimized that he or she is vulnerable to further victimization. Use this section to talk with the child about keeping himself safe. With small children outline a plan for action to report any new abuse.

With older children use this part of *Working Together* to talk about resisting pressure to do self-destructive things. The boy deserves credit for being strong and smart in reporting his abuse. Build on this to better arm him with the self-confidence to keep making decisions that are good for him.

CHAPTER TWELVE: "A WORD ABOUT COUNSELING"

Many victims and their families resist recommendations to go to counseling. By presenting the many ways a counselor can be of help to a boy, this section can help a family consider therapy. It also gives the child a preview of the counseling process by clearly presenting all the ways in which talking about the problem can be helpful. Emphasize again that sexual abuse is not the child's fault. It's an emotional crisis and the child deserves the assistance he needs to recover.

CHAPTER THIRTEEN: "WORKSHEETS"

The final two pages of *Working Together* give the youngster an opportunity to think about his feelings and write them down. In a sentence completion format boys are invited to consider what makes them angry, afraid, proud and what they most wish to tell their families. The encouragement to write down their thoughts is helpful to boys who are having trouble talking about their feelings.

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APPENDICES

Appendix I

Traumagenic Dynamics in the Impact of Child Sexual Abuse

Reprinted with permission of David Finkelhor from
A Sourcebook on Child Sexual Abue
by D. Finkelhor and Associates (1987)

I. TRAUMATIC SEXUALIZATION

Dynamics
Child rewarded for sexual behavior inappropriate to developmental level
Offender exchanges attention and affection for sex
Sexual parts of child fetishized
Offender transmits misconceptions about sexual behavior and sexual morality
Conditioning of sexual activity with negative emotions and memories

Psychological Impact
Increased salience of sexual issues
Confusion about sexual identity
Confusion about sexual norms
Confusion of sex with love and care-getting or care-giving
Negative associations towards sexual activities and arousal sensations
Aversion to sex or intimacy

Behavioral Manifestations
Sexual preoccupations and compulsive sexual behaviors
Precocious sexual activity
Aggressive sexual behaviors
Promiscuity
Prostitution
Sexual dysfunctions: flashbacks, difficulty in arousal, orgasm
Avoidance of or phobic reactions to sexual intimacy
Inappropriate sexualization of parenting

II. STIGMATIZATION

Dynamics
Offender blames, denigrates victim
Offender and others pressure child for secrecy
Child infers attitudes of shame about activities
Others blame child for events
Victim is stereotyped as "damaged goods"

Psychological Impact
Guilt, shame
Lowered self-esteem
Sense of differentness from others

Behavioral Manifestations
Isolation
Drug or alcohol abuse
Criminal involvement
Self-mutilation
Suicide

III. BETRAYAL

Dynamics
Trust and vulnerability manipulated
Violation of expectation that others will provide care and protection
Child's well-being disregarded
Lack of support and protection from parent(s)

Psychological Impact
Grief, depression
Extreme dependency
Impaired ability to judge trustworthiness of others
Mistrust, particularly of men
Anger, hostility

Behavioral Manifestations
Clinging
Vulnerability to subsequent abuse and exploitation
Allowing own children to be victimized
Isolation
Discomfort in intimate relationships
Marital problems
Aggressive behavior
Delinquency

IV. POWERLESSNESS

Dynamics
Body territory invaded against the child's wishes
Vulnerability to invasion continues over time
Offender uses force or trickery to involve child
Child feels unable to protect self and halt abuse
Repeated experience of fear
Child is unable to make others believe

Psychological Impact
Anxiety, fear
Lowered sense of efficacy
Perception of self as victim
Need to control
Identification with the aggressor

Behavioral Manifestations
Nightmares
Phobias
Somatic complaints: eating and sleeping disorders
Depression
Dissociation
Running away
School problems, truancy
Employment problems
Vulnerability to subsequent victimization
Aggressive behavior, bullying
Delinquency
Becoming an abuser

Appendix II

Sexual Offenders Against Children

Adapted from:
A. Nicholas Groth, et. al.
Sexual Assault of Children and Adolescents
Lexington, MA
Lexington Books, 1978

A. Nicholas Groth with H. Jean Birnbaum
Men Who Rape: The Psychology of the Offender
New York
Plenum, 1979

MOLESTATION

1. Approach is one of seduction or persuasion; offender gains access to victim through deception, enticement, and/or manipulation.

2. Passivity and dependency are major psychological dynamics.

3. Offender displays a positive emotional investment in child; child is seen as safe and "caring."

4. Offender typically seeks an ongoing (sexual) relationship with child; involved with child over extended period of time.

5. Victim is a prop in offender's fantasy onto whom offender's needs are projected.

6. Offender's sexual behavior sometimes confined to non-genital acts and/or progresses to increasingly overt and intimate sexual acts.

7. Offender typically wants victim to enjoy the sexual activity; experiences sexual activity as acceptance or expression of affection.

8. Sexual misuse of the child.

MOLESTATION/Fixated	MOLESTATION/Regressed
1. Primary sexual orientation is to children; sexual attraction to children recognized by offenders as a permanent state; interest experienced as due to internal, psychological influences.	1. Primary sexual orientation is to agemates; sexual attraction to children regarded by offender as a temporary lapse of control/judgement due to external, situational influences.
2. Pedophilic interests begin at adolescence.	2. Pedophilic interests more likely to emerge in adulthood.
3. No precipitating stress/no subjective distress.	3. Precipitating stress usually evident.
4. Persistent interest and compulsive behavior.	4. Involvements may be more episodic and may wax and wane with stress.
5. Premeditated, pre-planned offenses.	5. Initial offense may be impulsive and not premeditated.
6. Identification: offender identifies closely with the victim and equalizes his behavior to the level of the child and/or may adopt a pseudo-parental role to the victim.	6. Substitution: offender replaces conflictual adult relationship with involvement with a child; victim is advanced to a pseudo-adult role and in incest situations, the offender abandons his parental role.
7. Male (same sex) victims are primary targets.	7. Female (opposite sex) victims are primary targets.
8. Little or no sexual contact initiated with agemates; offender is usually single or in a marriage of convenience.	8. Sexual contact with a child coexists with sexual contact with agemates; offender is usually married or in common-law relationship.
9. Emphasis in sexual interaction usually focused on sexually stimulating the child and eliciting a positive erotic response from him/her.	9. Emphasis in sexual interaction usually focused on offender's arousal, stimulation and sexual release; child is cast into adult sexual role.
10. Usually no history of alcohol or drug abuse and offense is usually not alcohol related.	10. Offense is often alcohol related.
11. Characterological immaturity; poor sociosexual peer relationships.	11. More traditional lifestyle, but under-developed peer relationships.
12. Offense = maladaptive resolution of life development (maturation) issues.	12. Offense = maladaptive attempt to cope with specific life stresses.

RAPE

1. Approach is one of attack or assault; offender gains access to victim through implied or expressed threat to the physical safety of the victim: verbal threat, intimidation with a weapon, and/or physical force - offender may use a position of authority to intimidate the child.

2. Aggression in the form of power and hostility are major psychological dynamics.

3. Child is object of hostility or domination on part of offender; child is seen as "weak" and "helpless."

4. More typically a one-time offense with a series of different victims; less likely to be on-going victimization of the same child unless the perpetrator occupies a role of authority in the life of the victim (e.g., intra-family assault.)

5. Victim is depersonalized by offender, or cast into a negative symbolic role.

6. Offender immediately subjects the child to sexual penetration and/or forces child to perform overt sexual acts/rituals.

7. Usually no interest on offender's part in having victim enjoy the sex acts; self-gratification is primary concern.

8. Sexual abuse of the child.

RAPE/Anger

1. Aggression: more physical force used than is required to overpower victim; victim is battered and suffers physical trauma to all areas of body.

2. Assault is more impulsive, spontaneous, and unplanned.

3. Offender's mood is one of anger and depression; a child usually is at greater risk of this type of rape in the context of his/her own family (i.e. parent-child assault.)

4. Offenses are episodic.

5. Language is abusive: cursing, swearing, obscenities, degrading remarks, etc.

6. Assault is of relatively short duration.

7. No weapon, or if one is employed it is a weapon of opportunity used to hurt, not threaten victim.

8. Victim selection determined by availability; adult victim usually of the same age as offender or older; child victims sexually abused in context of battering.

9. Dynamics: retaliatory aggression; retribution for perceived wrongs, injustices, or "put-downs" experienced by offender; child victim is targeted as a way of "getting even" with an adult to whom the child is related, or as a way of "teaching a lesson to" (punishing) the child.

10. Prior criminal record: crimes of aggression (reckless driving; assault & battery, breach of the peace, etc.)

RAPE/Power	RAPE/Sadistic
1. Aggression: offender uses whatever threat or force is necessary to gain control of victim and overcome resistance; victim may be physically unharmed; physical injury would be inadvertent rather than intentional.	1. Aggression: physical force is eroticized; if power is eroticized, victim is subjected to ritualistic acts (bondage, spanking, enemas, etc.); if anger is eroticized, victim is subjected to torture and sexual abuse.
2. Assault is premeditated and preceded by persistent rape fantasies.	2. Assault is calculated and pre-planned.
3. Offender's mood state is one of anxiety.	3. Offender's mood state is one of intense excitement and dissociation.
4. Offenses are repetitive and may show an increase in aggression over time.	4. Offenses are compulsive, structured and ritualistic, often involving kidnapping.
5. Language is instructional and inquisitive: giving orders, asking personal questions, inquiring as to the victim's response, etc.	5. Language is commanding and degrading, alternately reassuring and threatening.
6. Assault may extend over a short period of time with victim held captive.	6. Assault may be for an extended duration in which the victim is abducted, held hostage, assaulted, and released/disposed of.
7. Weapon frequently employed and brought to crime scene for purpose of threat or intimidation more than injury.	7. Weapon generally employed to capture victim together with instruments for restraint and/or torture.
8. Victim selection determined by vulnerability; trend towards persons of the same age as offender or younger; child victim easily intimidated by adult authority.	8. Victim selection determined by specific characteristics or symbolic representation; usually complete strangers; trend toward same-sex child victim.
9. Dynamics: compensatory aggression to feel powerful and deny deep-seated feelings of insecurity and inadequacy to "show who is in control."	9. Dynamics: eroticized aggression; symbolic control, elimination, or destruction of threat or temptation in order to regain psychological equilibrium and achieve a sense of integration and wholeness.
10. Prior criminal record: crimes of exploitation (theft, breaking & entering, robbery, etc.) and/or prior sex offenses ("nuisance" offenses and/or sex assaults).	10. Prior criminal record: none or a bizarre ritualistic or violent offense.

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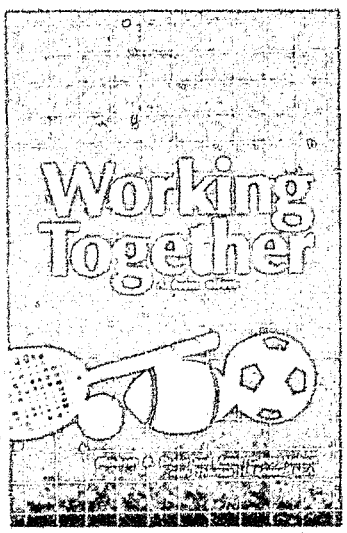

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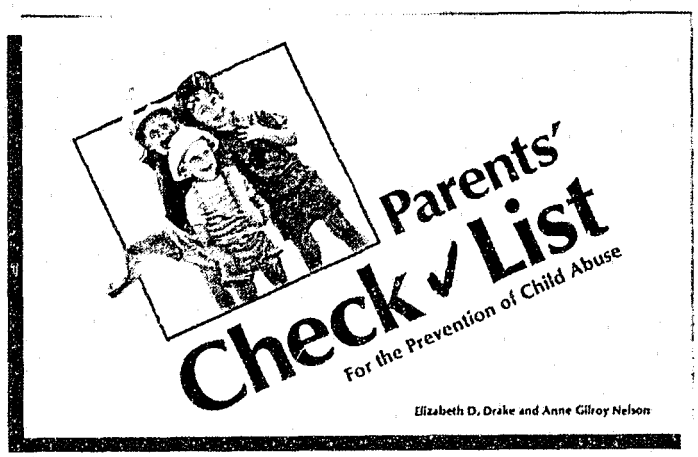

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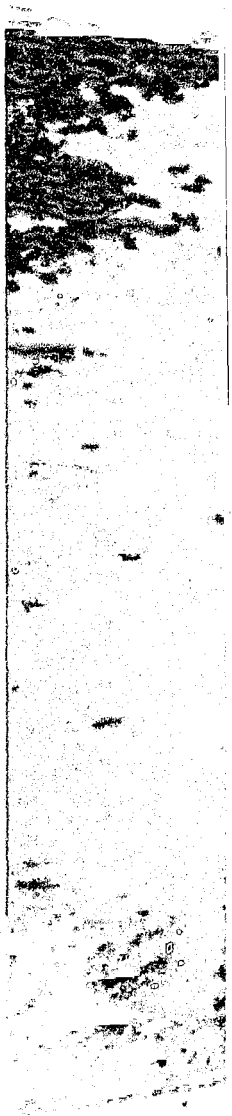

About the author...

Thomas H. Roane, M.A., a faculty member of the University of Florida since 1983, serves on a multi-disciplinary Child Protection Team. He is experienced in assessing and interviewing male victims of sexual abuse and providing expert court testimony. As a licensed mental health counselor, Mr. Roane has worked extensively on a treatment team working with incestuous families.

Mr. Roane is the co-author of *Working Together*, the companion booklet to *THE WORKING HANDBOOK.*

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