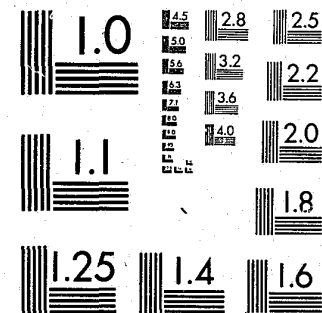


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**RESEARCH INTO VIOLENT BEHAVIOR:
OVERVIEW AND SEXUAL ASSAULTS**

HEARINGS
BEFORE THE
SUBCOMMITTEE ON
DOMESTIC AND INTERNATIONAL SCIENTIFIC
PLANNING, ANALYSIS AND COOPERATION
OF THE
COMMITTEE ON
SCIENCE AND TECHNOLOGY
U.S. HOUSE OF REPRESENTATIVES
NINETY-FIFTH CONGRESS
SECOND SESSION

JANUARY 10, 11, 12, 1978

[No. 64]

Printed for the use of the
Committee on Science and Technology



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SEXUAL EXPLOITATION OF CHILDREN IN THE UNITED STATES

55735

Carolyn Swift, Ph.D.

Paper prepared for presentation January 11, 1978 to the Subcommittee on
Domestic and International Scientific Planning, Analysis, and Cooperation,
Committee on Science and Technology

Sexual Exploitation of Children in the United States

Carolyn Swift, Ph.D.

Convergence of a series of related events has led to increasing public attention focused on sexual exploitation of children. The rallying of the feminist movement around the problem of rape, the entrance of the federal government into the area with funding for research and treatment programs for sexual assault, the increased sexual permissiveness in the culture and the scavenging of porn hustlers to satisfy an increasingly jaded audience have led to a new consideration of the age old phenomenon of child-adult sexual interactions.

Western culture has progressed from pre-Freudian blindness to myopia with regard to the realities of human sexuality. Only in the last few generations has the accumulation of data regarding sexual behavior become a scientifically respectable enterprise. Entrenched taboos combine with legitimate concerns for risks to human subjects to obstruct the systematic analysis of sexual behavior. The general result, with isolated exceptions such as the work of Masters and Johnson, has been a vacuum of scientific knowledge and a proliferation of hypotheses. Children are the least articulate and most exploited population suffering from society's failure to confront realistically the phenomenon of human sexuality.

Research in the area of sexual exploitation of children is limited. No broad empirical studies of children have established the frequency or

*Portions of this report first appeared in The Journal of Psychohistory, Volume 4, #3, 1977: Swift, Carolyn. Sex between adults and children, pages 369-384.

variety of their sexual experiences, nor correlated these with outcome measures in adult life. Psychoanalytic theories of childhood sexuality, following Freud's analysis of his own and patient's recollections of dreams and childhood experiences, cite anecdotal and case material for support, a methodology particularly vulnerable to experimenter bias. Since case histories are often based on pathological or aberrant behavior their usefulness for extrapolation to the normal is problematic. Until a decade ago there were probably less than 500 children for whom a usable body of data was available for study of adult-child sexual interactions (Gagnon, 1970). While subsequent years have witnessed an increase in the accumulation of data, their reliability and validity are questionable. Authorities disagree, for example, as to whether to count adult sexual interactions with children as child abuse (Gil, 1968; Walters, 1975). Child protective agencies in states that track child abuse may or may not include "sexual abuse" as a reporting category. Those that do often lack sufficiently rigorous definitions of the acts counted to permit interpretation or comparative studies.

Basic to the issues raised here is the definition of sexual child abuse. Age of consent varies from state to state. Assuming agreement as to the age below which a person is classified as a minor, difficult decisions are regularly made in the absence of standards outlining the parameters of sexual child abuse. If a child accidentally sees a nude adult, either in the home or through exposure to movies, books or photographs, that is not considered abusive, whereas the deliberate exposure of genitals in the presence of a

child is labeled exhibitionism, a misdemeanor in most communities -- is this sexual child abuse? Must there be physical genital contact for the incident to be classified as abuse? Does verbal propositioning of a child constitute abuse? At what age is it inappropriate for a father to bathe his daughter, or a mother to bathe her son? The fact that many states now track sexual child abuse puts pressure on professionals to define the phenomenon. Otherwise local custom will dictate the counting of widely divergent behaviors and the resulting statistics will have little comparative meaning. Teachers, doctors, social workers and neighbors inevitably reflect their own moral codes in reporting suspected abuse, with the result that a wide variety of behavior appears in current statistics under broad general labels.

Currently there is a controversy in the field as to whether "abuse" is the appropriate word to use to describe adult-child sexual interactions, or whether another word, such as "exploitation," might describe the phenomenon more accurately. According to Gil, child abuse is defined as "nonaccidental physical attack or physical injury, including minimal as well as fatal injury, inflicted upon children by persons caring for them... 'Sexual attack', however, has been excluded from the definition provided it does not involve other physical attack, because perpetrators of sexual attacks are assumed to have motivations different from perpetrators of non-sexual physical abuse" (Gil, 1968).

"Sexual abuse is substantively different from physical abuse of children in the aetiology, occurrence, reporting, and particularly, the treatment of the problem. Sexual abuse is considered on the national reporting form of the

Children's Division of the American Humane Association (1974) as a type of physical abuse. It is not, and to view it as such only confuses our understanding of both phenomena" (Walters, 1975).

Problems of definition arise from the differing attitudes our society has toward sexual behavior, on the one hand, and abusive behavior, on the other. Sexual acts are sanctioned by our society under certain highly specific conditions (i.e., between consenting adults), whereas abusive, assaultive acts are never sanctioned in interpersonal relationships regardless of the age or consent of the participants.* Another difference between the two behaviors relates to the pleasure or pain accompanying the acts. Acts of physical child abuse result in pain for the victim: hitting, stomping, burning, freezing and mutilating are all painful. Sexual acts are not usually painful unless force is involved.

Touching is a universal reinforcer. That "strokes" are necessary for physical and emotional growth is attested by research. Babies do not come into the world with their arbitrarily defined erogenous zones wired to light up, tilt and cease functioning when touched. Inhibition of sexual response is learned. Children, who seek and accept physical affection as a demonstration of love, may be unaware of the point at which stroking passes from the acceptable to the forbidden. The term "exploitation" makes explicit the adult's abuse of power in relating to the child sexually: the adult is bigger, more experienced, more articulate, more aware of the consequences of

* Ritualized aggression is sanctioned, however, as in the death penalty, sports, and war.

sexual stimulation, and accustomed to commanding obedience from the child. For these reasons the term "sexual exploitation" rather than "sexual abuse" is used throughout the remainder of this report.

The difficulties inherent in attempting to gather systematic data on sexual child exploitation range from ethical considerations to the technical complexities of observing and measuring private events. The participants themselves are usually the only witnesses and the adult is unlikely, because of legal and social sanctions, to admit to or report the act. The child is less articulate than the adult, unaware of supportive resources, fearful of the consequences of reporting, and often unaware that he or she was sexually used. Many professionals are reluctant to believe a child who makes such a report. When they do find the child's account credible they often fail to report the case to legal authorities and attempt to deal with it by methods designed to protect the reputation of the adult rather than the child. The continued volatility of the issue of sex education in the schools presages failure for attempts to survey children directly about their sexual experiences. For these reasons, until the very recent past, retrospective studies -- adult reports of recollections of childhood sexual experiences -- have provided the most accurate data base for theory construction and projected research. Such studies suffer the obvious flaws of memory deficit and distortion. Kinsey (1948) found, for example, that the incidence of sex play reported by prepubertal children was substantially higher than that reported by adults. Compounding the issue of reliability raised by selective recall and conscious distortion is the issue of the representativeness of the responding sample. Most of the surveys are biased in the direction of middle class, college educated populations. It

is the norm in sex research that reporting is done by the articulate and the willing. Caution is required in generalizing the results to the larger population, presumed to include the inarticulate and those unwilling to disclose their sexual histories.

A history of systematic experimenter bias grounded in sexist assumptions calls into question the validity of much of what was once accepted as knowledge in this field. The psychoanalytic literature, beginning with Freud, has used free association, dream analysis and case material (and few cases at that), not empirical research, as a data base for theories of sexual behavior -- particularly incest.

Freud, however, may be likened to the famed paleontologist, Cuvier, who was supposed to be able to reconstruct a prehistoric animal from examining a piece of the animal's mandible. Freud's theories about the resolution of the incest wishes are pivotal to the whole theory of psychoanalysis, and yet this theory was formed without the benefit of direct case material. Freud outlined in a very complex way the theory of psychosexual development of children without ever working directly with a single child. Freud used the recollection of his own childhood and his own symptoms and dreams and the dreams and symptoms of his patients for this purpose... (Wahl, 1960).

The result has been a proliferation of error labeled knowledge. The woman's movement, in turning the spotlight on sexual assault, has forced re-examination of the sexist assumptions which have dead-ended research on etiology, distorted treatment of victims, and delayed the development of effective treatment programs. Some of yesterday's "facts" under current scrutiny for revision by today's research:

1. Many more girls than boys are sexually victimized.

Despite research over the last 40 years providing clear documentation of the substantial numbers of sexually victimized boys, the professional

community (primarily male) has chosen to ignore the data, reserving the role of "sexual victim" exclusively for females. This oversight has deprived victimized boys of treatment. Worse, in the light of evidence that this population actively perpetuates the cycle of sexual exploitation in adult life, this oversight contributes to maintaining the continued high risk rate* of our children -- both boys and girls -- for sexual victimization.

2. Coercion or physical force is rarely used in cases of sexual child exploitation.

In general the literature predating the women's movement shows smaller proportions of cases of sexual victimization involving force. More recent studies show higher proportions of forced victimization (discussed below).

3. Child victims of sexual exploitation suffer few negative aftereffects.

Here again, the "prefeminist" literature (generally more than ten years old) documents the innocuous effects of sexual victimization on adult adjustment. More recent studies identify a number of negative outcomes of varying severity, and show larger numbers of victims adversely affected.

Current researchers, using epidemiological methods and statistical analysis, are exploding what has passed for conventional knowledge in the field of sexual child exploitation. It remains for future researchers, wise to the cultural biases of our own times, to revise today's emerging facts into

* approximately 33 percent (Landis, 1956; Walters, 1975).

tomorrow's myths.

DEFINITION

The general definition of sexual child exploitation includes any act committed by an adult designed to stimulate a child sexually, or any act in which the child is used for the sexual stimulation of an adult -- either the perpetrator or another adult. Physical sexual exploitation of a child includes the following acts:

- sexual intercourse: genital, oral or anal, either attempted or completed.
- penetration of the oral, vaginal or anal orifices with an object, or attempts to do so.
- touching the child's genitals, breasts or nipples (other than in situations of routine care, such as in diapering and bathing infants, sterilizing and bandaging wounds, etc.).
- inducing the child to touch the genitals of an adult.

Psychological sexual exploitation of a child includes the following acts:

- threats of physical sexual exploitation from an adult, either explicit or implicit.
- forcing the child to witness sexual acts for the purpose of providing sexual gratification to adults.
- preparing, training or exhibiting children for exploitation by other adults -- such as in pornography (printed, movie or televised), nude photographs, prostitution, etc.

Medical indicators of the sexual exploitation of a child include the following:

- bruises in external genitalia, vagina, or anal regions.
- bleeding from external genitalia, vagina, or anal regions.
- swollen or red cervix, vulva, or external genitalia.
- semen around the genitals.
- venereal disease (gonorrhea is especially prevalent)
- itching or scratching of the genitals

- pregnancy
- clothing stained with semen or blood, or torn or otherwise stained in the pelvic region
- reported pain or soreness in the genital/anal region

Behavioral indicators* of the sexual exploitation of a child include the following:

- disturbances in eating or sleeping (nightmares, insomnia, loss of appetite)
- delinquency or aggression
- poor peer relationships
- extremely protective parenting
- unwillingness to participate in physical activities
- running away from home
- drug or alcohol usage and abuse
- indirect allusions to trouble at home, or fear of an adult for no apparent reason
- phobias
- attempted suicide

The above indicators may not be present in all cases, or may be present in cases where no sexual exploitation is involved. They serve as signals to alert the professional to investigate further.

INCIDENCE

No official national figures on sexual exploitation of children are available. Estimates based on surveys indicate that between 25-35 percent of females are sexually victimized in this country (Kinsey, 1953; Landis, 1956; Gagnon, 1970), and 5-30 percent of males (Landis, 1956; Brunold, 1964; Lloyd, 1976). The American Humane Association (1966) estimates 3,000 cases a year of sexual child exploitation in large urban areas, and 200,000 to 300,000 cases a year of sexual victimization of girls aged 4-14 nationally. While studies in scattered cities and states yield local statistics they are of little comparative significance since the data are collected from diverse samples (police, hospital, child protective agencies) using conflicting definitions of sexual exploitation

*Medical and behavioral indicators were taken in part from the We Can Help curriculum prepared by Urban and Rural Systems Associates (URSA), 1976.

or abuse (i.e., some statistics include exhibitionism, some do not).

- 3,000 - 4,000 cases annually in New York (DeFrancis, 1965)
- 300,000 - 600,000 boy prostitutes in the United States (Lloyd, 1976)
- 15 percent of rapes reported to Philadelphia Police in 1973-4 (Peters, 1976)
- 33 percent of all cases of sexual abuse reported to police in Minneapolis in 1970 (Jaffe, 1975)
- 39 percent of rape victims seen at Control Emergency Hospital in San Francisco in 1975 (Queen's Bench, 1976)

A constant unknown in estimating incidence of sexual child exploitation is the number of unreported cases. Due to the secrecy and taboos surrounding this crime compounded by the humiliating procedures connected with reporting it is probable that 50-80 percent of all incidents go unreported.

A first step toward projecting national statistics for sexual victimization of children would be the mandatory reporting of age of victim in law enforcement reports of "crimes against persons." Currently even the F.B.I. Uniform Crime Report does not give this information, so that it is impossible to know how many of the "crimes against persons" were committed against children. A second step would be a uniform reporting system for all state child protective agencies requiring:

1. the reporting of sexual child exploitation as part of the mandatory reporting of child abuse -- using standard definitions of the sex acts involved, and
2. the reporting of victimization by sex.

Cases of sexual assault involving strangers are more likely to be reported than those involving family members or friends. Estimates of incest, then, are even less reliable than estimates of other forms of sexual child exploitation. However, the American Humane Association estimates a national average of 5,000 cases of father-daughter incest annually (1969).

THE VICTIM

One of the assumptions passed forward through generations of researchers -- an assumption that is not supported by an objective review of the literature -- is that boys are not at substantial risk for sexual victimization. Most professionals share with the general public the belief that only a small percentage of victimized children are male. A classic study conducted in 1937 by Bender and Blau used as subjects 16 "unselected successive admissions of prepuberty children who were admitted for observation and recommendation to the children's ward of the psychiatric division of Bellevue Hospital, following sexual relations with adults." Of the 16 "unselected, successive admissions," five, or approximately one-third, were boys. There appears to have been little attempt to follow with appropriate research the possibility suggested by this early study that a substantial proportion of sexually victimized children are young males.

Landis (1956) in a survey of 1,800 Midwestern college students found that roughly one-third of the students -- both male and female -- reported at least one experience during childhood with a sexual deviate (30 percent of the males, 35 percent of the females). Examination of the types of experiences reported suggests the startling possibility that boys may in fact be at higher risk for sexual victimization than girls. Over half (55 percent) of the victimization experiences reported by girls were encounters with exhibitionists as compared with only 5 percent for boys. If victimization from exhibitionism were eliminated from Landis' data, the percentage of girls classified as victimized would drop to 17, still leaving almost 50 percent of the boys as victims.

Lloyd (1976) estimates between 300,000 to 600,000 boys are involved in diverse types of prostitution in the United States. According to Rossman (1976) there are a million men in the United States who have participated in one or more sex acts with teenage boys (30 percent of these relationships are incestuous), 50,000 "criminally promiscuous pederasts...defined as 'chickenhawks' who aggressively seek sex contacts with boys 12 to 16." The Queen's Bench Foundation found that a third of the cases of child sexual assault investigated by the Youth Services Division of the San Francisco Police Department involved boys as victims. A fifth of a sample of sexually victimized children in Brunold's study (1964) were boys. Frisbie (1959) found that a third of the victims of convicted sex offenders at Atascadero State Hospital in California were boys.

Swift (1977), in a survey of mental health professionals in an urban mental health center, found that young males make up one third of the child caseload in treatment reporting sexual exploitation: one-fifth of the adult caseload reporting sexual exploitation as children, and one sixth of the victims of self-confessed exploiters seen in treatment at the mental health center. It is likely that these figures of sexual victimization of boys are underestimates considering the sanction our society provides for females -- but not for males -- to seek help for problems through counseling.

If boys are being victimized at rates equal to or surpassing girls, why aren't they reporting it? One of the cultural handicaps that contributes to the blind spots professionals share with the general public in this field is the taboo attached to the observation and reporting of sexual behavior. The more deviant

the behavior the greater the taboo. The accepted norm of sexual behavior is heterosexual genital intercourse between married adults. Other heterosexual acts between consenting adults are proscribed in many states regardless of the marital status of the parties involved. Homosexual acts between consenting adults are likewise prohibited in many states. While the commission of sexual intercourse with a child is regarded as a deviant act, there appear to be degrees of deviance, with concomitant degrees of taboo, within the area of sexual exploitation of children as well as adults. Homosexual attacks of children carry a double stigma since they violate the heterosexual norm as well as the prohibition of the use of a child as a sexual partner. The overwhelming majority of sexually exploitive acts directed against young males are homosexual (84 percent of reported incidents of victimization in Landis' study).

Landis' survey documents the reluctance of boys to report: only 16.5 percent of the sexually victimized boys told their parents, compared with 43 percent of the victimized girls. The silence of 84 percent of these boys testifies to the efficacy of the taboo attached to the doubly stigmatized act of homosexual assault of a child. The message to boys is that homosexual attacks are unspeakable events, more humiliating than the female "fate worse than death." Obviously, unreported attacks cannot be routed into the treatment system. In a paradoxical reversal of the adult double standard, boys are discriminated against in the area of protection from and treatment of sexual exploitation. Prevention efforts are targeted almost exclusively for young females.

The importance of establishing empirically the incidence of sexual exploitation of young males lies in the possibility that it is this group that constitutes

a high risk for committing sexual offenses later in life. The phenomenon of the repetitive cycle of child abuse through succeeding generations is a familiar theme in the literature (Rabinovitch, 1953; Devroye, 1973; Raphling, 1967). The most persuasive data bearing on this issue is provided by Prendergast (1974). According to his study, 90 percent of a group of 150 male sex offenders in Rahway State Prison in New Jersey were sexually traumatized either as children or adolescents. Assuming that a large proportion of sex offenders were themselves sexually exploited as children, prevention efforts directed toward identification of sexually victimized boys followed by early intervention and treatment have the potential for reducing the incidence of sexual exploitation in the population at large.

The age of the victim varies with sex. Following is a summary of the results of several studies relating to age:

Researcher	Sexual Victimization of Children by Age			
	Percent Males		Percent Females	
	under 12	12 & over	under 12	12 & over
Frisbie* (1959)	46%	54%	85%	15%
Landis** (1956)	25%	53%	53%	38%
Mohr (1961)	36%	64%	63%	37%
Swift (1977)	35%	65%	62%	38%

*Figures for Frisbie are 11 years of age and under; 12 and over

**Since Landis included an 18-20 year old group (not included here) his percentages above do not add to 100

There is a clear pattern of victimization of girls prior to puberty and victimization of boys following puberty. In three of the four studies cited there is

a sharp reversal of the proportion victimized before and after puberty, by sex. Such uniform results, using different samples, locales and decades, gives confidence of the reliability of the finding. The validity of this apparent difference is open to question, however. The following considerations provide an example of the complications involved in interpreting research in this area. An analysis of the sexual acts involved indicates that in Landis' study, for example, victimization of females under seven years of age was primarily fondling, while victimization over 14 was primarily exposure to exhibitionists. Reflection on the possibility that girls under seven do not know what they are seeing when they are "flashed" and/or are not traumatized by it, and girls between 14 and 18 are entering the world of adult sexuality where fondling is, for many, an acceptable introduction to this world, suggests that the apparent reversal of exposure to sex acts by age for girls may in actuality be a reflection of girls' changing store of information and attitudes about sex as they mature.

The males in Landis' study reported victimization experiences as predominantly homosexual approaches at all ages. It is possible, because of cultural taboos surrounding homosexuality, that boys under 7-8 years of age are naive about homosexual approaches and only learn to identify and label such contacts as they grow older. Further research should provide evidence as to whether sexual victimization of children does vary by age and sex of child, or whether the data cited above reflect only the child's increasing sophistication with age.

A review of the literature -- particularly more recent research -- shows that

sexual child exploitation cuts across all racial, social and economic lines. Most studies purporting to find differences within these demographic groups were based on samples weighted toward caseloads of public institutions which included disproportionate numbers of minorities and the poor.

While there is a vast literature on the child's participation in incidents of sexual victimization, a great part of it is based on Freud's analysis of the role of incest in the etiology of hysteria. Initially Freud was convinced, as a result of his female patients' reports of sexual victimization by their fathers, that an incestuous experience was always part of the history in cases of hysteria. He changed his mind later, even altering the identity of the offender from father to stranger in several case histories. The high incidence of incestuous experiences reported by patients strained his credulity -- he felt that Victorian fathers could not be all that perverse. His final position was that his female patients were fantasizing the reported incest experiences. That questionable wisdom has reverberated through psychoanalytic literature and treatment philosophy to the present day, with consequent damage to unknown numbers of female patients first victimized by their fathers, then disbelieved by their analysts.

Until ten years ago most studies reported that less than five percent of reported adult-child sexual interactions involved the use of physical force (Rasmussen, 1934; Gagnon, 1965). More recent studies show a higher proportion of cases involving force and attempted penetration. DeFrancis (1969) found that in 60 percent of the cases, the child was forced either directly or through the threat of physical harm. Peters (1976), using a sample of children in

Philadelphia who reported sexual assault to the police, found physical force used in 46 percent of the incidents and verbal threats used in 31 percent. In his study 37 percent of the victimized children were subjected to forcible rape. This figure is higher than that found in other studies. Again, the source of the data is relevant: statistics based on cases identified through police, hospital and court records are likely to show a higher incidence of the use of force and penetration than retrospective surveys, since the more severe cases require medical treatment and are more likely to motivate the victim to pursue prosecution.

The sex acts reported vary by age of child and age of research. According to "prefeminist" literature adolescent female victims are primarily victimized by exposure to exhibitionism, female victims under ten years of age by fondling, and male victims of all ages by homosexual approaches. More recent research indicates penetration, or attempts at penetration as occurring more frequently than reported in the past (Peters, 1976; Burgess & Holmstrom, 1975). It is possible that this increase reflects an increase in reporting -- due to the relatively recent availability of treatment programs and sanction for reporting -- rather than an increased incidence of these acts.

The notorious "dirty old man," popularly believed to be the prototypical child abuser, is rarely the offender. Young (twenties) to middle-aged offenders are most common. Female perpetrators are rare, accounting for only one to five percent of the cases reported. Inter-racial victimization is reported relatively infrequently, usually five percent or less of reported

cases. Most offenders victimize persons of their own ethnic background.

Many offenders are socially and sexually immature (Revitch & Weiss, 1962; Walters, 1975). These inadequacies prevent them from establishing fulfilling relationships with adult women. Docility and fear make the child a likelier mark than a sexually experienced woman who is free of the obligation to obey implicit in the adult-child (especially parent-child) relationship. The male who approaches an adult female for a sexual relationship runs the risk not only of rejection; but of humiliation as well if his performance does not meet her standards. The child is an accessible, non-threatening target for the child molester -- particularly in cases of incest. The child is in a poor position to say no, or to critique daddy's skills as a lover.

Research corroborates the sexual immaturity of men who seek children as sexual partners (pedophiles). A study generated by the National Commission on Obscenity and Pornography found that pedophiles, when compared to normal controls, report less exposure to pornographic or erotic materials during adolescence, less frequent masturbation in adolescence, extremely restrictive attitudes toward nudity and sex as a topic of conversation in the home during childhood and the least permissive attitudes toward premarital or extramarital sex of any groups tested, deviate or controls (Goldstein, 1973). Additional evidence is found in the 69 percent decline in reported child molestations during the ten years following legalization of pornography in Denmark (Kutchinsky, 1973). This statistic provides a compelling argument for the educational and/or substitute release value of pornography for pedophiles, and is consistent with the hypothesis that pedophiles are sexually retarded -- fixated at the child or adolescent level.

Denmark's experience suggests that a program directed to teaching social skills coupled with responsible sex education in grade schools may prevent the development of pedophilic behavior later in life.

In 80 percent of the cases the offender is well known to the child: a family member (30 percent), a friend (30 percent), and an acquaintance (20 percent). In only 10-20 percent of the cases is the perpetrator a stranger. In a survey of cases of sexual child assault at an urban mental health center, Swift (1977) found that in 52 percent of the reported cases involving children in treatment at the center, the offender was the father, stepfather or foster father. While most of these clients are currently in late adolescence, the exploitation reportedly occurred earlier -- in early childhood and early adolescence for the girls, and in early adolescence for the boys. In 60 percent of the cases of adult clients in treatment reporting childhood victimization the offender was the father or stepfather. Over half of the cases of male victimization reportedly involved incest -- two between father and son and two between brothers. The high percentage of father offenders in this study may reflect the psychological problems generated by incest. The closer the relationship between the victim and offender, and the longer the victimization continues over time, the greater likelihood of psychological problems in later life.

In over half of the cases the site of victimization is either the victim's or the offender's home (Burgess & Holmstrom, 1975, found that 78 percent of the children in their study were assaulted in their own homes). The time of day when victimization occurs most often for prepubertal children is mid-afternoon to early evening -- when they are unsupervised at school or home;

for adolescents, late afternoon to midnight.

O U T C O M E

The aftereffects, both immediate and long-term, of sexual exploitation of children have not been clearly established. Attempts to identify post exploitation effects are clouded by 1) lack of rigorous criteria for what constitutes damage or adjustment following the sexual episode(s), 2) logistical and ethical considerations blocking longitudinal studies or access to victims after the sexual episode(s), 3) experimenter bias.

Here again, the research varies roughly along the "prefeminist-postfeminist" dimension. Early attempts to gauge outcome set up extremely severe standards of maladjustment. Bender & Grugett (1952) conclude, on the basis of 14 cases, that the experience of sexual victimization did not adversely affect later adjustment (although four of the children -- 28 percent -- were hospitalized for mental illness at various intervals following the victimization). Overt psychosis or subsequent court involvement seemed to be the criteria for maladjustment. Clearly it is possible for undesired outcomes such as phobias, orgasmic inadequacy, chronic anxiety, and alcoholism to occur as a result of early trauma. These outcomes may not be severe enough to require institutionalization, but may impede adjustment nevertheless. A followup study done by Moses (1932) of 60 victimized children provides a classic example of cultural bias and conceptually loose criteria of adjustment imposed on data. Over half of the children were labeled as adversely affected by the experience, as follows: eight judged to be neurotic, five indulging in masturbation, eight "preoccupied with sexual things," and 16 participating in heterosexual activities.

Rasmussen (1934) found 46 of 54 women to be well adjusted 20 to 30 years later, as judged by ratings of the women's physicians. Problems with these results center around the validity of the physician's ratings as adequate measures of outcome. Landis found severity of aftereffects to be directly related to knowing the offender and the type of offense. Forty percent of the victimized women and 26 percent of the victimized men who had known the offender reported some degree of emotional damage. Eighty percent of the women who had been subjected to rape or attempted rape reported temporary or permanent emotional damage. When asked whether the experience had had an undesirable effect on sexual attitudes, 70 percent of the women and 80 percent of the men responded it had not. However, since over half of the reports of female victimization involved exposure to exhibitionism, subsequent trauma is not an expected result for these victims. It is notable that 80 percent of the women who had been threatened with or experienced rape reported either temporary or permanent adverse ideas about sex.

Gagnon reported only 18 of 333 victims as suffering severe damage. He points out the sampling biases in the study that may be responsible for the few negative outcomes: a large proportion of college women and the systematic exclusion from the sample of women whose experiences resulted in long-term institutionalization. Gagnon categorized responses in four categories of difficulty:

-- none: 73-4% of all victims except coerced

-- slight difficulty: approximately 10% of all victims except coerced -- includes divorce, "very unhappy marriages" and psychotherapy of a minimum of one year's duration

-- some difficulty: approximately 9% of all victims except coerced -- includes divorce, "very unhappy marriages" and psychotherapy of a minimum of one year's duration

-- serious difficulty: 80% of coerced victims, 5% of other victims -- includes multiple divorces, institutionalization, prostitution

Outcome studies are hampered by the technical problems related to identifying victims, and the ethical problems related to invasion of privacy and issues of confidentiality. For obvious reasons it is unethical to conduct controlled experimentation in sexual victimization of children by manipulating the experimental condition. The next best thing scientifically is to conduct longitudinal studies assessing children on a variety of behavioral variables at periodic intervals, noting changes following victimization. However longitudinal studies have their own unique problems -- sample selection, subject cooperation, funding, maintenance of contact with subjects over a period of years, labeling, and protection of data from inappropriate use. Ethical considerations involving risk to human subjects make such studies extremely problematic. Data collected over 20-30 years presents special problems in access and control. Since the subjects are children at the outset, parental consent is required initially, with later consent necessary from the child-turned-adult for continuation in the project. What constitutes informed consent in such situations? Outcome hypotheses may lead to labeling of subjects on the part of parents and professionals (teachers, medical personnel, police) with consequent risk of influencing the behavior under study.

Asking children to report their experiences of victimization is scientifically sounder in terms of accuracy of data than waiting 10-20 years and asking adults to recall these experiences. However parental opposition to sex education in

the schools is a measure of the receptivity of the public to "outsiders" communicating with children directly about matters of sex. For all these reasons researchers in this area have limited their studies to surveys of victims after the incident has been reported. Two problems that arise in assessing outcome after victimization are separating pre-existing conditions from post victimization effects, and the absence of control groups.

The experimenter is not without a point of view which shapes both hypotheses and interpretation of results. The literature of sexual assault has been traditionally written by men (psychoanalysts, scientists, researchers, lawyers and judges), about male offenders exploiting female victims. The "prefeminist" literature overwhelmingly documents the innocuous impact of sexual assault on the female victim (while ignoring the problem of male victimization). Freud, in opting to disbelieve his female patients' reports of incest in favor of protecting the reputation of Victorian fathers, exemplifies the stake males have in telling themselves that violation of a woman's body does not hurt her, now or later. The "postfeminist" literature tends to show more negative effects of victimization, both immediate and long-term. Burgess & Holmstrom (1974) describe the acute trauma experienced by children immediately after the event, evidenced in behavior such as nightmares, phobias, and physical symptoms; and the long-term reorganization involved in the recovery process. A recent study of adolescent rape victims (Krasner, Meyer & Carroll, 1976) notes regression, insecurity and distrust as outcomes. Forty percent of the adolescent girls suffered disruptions in eating and sleeping habits. A third expressed negative feelings toward men they knew; over a half toward strange men. Some (seven percent) dropped out of school. The majority developed a fear of being alone

(25 percent were afraid to stay home alone, 56 percent were afraid of being alone on the streets).

Recent research indicates that there are long-lasting psychological effects to the victim of sexual attacks of children (DeFrancis, 1971; Lewis, 1969), depending on the brutality of the attack, the relationship of the child to the attacker, and the time period over which victimization occurs. Herman and Hirschman (1977) provide an excellent discussion of professional biases in the incest literature.

While the methodological and cultural problems involved in assessing outcome remain to be solved, there is general agreement that a major source of maladjustment in child victims is due to the reactions of the adults involved. Sustained trauma in individual cases is often due to the extreme reactions of the adults, who communicate to the child their own convictions that irrevocable damage has been done. The hysteria surrounding this subject creates a climate in which children suspected of having been exploited are put through a nightmare which generally far exceeds in horror the triggering incident. The cards are stacked against the child in any public confrontation with the adult exploiter. In the case of incest involving the father the child reporting is often ostracized by the family. The mother characteristically denies overt knowledge of the situation, though investigation may establish complicit knowledge. The father, seeing himself betrayed, reacts punitively toward the child. Lie detector tests, genital examinations and removal from the home are frequent consequences for the child who complains to authorities. The result? In our society sexual child exploitation is a freebie.

In a legal system designed to protect the constitutional rights of the defendant, the child victim of sexual assault suffers. It is the defendant's right to face his accuser in open court and cross examine witnesses. However forcing a child victim to testify in the presence of the man who hurt her or him -- and who has probably threatened further injury if the child ever tells -- is a severe test of the child's emotional resources and stability. Common defenses in such cases seek to establish consent and/or to challenge the credibility of the child. The prospect of police interrogations and insensitive court procedures influence most parents and victims not to pursue prosecution.

Reifen (1958) describes procedures developed in Israel to protect child victims of sexual assault. A surrogate witness called the Youth Examiner interviews the child, then testifies in the child's place in court. No defendant is convicted solely on the testimony of the Youth Examiner -- who is usually a social worker, psychologist or psychiatrist. Our Constitution forbids this innovation. However some means must be found to protect the child's interest in cases of sexual victimization. Testimony video-taped for later replay in court, or given in the judge's chambers with the key participants present are possibilities worth exploring. Without reform in the procedures required for child witnesses to testify, child molesters will continue to prey on children with little concern for consequences.

Recommendations For Research

I. Prevention

Support should be provided for research projects focusing on the following issues.

- A. Changing the sexist attitudes and behaviors in our culture conducive to sexual assault.
- B. Eliminating sex role stereotyping in societal institutions such as the schools and the media.
- C. Developing effective models for teaching social skills to young children.
- D. Testing experimentally the hypothesis that sexually victimized boys constitute a high proportion of adult sexual exploiters.
- E. Developing models of crisis intervention with sexually victimized boys, since there is evidence that this population is at high risk for developing sexually assaultive behavior later in life.
- F. Developing and testing:
 - 1. responsible sex education curricula for schools, and
 - 2. pilot programs in communities to elicit parental involvement and support for introduction and use of the curricula.
- G. Developing programs to train children in their rights to their own bodies, and how and when to resist sexual exploitation.
- H. Longitudinal studies designed to identify behavioral correlates of sexually assaultive behavior.

II. Treatment

- A. Longitudinal studies designed to identify and reduce the impact of sexual assault of children on victim adjustment in adult life.
- B. Determining the consequences of removing the child from the home in cases of incest versus leaving the child in the home and treating the family as a unit.

(Giarretto's (1976) model of family treatment holds promise for re-constituting such families while keeping them intact, and sparing the child the damaging effects of loss of supports during the crisis of discovery and disposition.)
- C. Evaluating victim treatment programs.

III. System

- A. Alternatives to mandatory court appearances for child victims of sexual assault. Video-taping the child's testimony, greater use of expert witnesses (mental health professionals) in interpreting the child's behavior and testimony (as in Israel's use of the surrogate witness), taking testimony in the judge's chambers are some of the options to be explored. The development of a humane procedure for taking the testimony of child victims would increase the number of prosecutions of these crimes.
- B. Developing uniform reporting codes for sexual exploitation/abuse of children.

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