EXPLORING DISCLOSURE IN CHILDHOOD SEXUAL ABUSE

A Thesis

Presented to

The Faculty of the Department of Psychology

Brenau University

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in Partial Fulfillment

of the Requirements for the Degree

Master's of Science

By

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August 2009

ACKNOWLEDGEMENTS

I want to acknowledge my husband, Ben Whisnant, and daughter Crystal Graves and her family, for their unconditional support and patience through this thesis process. I appreciate the knowledge and support of my committee members during many revisions of this thesis: Dr. Julie Battle, Dr. Maria Zayas and Heather Hayes who is the director of the children center used in this study. Without the meticulous record keeping of Peyton Cowan at the advocacy center gathering data would not have been possible, for her dedication I am grateful. I am also grateful to Deborah Rhodes for her expertise as editor for this thesis. I am thankful for Dr. Jill Anderson who taught me how to use therapeutic play with sexually abused children and is quoted in this thesis. For all brave children and adolescents who bring childhood sexual abuse out of the darkness and into the light through their disclosure, I sincerely say THANK YOU for sharing your stories.

Abstract

Previous research involving adult survivors of CSA (childhood sexual abuse) indicates that approximately 77% of CSA victims did not report the abuse while in childhood. The purpose of this study was to examine CSA disclosure in childhood. Participants for this study were 137 children/adolescents ranging in ages from 2-16 interviewed at a child advocacy center. Findings indicate that children and adolescents who disclosed sexual abused by an immediate family member were more likely to recant than children and adolescents who disclosed that abuse occurred by others; there was no significant difference in recant rates across genders; although not statistically significant there were differences in to whom males and females made disclosure; males and females were equally as likely to disclose CSA to parents or caregivers; and, "purposeful disclosure" was made more than all other types of disclosure.

EXPLORING DISCLOSURE

IN CHILDHOOD SEXUAL ABUSE

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CHAPTER I

INTRODUCTION

In 2006, there were approximately 3.3 million allegations of child abuse and neglect made to Child Protective Service (CPS) agencies throughout the United States of America, with approximately 12 children per 1,000 abused each year (United States Department of Health and Human Services [USDHHS], 2006a). Of the allegations made, there were 1,009,994 (30.1%) substantiated cases. These were broken down as follows: the majority of the substantiated cases (64.1%) were neglect; an additional 16% were classified as physical abuse; medical neglect was substantiated in 2.2% of the cases, 6.6% were classified as psychological abuse, 15.1% were classified other and 8.8% of cases were classified as sexual abuse (USDHHS, 2006a).

Although rates of disclosure vary across studies, overall rates of disclosure in research indicated that approximately 33% of sexually abused children report the crime while in childhood (London, Bruck, Ceci & Shuman, 2005). There are some organizations that claim that 1 out of 6 boys and 1 out 4 girls will be sexually abused before their eighteenth birthday (Children's Center for Hope & Healing, 2009). One area of CSA research where consistently results appear similar is that CSA does not vary across ethnicity or economic status (Menard & Ruback, 2003; Putnam, 2003). Children who report childhood sexual abuse and are removed from the abusive situation increase their chances that psychological problems associated with the abuse will not develop or worsen (Cicchetti, 2004).

There has been a great deal of research conducted on the psychological consequences of childhood sexual abuse (Cicchetti, 2004). Several disorders have been associated with childhood sexual abuse: Posttraumatic Stress Disorder (PTSD), nightmares, cognitive development disruption, and depression (Cicchetti, 2004; Kaplow, Dodge, Amaya-Jackson, & Saxe, 2005; Kaplow & Widom, 2007). Children who are victims of sexual abuse often are exposed to a

variety of other types of abuse or stress (American Psychological Association [APA], 2008). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) childhood sexual abuse is frequently a focus of clinical attention among individuals seen by health professionals (APA, 2000). Other researchers have reported behavior problems including development of substance abuse, offending pathway into adulthood, and susceptibility to further victimization (Sullivan & Beech, 2004; Widom, Czaja, & Dutton, 2008). Despite these findings, several studies suggest that many children exposed to sexual abuse may not be at high risk for developing long-term psychological problems (McCrae, Chapman, & Christ, 2006). Additionally, gender may play a role in which emotional and behavioral problems occur and the severity of those problems (Hedtke et al., 2008; Walker, Carey, Mohr, Stein, & Seedat, 2004).

Once disclosure occurs, many children are sent for a forensic interview conducted by a licensed professional in a child advocacy center where protocol-guided forensic interviews are used (Springman, Wherry & Notaro, 2006). Most cities throughout the United States have such centers (Cross, Jones, Walsh, Simone, & Kolko, 2007). The advocacy center is a neutral location where law enforcement, Division of Family and Children Services (DFCS), forensic interviewers and others who will become involved in the case come together for the sake of the child. The center then becomes a safe environment where the child can tell details of the event and those details then becomes an official statement used to help keep the child from further danger by helping society convict the offender.

Researchers have identified four different patterns of childhood sexual abuse disclosure (Collings, Griffiths & Kumalo, 2005). The first type is “purposeful disclosure” in situations where the child purposefully seeks out another person to tell what happened. The second type is “indirect disclosure” in situations where the child is questioned due to suspect behavior or

statements. The third type is the "eyewitness disclosure" which occurs when the abuse is witnessed by another. The fourth type, accidental disclosure, is reported to be the most common. This is where the child makes spontaneous statements which alert the caregiver that abuse has occurred (Collings et al., 2005).

Another factor to consider, once initial childhood sexual abuse disclosure is made, is that there is a chance that the child will take back the disclosure, which is referred to as "recant", in childhood sexual abuse discussion. The child might recant, not disclose during the forensic interview, or disclose after the forensic interview has concluded. Research has found that there are several reasons recanting occur. Some reasons found are: fear of negative consequences to self and family, not feeling supported by the environment, coaching by caregivers, and feelings of being in danger (Hammer, Moynihan & Pagliaro, 2005; Marx, 1996; Rieser, 1991). Experts can best assess children who are at risk for recantation of CSA by ensuring that children are in supportive environments during the disclosure process (Marx, 1996).

Peers, parents, and trusted adults are often the ones children turn to during the disclosure process (Edinburgh, Saewyc & Levitt, 2006; Hershkowitz, Lanes & Lamb, 2007; Priebe & Svedin, 2008). Some research results indicate that children who disclose to parents are less likely to recant allegations than those who disclose to others (Hershkowitz et al., 2007). Other research results indicate that boys are most likely to disclose to mothers or other adults and girls are more likely to disclose to peers ((Edinburgh et al., 2006).

The purpose of this study is to examine elements within childhood sexual abuse (CSA) disclosure. This study also investigates how often recantation of childhood sexual abuse (after disclosure) occurs and what factors surround that recantation. Additionally, the relationship of the child/adolescent to the person to whom he/she disclosed is considered. The results from this

study could be used to further support existing research and increase awareness of the CSA disclosure process.

CHAPTER II

LITERATURE REVIEW

Reporting Childhood Sexual Abuse:

In 2006, there were approximately 3.3 million allegations of child abuse and neglect made to Child Protective Service (CPS) agencies throughout the United States of America. Of these reports, 1,009,994 (30.1%) were substantiated cases of maltreatment towards children. The substantiated cases included 567,877 (64.1%) cases of neglect; 142,041 (16%) cases of physical abuse; 19,180 (2.2%) cases of medical neglect, 58,577 (6.6%) cases of psychological abuse, 10,221 (1.2%) unknown, 133,978 (15.1%) other and 88,879 (8.8%) cases of childhood sexual abuse (USDHHS, 2006a).

Childhood sexual abuse has not been universally defined. Every state has laws that protect children from sexual abuse, though elements within the laws are different in various states. The main shared characteristic in all childhood sexual abuse laws is the illegal act of domination over a child in a sexually explicit manner (APA, 2008). The sexual activity may include fondling a child's genitals, digital penetration, oral-genital contact, vaginal and anal intercourse, exposure, voyeurism and the exposure of pornography to the child, or other sexually manipulative actions towards the child (APA, 2008; USDHHS, 2006b).

Researchers have documented the number of CSA cases reported each year. Finkelhor, Ormrod, Turner, and Hamby (2005) found that 1 in 12, or 8%, of a national sample of 2,030 children and youth reported an experience of sexual abuse. A higher rate of CSA was found in Oddone, Genuis and Violato's (2001) meta analysis which indicated that 36% of participants

reported experiences of CSA. One reason for the high difference in CSA cases reported could be that these two research studies used different protocols on identifying CSA which then determined if cases were included or excluded from the studies. Accurate statistics on the total reported cases of CSA each year are difficult to verify and problems of underreporting and verifying CSA cases can be complicated (APA, 2008). The United States Government has tried to oversee the protection of children in this country and has developed the Division of Family and Children Services (DFCS, 2009). One of the functions of DFCS is to investigate child abuse cases and substantiate them through their child protective services division.

Child protective service (CPS) divisions are governmental agencies created to provide services to protect children, to preserve families when possible, and to help prevent further abuse and neglect. Caretakers, parents, counselors, relatives, teachers, and/or other concerned individuals may report suspected abuse of a child to CPS which will assess the situation to determine if the safety of the child is at risk. If the CPS worker deems the situation unsafe, law enforcement is contacted to determine if the legal definition of child abuse or neglect is met. According to the Federal Child Abuse Prevention and Treatment Act (CAPTA, 2003) (42 U.S.C.A. §5106g), "any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm is considered abuse or neglect" (CAPTA, 2003, pg. 44). In order for the sexual abuse report to become classified as a sexual abuse case, the accusation has to be validated through an investigation process supported by the state law and state policy of that particular CPS state organization (CAPTA, 2003). Child Protective Service investigators use state and local guidelines rather than national guidelines to substantiate cases as abuse (Shadoin & Carnes, 2006).

As a result of the Federal Child Abuse Prevention and Treatment Act (CAPTA) passed in 1974, all 50 states have passed laws mandating the reporting of child abuse and neglect. In the state of Georgia, the mandated reporter law (O.C.G.A. § 16-6-5) was enacted to provide protection for all children who have been deemed at risk for ongoing or previous sexual abuse. Mandated reporting of suspected childhood sexual abuse to the state CPS agency is expected to occur within 24 hours of receiving the initial report of abuse (State of Georgia, 2008). Mandated reporters fall within two categories. The two categories are professional reporters and community reporters. Once the mandated reporter determines that there is possible child abuse, the mandated reporter must call a child protective service agency within 24 hours. The mandated reporter provides a verbal report of reasonable suspicion of sexual abuse based on evidence presented by the child (State of Georgia, 2008).

Reporting child sexual abuse to CPS typically occurs from one of two sources (USDHHS, 2006a). Professional sources represented 72.4% of the sexual abuse calls received in CPS centers in 2006. Professional sources are defined as those persons who come in contact with the child during the course of their professional work. Examples are educators, law enforcement personnel, criminal justice personnel, social service personnel, medical or mental health workers, child daycare providers, and foster care providers (USDHHS, 2006a).

The remaining 27.6% of sexual abuse reports made to CPS in 2006 came from the second category. This was called “other sources” and represented calls from parents, other relatives, friends or neighbors, anonymous sources, unknown reporters, alleged victims, and alleged perpetrators (USDHHS, 2006a).

Georgia Laws Defining Childhood Sexual Abuse

All states include sexual abuse in definitions of child abuse which then becomes an element of the definition used within laws governing that state (USDHHS, 2006b). Georgia's code and legal definition of sex offenses related to children fall under Sexual Crimes (Title 16, Article 6) and these sexual crimes against children, according to the State of Georgia include:

Sexual battery (O.C.G.A. § 16-6-22.1) involves making physical contact with the intimate parts of the body of another person without the consent of that person;

Aggravated sexual battery (O.C.G.A. § 16-6-22.2) involves intentionally penetrating the sexual organ or anus of another person without the consent of that person; which includes (O.C.G.A. § 16-5-27) when a person knowingly circumcises, excises, or infibulates, in whole or in part, the labia majora, or clitoris of a female under 18 years of age (State of Georgia, 2008);

Statutory rape (O.C.G.A. §16-6-3) is a term used by only five states, including Georgia, to define sexual activity involving individuals (minors) under the age of 16. A minor cannot give his or her legal consent to sexual activity under any circumstances. Additionally, in the State of Georgia, there is no minimum age for prosecuting an offender in a statutory rape case (State of Georgia, 2008);

Sodomy (O.C.G.A. § 16-6-2) involves performing or submitting to a sex act involving sex organs of one person and the mouth or anus of another: Solicitation for sodomy (O.C.G.A. § 16-6-15.b) involves soliciting anyone under the age of 18 to perform or submit to an act of sodomy for money;

Aggravated sodomy (O.C.G.A. § 16-6-2) is defined as a person committing sodomy with force and against the will of the other person or when an individual commits sodomy with a person who is less than ten years of age;

Child molestation(O.C.G.A. § 16-6-4) occurs when the offender commits an immoral, indecent act in the presence of or with any child under the age of 16 years with intent to arouse or satisfy the sexual desires of either the child or the offender;

Aggravated child molestation (O.C.G.A. § 16-6-4) occurs when an offense of child molestation occurs and there are physical injuries to the child or that involves sodomy;

Incest (O.C.G.A. § 16-6-22) is when an individual engages in sexual intercourse with a minor to whom he or she is related by blood or marriage;

Sexual exploitation of children (O.C.G.A. § 16-12-100) involves knowingly employing, using, persuading, inducing, enticing or coercing a minor to engage in, or assist any other person to engage in, any sexually explicit act for the purpose of producing a visual medium;

Enticing a child for indecent purposes (O.C.G.A. § 16-6-5) involves taking a child under the age of 16 any place for the purpose of child molestation or indecent acts;

Sale or distribution of harmful materials to minors (O.C.G.A. § 16-12-103) includes furnishing to a minor visual or sound recordings which depict sexually explicit nudity or sexual conduct, selling or furnishing admission ticket to, or admitting a minor to an event of sexual nature, and falsely representing his/her age with the intent to unlawfully procure sexual material (Actions for Childhood Sexual Abuse, 1992).

Traumatic Symptoms associated with Childhood Sexual Abuse:

The trauma of CSA crimes can create psychological and/or biological consequences for the traumatized child. There has been a great deal of research conducted on the psychological costs of childhood sexual abuse (Cicchetti, 2004). Psychological difficulties associated with sexual abuse can take many different forms ranging from few to many. The child could develop either external or internal behavioral problems or a combination of both as a result of the mistreatment, problems which may follow the child into adulthood (Cicchetti, 2004). Research conducted by McCrae, Chapman, and Christ (2006) indicates that 80% of the sexually abused adolescents in their study scored in the borderline or the clinical range for at least one psychological symptom with many displaying co-morbid symptoms at the time of investigation. When the stressor is CSA, the adverse effects could include lifelong debilitating mental health concerns (Broman-Fulks et al., 2007; Lyon & Saywitz, 2006).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) childhood sexual abuse is frequently a focus of clinical attention among individuals seen by health professionals (APA, 2000). When a child experiences a traumatic event such as sexual abuse, he or she may not have the cognitive ability to process what happened. The child may not process the information until later in life when he or she is at a developmental stage where the information can then be processed (Cicchetti, 2004). A study conducted by Kaplow and Widom (2007) found that adult survivors of childhood sexual abuse reported the following DSM-III-R diagnoses: 34% were diagnosed with Post Traumatic Stress Disorder (PTSD), 7.6% were diagnosed with General Anxiety Disorder, 28.8% with Major Depressive Disorder (MDD), 18.1% with Antisocial Personality Disorder (ASPD), and 55.2% with Alcohol Abuse or Dependency. In their longitudinal study of 128 female and 69 male survivors of CSA, Banyard,

Williams and Siegel (2004) found that men and women had similar trauma symptoms later in adulthood.

Research on the effects of CSA conducted by Oddone and colleagues (2001) found a 20% increase in PTSD, 21% increase in depression, 21% increase in suicide, 14% increase in promiscuity and 10% increase in academic difficulties following an experience of childhood sexual abuse. Many researchers have reported specific details of harmful consequences found to be associated with childhood sexual abuse including: Posttraumatic Stress Disorder (PTSD), nightmares, cognitive development disruption, and depression (Cicchetti, 2004; Kaplow et al., 2005; Kaplow & Widom, 2007).

Posttraumatic Stress Disorder (PTSD) is a form of psychopathology that could develop due to the stressors of violence associated with childhood sexual abuse (Ford, Stockton, Kaltman, & Green, 2006; Kaplow et al., 2005; King et al., 2000; Tremblay, Hébert, & Piché, 2000). PTSD has many components which cause severe distress including recurrent and intrusive recollections of the event which could also be experienced through nightmares where the event is replayed (Agargun et al., 2003). Walker and colleagues (2004) reported higher rates of PTSD in girls than boys between the ages of 4 and 22 who had disclosed CSA experiences. Results from a longitudinal study conducted by Hedtke and colleagues (2008) indicated that women with a history of sexual assault were three times more likely to have PTSD than women without a history of sexual abuse.

Nightmares have been found to be directly linked to CSA. Research conducted by Agargun and colleagues (2003) focused on the impact of traumatic events and nightmares. The researchers found that individuals with childhood traumatic experiences had more nightmares than those who had not experienced childhood trauma.

Cognitive developmental disruption is another effect found to be associated with CSA (e.g. forming identity and attachment to caregiver, learning to trust). This disruption could influence the development of psychological difficulties later in life. There are several developmental stages of childhood. The age at time of abuse can disrupt the particular developmental stage the child is in, which could then effect the long-term psychological development of the child (Cicchetti, 2004). In a longitudinal study of 496 children with documented cases of physical and/or sexual abuse prior to age 12, Kaplow and Widom (2007) found age of onset to be a contributing factor to later development of psychological problems. Participants were given follow-up assessment at age 29 and again at age 40. Adults who were abused as pre-school children (ages 3-5) reported higher internalized symptoms (e.g. depression and anxiety) than those adults who reported they were abused as somewhat older children (ages 6-11). Results also indicated that adults who were abused as children aged 6-11 had a higher number of externalized problems and were more likely to develop Antisocial Personality Disorder (APD) and Alcohol Abuse or Dependency (AA) than the preschool-aged children (ages 3-5). In addition, they were less likely not to graduate from high school (Kaplow & Widom, 2007).

Depression is another psychological problem often associated with CSA. Sexually abused children exhibit internalizing and depressive symptoms to a greater degree than school-aged children who had not experienced abuse (McCrae et al., 2006). A study on depressive symptomatology and child abuse conducted by Westenberg and Garnefski (2003) with 81 adolescents (ages 11-18) who were reported to have been abused or neglected in childhood indicated that 71.3% of participants reported a depressed mood compared to 10.8% of the general population. Depressive symptoms included feeling sad, feeling unable to laugh, and/or

becoming quickly irritated. Of the depressed adolescent group, 42% reported sexual abuse compared to 9.8% of the non-depressed group within the study (Westenberg & Garnefski, 2003). Results also indicated that all of the participants with reported sexual abuse also experienced some other form of abuse such as physical, neglect (Westenberg & Garnefski, 2003).

Researchers have also reported behavior problems including development of substance abuse, offending pathway into adulthood, and susceptibility to further victimization (Sullivan & Beech, 2004; Widom et al., 2008). Concurrent with emotional problems in survivors of CSA often times are severe behavioral problems (Westenberg & Garnefski, 2003). Ompad and colleagues (2005) found higher rates of earlier age drug use among victims of childhood sexual abuse than those participants who had not experienced CSA. Gender was shown to be a factor in one study where results indicated that female survivors of sexual abuse were at greater risk of developing substance dependence than females who did not have history of sexual abuse (Noll, Trickett, Harris, & Putnam, 2008). Mian, Marton and LeBaron (1996) found that symptoms characteristic of anxiety and inappropriate sexual behavior are higher in preschool-aged girls who experienced CSA than in preschool-aged girls who did not report CSA.

Compounded problems associated with parents are often found in the CSA population. McCrae and colleagues (2006) research results found that school-age children (ages 8-11) who had a history of severe sexual abuse (e.g. incest) had compounded problems of parents struggling with substance abuse or domestic violence in the home. These children had higher rates of depressive symptoms than other children within the study who did not have these compounded problems (McCrae, Chapman, & Christ, 2006).

In some instances, an offending pathway into adulthood was reported as a possible direct result of CSA. Connolly and Woollons (2008) focused on the statistical relationship between

men's early childhood sexual experiences and an offending pathway later in life. Study participants were 125 adult male criminals with convictions including sexual offenses (e.g. child molestation or rape) and a comparison population of non-sexual offenders. Results indicated higher reporting of childhood sexual abuse in the child molester and rapist participants of the study than in the nonsexual offending population. The researchers suggest that the experience of childhood sexual abuse may influence a developmental path into sexual crimes versus criminal crimes. Additionally, Sullivan and Beech (2004) found that 60% of their study participants, 305 sexual offenders, were sexually abused as children. It has been observed that the behavior learned from the abuser could manifest as sexually reactive behavior in the child through inappropriate touching of self or improper touching of other children (Richardson, 2008). A cautionary statement for consideration when reviewing offender pathway research and literature is that offenders may over report history of CSA (Connolly & Woollons, 2008).

Another concern for CSA survivors is that they may unconsciously place themselves in situations where they are at risk to experience further sexual abuse or victimization. Several researchers found that female survivors of sexual abuse are more likely to become victims of domestic violence as well (McCrae et al., 2006; Noll et al., 2008). Re-victimization and vulnerability then becomes a major concern for victims of CSA. Vulnerability was also found to be another factor associated with CSA (as cited in Bagley & Mallick, 2000), in The Calgary Longitudinal Survey. This study followed 1,000 children randomly chosen from the records of infant health clinics throughout Canada. Results from the study indicated that children who experienced prolonged sexual abuse also suffered emotional and/or physical abuse, which undermined both self-confidence and the ability to avoid CSA situations (Bagley & Mallick, 2000). The study found that children who had previous emotional and physical abuse had

difficulty finding ways to get away from the sexual abuse situation and were more likely to be sexually abused more than once (Bagley & Mallick, 2000). Other research results have reported that children with developmental disabilities, such as mental retardation, were more often targets of abuse due to an inability to resist the abuse. These children had fewer cognitive resources available to them which delayed their escape from the abusive situation (Bagley & Mallick, 2000).

Another re-victimization experienced by many CSA survivors is dating violence. Hébert, Lavoie, Vitaro, McDuff, and Tremblay (2008) conducted a longitudinal study following 492 participants with substantiated cases of CSA. Participants were initially evaluated in kindergarten with follow ups at age 12 and again at age 15. Research results indicated that more than half of the sexually abused adolescent girls (53.3%) reported verbal or physical victimization in their dating relationships, whereas only one in four of the non-CSA girls reported dating violence (Hébert et al., 2008).

Gender may play a role in which emotional and behavioral problems occur and the severity of those problems (Walker et al., 2004). Hedtke and colleagues (2008) indicated that women with a history of sexual assault were three times as likely to have PTSD and twice more likely to have major depressive disorders than those women without any violence exposure. Several researchers reported that female survivors of sexual abuse are more likely to become high-school dropouts (Noll, Trickett, Harris, & Putnam, 2008). Fontanella and Harrington (2000) found symptoms associated with childhood sexual abuse are different between boys and girls, with boys who had been sexually abused displaying more developmental delays and aggressive symptoms than girls who had been sexually abused.

The Forensic Interviews and Child Advocacy Centers

With research validating that childhood sexual abuse may cause psychological problems for children, it is important that children seek help as soon as possible. Help for a child may begin from the moment that child seeks out someone for help. Often disclosure is made to an individual the child trusts (Priebe & Svedin, 2008). The disclosure statement is then secured in a legal manner that should stand up in court. The disclosure statement takes place during a forensic interview at a location where the child will feel safe to share disclosure details (Cross, Jones, Walsh, Simone, & Kolko, 2007).

Once a child sexual abuse disclosure is reported, there is an investigative process which should be followed (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007). In many instances the police refer the child to a center where forensic interviews are conducted by licensed professionals. Most cities throughout the United States have such centers (Cross et al., 2007). Many forensic centers are nonprofit centers funded through community support. The child advocacy center is the starting point for the child to have his or her story heard. The information gathered at the child advocacy center, if substantiated as childhood sexual abuse, then becomes the information used in a prosecution case within the legal system (Cross et al., 2007).

To protect the testimony of the child, prosecutors are recognizing the need for professionals who have received training in specialized interviewing skills for the sexually abused child population. The CSA disclosure and subsequent events may involve additional trauma for the child if the case should go to court and could possibly affect the child further even if the case does not go to court (Crawford & Bull, 2006). The forensic interview is most often conducted by a competent and skilled forensic interviewer who helps ensure the protection of

innocent individuals and provides documentation to help convict perpetrators (Cronch, Viljoen, & Hansen, 2006; Lamb & Brown, 2006). Results from forensic interviews are crucial components in determining if child sexual abuse has occurred (Finkelhor, Wolak, & Berliner, 2001).

Protocol-guided forensic interviews are most often used with childhood sexual abuse victims (Springman et al., 2006; Thierry, Lamb, Orbach, & Pipe, 2005). Even within a protocol guided model, the multifaceted investigative interview can become a challenge for practitioners and policy-makers (Westcott & Kynan, 2006). Communication between agencies, paperwork, and scheduling meetings to discuss cases, often present challenges for the multidisciplinary team. The team is diverse with personnel from numerous professional organizations needing to come together to discuss elements surrounding child abuse cases. The multidisciplinary team most often includes: police investigators, DFCS representatives, child advocacy center coordinators, child victim advocates from prosecutor offices, school counselor management and childhood sexual abuse therapists. Coordinated efforts become critical to ensure the forensic interview can be conducted and then become admissible in court (Westcott & Kynan, 2006).

Forensic interviews typically take place at child advocacy centers which are located throughout the United States. Many states mandate that the child advocacy center be involved in alleged CSA cases (Newman, Dannenfelser & Pendleton, 2005). The center is a safe and neutral location for the multidisciplinary team, the child, and the family. These centers usually include a children's play area, conference rooms, and access to video and audio technology, and the forensic interview organization headquarters are often based within the child advocacy center. Accurate and timely collaboration between child protective services, law enforcement, and the legal system are important to ensure that offenders are prosecuted. Klein (2003) found that cases

which involved a multidisciplinary forensic interview center had a higher rate of perpetrators making a plea of guilty in child sexual abuse cases. Smith, Witte, and Fricker-Elhai (2006) reported higher rates of law enforcement involvement and case substantiation in the child advocacy center involved cases. Wolfteich and Loggins (2007) found increased shared information contributed to leading to perpetrators being arrested in 83% of cases. Additionally, their research found decisions for child placement and treatment options related to CSA allegations were improved due to the multidisciplinary approach within a child advocacy center model (Wolfteich & Loggins, 2007).

The importance of collaboration between agencies was also noted in a study by Cross and colleagues (2007) in which it was reported that collaboration between professional agencies can help meet the needs of the child sexual abuse victim and help ensure that accurate evidence is gathered which may lead to criminal conviction of the perpetrator. Cross and colleagues (2007) conducted a quasi-experimental study investigating 1,069 child sexual abuse cases. Comparisons were made on interviews conducted at the child advocacy center versus interviews at "other" locations. The "other" locations were child protective service offices, police facilities, homes, or schools. Results indicated that cases involving the child advocacy center were more likely than comparison cases to feature police involvement in childhood sexual abuse cases. There was more involvement with multidisciplinary team interviews. There was more involvement with case reviewers. There was more involvement with joint police/child protective services investigations. There was more video/audio taping of interviews (Cross et al., 2007). The research findings suggest that with this type of collaborative effort, there is no need for repeated interviews of the child and family. The multidisciplinary team meets before the forensic interview at a child advocacy center to discuss the case.

Child advocacy centers have been successful in many cities throughout the United States for evaluation of childhood sexual abuse victims. Research suggests that there is the need for only one trained and experienced interviewer who utilizes appropriate forensic techniques to allow the child, in his or her own words, to give details surrounding the alleged sexual abuse (Cross et al., 2007). As this could be the only "telling of the story" the interview is appropriately documented by recording or transcript (Hammer et al., 2005).

When there are collaborate efforts between law enforcement, child protective services, and prosecutors, higher confession and plea rates are obtained (Faller & Henry, 2000). With the use of a collaborative effort, the safe environment of the child advocacy center and a competent forensic interviewer, the child has the best possible scenario to report childhood sexual abuse in a successful manner that could lead to prosecution of the perpetrator (Faller & Henry, 2000).

Before meeting with the child for the first time it is often helpful for the forensic interviewer to know the child's age and relationship to alleged perpetrator. Details on the relationship between the child and the perpetrator help the interviewer understand how the child might present emotionally (Walters, Holmes, Bauer, & Vieth, 2003). Pre-knowledge of the child's age assists the interviewer in determining age appropriate interview techniques (Cronch et al., 2006, Goodman-Brown et al., 2003; Korkman, Santtila, Drzewiecki, & Sandnabba, 2008; Westcott & Kynan, 2006). Pre-knowledge of the child's age further allows the interviewer to have an idea about whether the child is old enough to know and understand the difference between a truth and a lie. This is important information for the investigator to have when moving forward (Westcott & Kynan, 2006).

Another important component is determining how the forensic interview will be documented. Documentation can take the form of either written notes and/or video recording the

interview. Video recording helps to limit the possibility of conflicting information occurring through several subsequent interviews and is a permanent way to document the child's testimony (Klein, 2003). The video recording could become a crucial component in ensuring the perpetrator is prosecuted, whereas multiple interviews could increase the chance for error in accuracy of testimony (Klein, 2003). Additionally, videotaping reduces the number of interviews and holds accountable the interviewer to use appropriate questioning when interviewing the child on tape (Alessi & Ballard, 2001). The goal for all forensic interviewers is to gather the most accurate information and document that information in the most efficient manner.

A study conducted by Westcott and Page (2002) found that children are often accused of being poor witnesses under cross examination, of being easily confused, and of having fallible memories. Contradictory findings were reported in a study by Quas, Goodman and Jones (2007) which included 38 three-year-olds and 37 five-year-olds. The researchers' results indicated that repeated interviews did not increase inaccuracies in testimony nor cause false reports, even in preschool children. On the contrary, the researchers found that these children were more accurate in repeated interviews, especially when subsequent interviews were held over a short time period and even when misleading questions were used (Quas et al., 2007).

Two components of the forensic interview are classified according to The National Institute of Child Health and Human Development (NICHD) investigative interview protocol (Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007). These two critical phases are called the pre-substantive and the substantive phase (Thierry, Lamb, & Orbach, 2003). The NICHD investigative protocol is considered a best practice model for forensic interviewing. Many

forensic centers base their forensic interview techniques and procedures on this model (Lamb et. al, 2007).

The pre-substantive phase is the critical part of the interview where building rapport with the child sets the tone for the interview. Building rapport is an important component in creating a trusting environment where the child can feel comfortable. Once the child feels comfortable this then presents a safe environment for disclosure details of the sexual abuse to take place (Leader, Christianson, Svedin, & Granhag, 2007). This is also the time when the child learns the purpose for the interview. So, during the pre-substantive phase it is important to determine that the child knows the difference between telling the truth and telling lies and how telling the truth is important within the forensic interview setting (Cronch et al., 2006; Strichartz & Burton, 1990). Children are also encouraged to use the phrase 'I don't know' when unsure of a question or when unsure about how to answer a question (McCarron, Ridgway & Williams, 2004; Thierry et al., 2003).

The substantive phase is the information gathering phase of the forensic interview where one of three hypotheses will begin to form (Korkman et al., 2008). The three hypotheses are: the child has been abused; abuse claims are deliberately false; there is a misinterpretation of the child's behavior or talk leading to suspicions of CSA (Korkman et al., 2008). Information is then gathered through a one-on-one interview between the child and a licensed professional to substantiate which hypothesis is most likely true. The use of open-ended questions helps guide investigators to a conclusion which supports one of the three hypotheses (Korkman et al., 2008).

During this phase, an attempt is also made to obtain important information such as duration of abuse. Duration is defined as how long a child was sexually abused before the disclosure. The duration is different for every child and there is no common factor for all

children. Protocol for the forensic interview encourages open-ended recall-prompting questions which will help determine details pertaining to duration of abuse. This protocol maximizes the amount of information gathered and should help guard against contaminated information which might occur in leading questioning (Hershkowitz & Terner, 2007; Orbach, & Lamb, 2007).

Childhood Developmental Levels

Direct questioning is often used during the forensic interview, so it is important for the interviewer to know the child's developmental level. Younger children reason from one specific event to the next, and until their brain matures and attention improves, they are less likely to communicate a sequence of events without the help of direct questioning (Alessi & Ballard, 2001). Older children are more likely to purposefully disclose CSA than younger children due to increased verbal skills (Fontanella & Harrington, 2000).

To evaluate a child's cognitive level, the interviewer asks a few open-ended questions (e.g. Tell me about your favorite toy; Tell me about your day at school). Answers to these questions allow the child a chance to provide details about the event (Alessi & Ballard, 2001). An expert interviewer should have a formal understanding of Piaget's four stages of Cognitive Development (Piaget, 1954). As cited in Myers (2003), from birth to nearly two years of age the child is developing object permanence, and life experiences are understood through looking, hearing and touching.

From about two to six years of age, the child enters what Piaget calls the preoperational cognitive developmental stage and this is the stage in which language is developed. During this stage children are learning to use logic with cognitive limitations. At this stage the child is aware of self and of time (Myers, 2003). The child may be able to look at things from another person's

perspective. The child will learn to use language during this stage but the child does not develop logical reasoning. A direct question, such as "Where did he touch you?" encourages the child to give more specific details of an event (Alessi & Ballard, 2001).

Older children fall into what Piaget classifies as the concrete operational stage (Myers, 2003). In this phase of childhood, from age seven to eleven, the child develops logical reasoning (Piaget, 1954). The child gains an ability to think logically about concrete events and develops an ability to grasp concrete analogies. Children in this stage begin to develop abstract thinking and learn to reason from general to specific events and details (Alessi & Ballard, 2001). As the child begins to mature, his or her attention span improves and the child becomes more skilled at communicating sequences of events. However, according to Piaget's theory, this abstract thinking does not fully develop until age twelve (Myers, 2003). Children then enter the formal operational stage from age twelve through adulthood (Myers, 2003). For this reason the interviewer uses several different techniques to elicit details of the child's story.

Knowing the Difference - Truth & Lies during Forensic Interviews

Research studies have indicated that children as young as four, and even before preschool age, begin to learn the difference between a truth and a lie (Bussey, 1999; Lyon & Saywitz, 2006; Lyon & Saywitz, 1999). In a study of 53 children between the ages of three and four, Koenig, Clément and Harris (2004) found that preschool-age children were very competent in identifying accurate and inaccurate information. The children were shown video clips of two actors. For the purpose of the study one actor was identified as the reliable actor and the other as the unreliable actor. The children were shown a video clip of the two actors sitting together at a table. The reliable actor identified an object correctly (e.g., "That is a ball'') and the unreliable

actor misidentified the object (e.g., 'That is a shoe'). The children were then asked, "Did any of them say something right?" When children responded "yes," the experimenter then asked them to point to the person who said the correct answer. The children were then asked, "Did any of them say something wrong?" When children responded "yes," the experimenter then asked them to point to the person who said the incorrect answer. Occasionally there were identification errors, especially in the younger aged children, but not of statistical significance (Koenig et al., 2004).

Fu, Xu, Cameron, Heyman and Lee (2007) conducted a research study focusing on the age at which a child is able to distinguish the difference between a truth and a lie. In this study of 155 children between the ages of seven and eleven, results indicated that children as young as seven could not be persuaded to believe statements to be true that were not factual. The children were individually read a story in which the character tells a lie to help a friend. The child was then asked, "Is the character telling a lie, the truth or something else?" Regardless of whether telling a truth or a lie would help a friend, most children labeled the truth as a truth and a lie as a lie.

Open Ended Questions during the Forensic Interview

Regardless of whether a forensic interview is conducted in a single session or in several sessions, professional groups agree that children should be interviewed as soon as possible after disclosure of the alleged offenses (Brown et al., 2008). Interviews are best conducted by interviewers who themselves introduce as little information as possible in one of two ways. There is the method of asking questions in a direct way that will elicit either a yes or no answer which is straight forward questioning and does not leave much room for gathering details

surrounding the childhood sexual abuse. The interviewer only utilizes direct questions to obtain forensically essential information that was not purposefully disclosed (Thierry et al., 2003). The preferred method that research has shown produces free recall information is the open ended question method which encourage children to provide narrative detail (Brown, Brack, & Mullis, 2008; Finkelhor et al., 2001; Lamb et al., 2007). Open-ended questions are considered within the best practice method for eliciting information to substantiate CSA claims (Hershkowitz & Terner, 2007). Some open ended questions are why, what, and how questions used to bring further disclosure detail (Thierry et al., 2003). To accompany the open-ended questions many interviewers use human figure drawings to help the child tell the story in his or her own words. The drawings allow the child to point to areas of the body where the child was touched or where the child was told to touch the offender.

Law enforcement and judges have reported that human figure drawings and open-ended questions together better facilitate the child's report of sexual abuse than direct questioning alone (Leader et al., 2007). One type of drawing that has been used with children is the human figure drawing. Research conducted by Aldridge and colleagues' (2004) indicated that using human drawings with young children was productive. In their study of 90 four-to-thirteen-year-olds who had been referred for a forensic interview due to alleged sexual abuse, an additional 27% of information was obtained when the human drawings were used. This included additional details relevant to the alleged sexual abuse incident which were not provided during the questioning-only part of the forensic interview. The drawings were visual cues accompanied by carefully formulated questions designed to probe for information which had not been provided earlier (Aldridge et al., 2004). The researchers reported that older children did not need the drawings to prompt recall of details at the same rate needed for the younger children and this was most likely

due to the developmental level in older children allowing them easier access to memory recall details. Enhancing information retrieval utilizing human drawings can be beneficial as long as the questions are not leading and the drawings are only used as visual cues (Aldridge et al., 2004).

Not all research findings support the use of human drawings. One study reported on the importance of carefully constructed interviews to extract verbal evidence. Brown, Pipe, Lewis and Lamb (2007) found fewer inconsistencies when only open-ended questioning was used compared to use of human figure drawings when children were questioned about inappropriate touching. In this study, children looked at a book on pirates and then were given an opportunity to dress up as a pirate. All the children were then interviewed four to six weeks later to test recall of the event. The interview questions established if the child knew the difference between telling a truth and a lie, correcting the interviewer if he or she had made a mistake, and the importance of the child acknowledging if he/she did not know the answer to a question. Rapport building and open-ended questions were used by the interviewer. The interview focused on the target event of the photo session and the interviewer used open-ended questions, such as "tell me more," to elicit information until the interviewer determined that the child had described the event exhaustively (Brown et al., 2007). Initially, only 4 of the 79 children reported being touched during the event interview before the touch inquiry was initiated. Then, overall, 61% of the children reported new information in response to open-ended questions about the touching. The final results indicated that human figure drawings did not elicit any more information than did open-ended questioning in gathering new information about inappropriate touching. As well, more than half (58%) of the children, when asked to indicate on the drawing where they were touched, failed to do so, although they had been touched several times (Brown et al., 2007).

Younger children may not have the same language skills to communicate child sexual abuse details as older children. For the younger child, carefully constructed open-ended questions often extract further information on disclosure details (Lamb & Brown, 2006; London et al., 2005). Even among same age children, the cognitive functioning level is different for each child. Having an understanding of each child's cognitive level helps the interviewer determine types of questions to use with the child. During the disclosure process, the investigator will gauge questioning based on what he or she feels is consistent with the cognitive level of the child. The open-ended question technique of interviewing is often used to help the child tell the story of childhood sexual abuse (Brown et al., 2007). Once a disclosure is made, open-ended questions are again used to obtain event-specific information about the abusive incident(s).

Forensic interview techniques involving open-ended questions elicit more free-narrative responses than direct questioning (Leader et al., 2007). In a study of 48 children, age 3-16, who alleged child abuse, Craig, Scheibe, Raskin, Kircher, and Dodd (1999) found that open-ended questions with additional follow-up open-ended questions received the greater number of episodic details. When just one open-ended question was used, there was less information provided. However, when a follow-up question was presented in the open-ended format, additional information pertaining to the first question was obtained. Results were consistent across ages in both younger and older children when open-ended questions were used (Craig et al., 1999).

The disclosure of childhood sexual abuse can put the child in a vulnerable and impressionable state which supports the importance of the skill of the highly trained forensic interviewer. The investigator must proceed in a respectful manner by asking questions which are open-ended and not judgmental or leading. Interviewers used more direct questions with the

younger children than they did with the older children and received more information from the children using the direct question technique (Craig et al., 1999). The importance of how a question is posed to a child was further validated by another research study. In a study of 198 four to seven year old children, Lyon, Malloy, Quas, and Talwar (2008) found children were better able to provide accurate detail when asked open-ended questions. Results indicated that asking the children highly suggestive questions impaired the child's accuracy (Lyon et al., 2008). Highly trained forensic interviewers are taught how the different developmental stages affect a child's testimony. This understanding is critical to receiving the most accurate information from the child (Lyon et al., 2008).

Resilience and Childhood Sexual Abuse

It would appear that the quality of resilience a child possesses may play a role in how much children are affected by CSA and why some children do not experience long-term negative affects of childhood sexual abuse. Resilience is strength and understanding together a child's developmental level and the child's strengths helps provide a foundation to build an effective treatment strategy which then guides the professional in selecting appropriate therapeutic techniques (Adams & Sutker, 2001; Anderson, 2004). The balance among risk and protective factors and processes determines the likelihood of maltreatment occurring and influences the course of subsequent development (Cicchetti, 2004).

It has been reported that despite the plethora of potential negative consequences that have been linked to CSA, not all victims of CSA experience long-term negative consequences. It has been noted that "some people respond poorly to adversity whereas others are resilient to it, and the reason for this variation has been a holy grail of development research" (Moffitt, 2005, pg.

546). Several studies suggest that many children exposed to sexual abuse may not be at high risk for developing long-term psychological problems (McCrae et al., 2006). The impact of child sexual abuse can range from no apparent effects to very severe ones (APA, 2008).

Ball, De Bourdeaudhuij, Crombez and Van Oost (2004) found that 33% of the 100 study participants (ages 12 -18) who had previously disclosed childhood sexual abuse did not display clinically significant trauma-specific symptoms. There has been research to support that some children do not develop psychopathology related to childhood sexual abuse. In a nationally representative survey in the United States Molnar, Buka, and Kessler (2001) reported that approximately 22% of female survivors of CSA and 18% of male survivors of CSA did not experience long-term consequences of childhood sexual abuse. Researchers have begun to evaluate variables which may contribute to the resilience in these individuals.

One reason offered for this phenomenon is a coping mechanism with internal and external components: resilience. During the past 30 years, results from empirical and longitudinal research have defined resilience as including both internal and external protective factors against life stressors (Ungar, Liebenberg, & Didkowsky, 2006). "Resilience, as a psychological concept, was borrowed from the field of physics where it originally meant being able to 'spring back' after being held down" (Ungar et al., 2006, pg. 5).

Internal resilience factors include IQ, self-efficacy, self-esteem, self-regulating skills (impulse control and arousal regulation), a positive outlook on life (hopefulness, belief that life has meaning, religious affiliation and cultural identity), and a feeling of responsibility to others and self (Luthar, 2003; Quyen et al, 2001; Ungar et al., 2006).

External resilience factors include physical health, education aspiration, parenting quality (including warmth, structure, setting boundaries, monitoring, and expectations), meaningful

relationships with competent others (relatives, mentors), positive community influence (school, social organizations), and access to social services and health care (Luthar, 2003; Quyen et al., 2001; Ungar et al., 2006).

The manner (or method) in which a child utilizes the various components of resilience following childhood sexual abuse becomes a coping strategy. No two children are the same and different coping strategies are used differently by each child. The protective factors of resilience can help a child overcome adverse life events. When a child is faced with an adversity, the child may use the protective factor of self-soothing. When a child is faced with an adversity, he or she may turn to internal self-control. When the child is faced with stress, the child may use the protective factor of anger-controlling behavior to resolve the stress. Some individuals appear to succumb to the most minor stresses; others cope successfully in terrible circumstances, and resilience can work to counterbalance adversity (Luthar, 2003).

It is rare that a child would be immune from adversity due to external situations which are beyond the child's control. The child's resilience (external and internal support) could effect the adaptation to the abuse. When there is high resilience, the adversity could have lower negative impact on the child and the attributes associated with resilience stay with the child into adulthood (Brendtro & Larson, 2004; Burton, 2004; Conger & Conger, 2002).

Children who are victims of sexual abuse often are exposed to a variety of other types of abuse or stress (APA, 2008). For example, when a child is part of a minority group or mixed race family, he or she has the additional life stressor of racism, discrimination, and cultural identity confusion (American Academy of Child and Adolescent Psychiatry [AACAP], 2007; O'Donnell, Joshi & Lewin, 2007). In some cases where there is a strong influence through family support however, the child may not sustain long-term emotional problems due to the

sexual abuse (Bagley & Mallick 2000). When the child has the support and encouragement of parents, siblings, and other adults outside the family, a positive resilience may develop (Conger & Conger, 2002).

Delayed Disclosure of Childhood Sexual Abuse

Research has indicated that only approximately 33% of sexually abused children report the crime while in childhood (London et al., 2005). There is secrecy involved with childhood sexual abuse and children may perceive the abuse as shameful, therefore making it tremendously difficult to disclose. For those who disclose, disclosure appears to be a process and not a singular event (Bona, 2006). There are many theories about why, when, and if children will disclose childhood sexual abuse.

If the child is not provided a supportive environment in which to disclose CSA, disclosure may not occur or may be delayed until adulthood. If the child does not disclose the abuse during childhood, he or she may endure the abuse for a prolonged period or may never disclose the abuse. London and colleagues (2005) found, in their Meta analysis that ten out of eleven studies, revealed that CSA disclosure during childhood was low with many children not disclosing sexual abuse until they reached adulthood.

For many, the childhood sexual abuse disclosure occurred during the research study in which they were participating as adults. A study by Finkelhor and colleagues (1990) focused on the percentages of adults who had not disclosed childhood sexual abuse in childhood. Their national telephone survey of 2,626 American men and women found that 38% had not told anyone of the abuse prior to the telephone call. Additionally, abused men were more apt than abused women to have never disclosed the abuse (42% vs. 33%) (Finkelhor et al., 1990).

One comprehensive model developed to assist clinicians to better understand the dynamics of intra-family childhood sexual abuse was developed by Dr. Ronald Summit in 1983 (London et al., 2005). As cited in London et al. (2005), The Child Sexual Abuse Accommodation Syndrome (CSAAS) categorizes disclosure into five categories within the disclosure process (London et al., 2005). The five categories pertaining to disclosure within the model are: secrecy; helplessness; entrapment and accommodation; delayed, conflicted and unconvincing disclosure; and retraction of disclosure (London et al., 2005). Summit surmised that disclosing abuse may cause additional psychological distress for the child and the child may retract the statement or delay disclosure because of that. He also hypothesized that for disclosure to occur, the child needs to feel safe in the environment and must have a trusting adult available to whom the CSA disclosure can be made.

In the years since Summit's publication, some parts of his model have continued to be endorsed by clinicians and scholars (Ford, Schindler, & Medway, 2001; London et al., 2005). Research results have indicated that although the CSAAS model brought attention to childhood sexual abuse, characteristics of the model may pertain to a certain subset of CSA victims (e.g. adolescents who have been severely abused) and is not accurate for all disclosure and recantation in CSA cases (Bradley & Wood, 1996).

There are multiple reasons why many children delay sexual abuse disclosure. Research results have indicated that age, fear of negative consequences, shame and embarrassment, intra-family childhood sexual abuse, and grooming lead to delay in disclosure of childhood sexual abuse (Fontanella & Harrington, 2000; Goodman-Brown et al., 2003; Quas et al., 2003; Sullivan & Beech, 2004). Additionally, if disclosure is delayed, there could be more self-blame and more negative social reaction such as disbelief when CSA disclosure does finally occur (Ullman,

2007). In addition to exploring why children delay disclosure, researchers have investigated how different types of disclosure are made and how gender affects CSA symptoms.

A study by Fontanella and Harrington (2000) which included 74 cases of substantiated CSA of children ages 2-5, was conducted with the intent to focus on gender differences related to CSA disclosure. Although no significance was found between genders when the researchers did exploratory analysis, they found differences when ages of CSA victims were investigated. Results indicated that there was a significant relationship between the age at onset of abuse and pattern of disclosure, and that purposeful disclosure was more likely to occur with older children while younger children tended to accidently disclose (Fontanella et al., 2000). However, boys and girls were equally as likely to make purposeful disclosure (51%) as they were to make accidental disclosure (49%) (Fontanella et al., 2000).

A child's fear of negative consequences to others (e.g., family members) could lead to disclosure occurring sooner (Goodman-Brown et al., 2003). Children who thought other siblings or other children would also be abused by the perpetrator were more likely to disclose the abuse (Goodman-Brown et al., 2003). For example, if a child believed his or her sibling was in jeopardy of being abused, the child would generally disclose even if the child believed he or she would receive punishment for doing so (Goodman-Brown et al., 2003). Safety for self was disregarded when the child thought he or she could possibly save a sibling or another child from abuse (Goodman-Brown et al., 2003). The researchers also found that children whose abuse was intra-familial took longer to disclose their abuse than did children whose abuse was extra-familial, regardless of age (Goodman-Brown et al., 2003).

Intra-familial sexual abuse, oftentimes referred to as incest, is defined as sexual activity between a child and parent, sibling, or extended family member, including surrogate parental

figures and is found in some form in all societies (VandenBos, 2007). Research by Mian and colleagues (1996) found there was a longer delay in disclosure of CSA in an intra-familial group of abused girls than in an extra-familial group of abused girls. The study, which included 42 girls (ages 3-5) who had experienced either extra-familial abuse or intra-familial abuse, found the reason cited most often for the longer delay to disclosure was fear of losing the abuser's affection (Mian et al., 1996).

Similarly, a Collings and colleagues (2005) study of 1,737 children, who had previously disclosed CSA (1,614 females and 123 males), found that children who were abused by close family members (26% of participants) were less likely to disclose than those abused by strangers (18% of participants). Further, Quas and colleagues (2003) study of 218 victims of sexual abuse (4-17 years of age at time of abuse) found higher levels of self-blame in children having a close relationship to the perpetrator (e.g. family member). A close relationship with the abuser was not always the case, but researchers found that in many instances the child knew the abuser before the CSA incident occurred.

A relationship with the perpetrator was found in 78% of cases in a study conducted by Fontanella and Harrington (2000). Relatives were the most frequent perpetrators in male child abuse cases (48%) while they were the abuser in only 36% of female child abuse cases. Biological parents were identified as the perpetrator in 24% of male and 20% of female child cases. Parental figures were identified as the perpetrators in 8% of male child cases and 18% of female child cases (Fontanella & Harrington, 2000). Childhood sexual abuse by strangers is rare. Usually the victim has met the offender at least once. Mian and colleagues (1996) found strangers represented 3% of perpetrators in their study, Similarly, Ball and colleagues (2004) found only 3% of perpetrators in their study were strangers to the victims.

Many children may delay disclosure because the offender has the support of the community and children assume that no one will believe their accusations. Offenders may lead productive lives in the community and be well known and well liked (Craven, Brown, & Gilchrist, 2006). This could be called 'grooming the community' and some offenders may be so good at this that if a victim discloses his/her abuse, the community may support the offender rather than the victim (Craven et al., 2006).

Another issue related to delayed disclosure is that the child may feel shame and embarrassment when asked details regarding the sexual abuse (Brown et al., 2008; (Alaggia & Millington, 2008). Sexual abuse can be seen as betrayal which causes confusion in the child. There could be a loss of trust due to the abuse. If the child feels shame concerning the abuse, the child could delay disclosure (Goodman-Brown et al., 2003). There could also be the added element of fear of disclosure which is due to threats made by the abuser (Goodman-Brown et al., 2003). Statistics have shown that most often the child knew the abuser (Mian, Marton, & Lebaron, 1996; Ball, De Bourdeaudhuij, Crombez, & Van Oost, 2004). For the child this confusion of knowing the abuser and trying to make sense of the situation can delay disclosure.

Delayed disclosure could also be due to how well the child is groomed. There are many different types of grooming techniques used by offenders. Sullivan and Beech (2004) completed a study which included information provided by 41 admitted childhood sex offenders. The participants, all males, confessed to using grooming techniques on their victims, a majority of whom were prepubescent children. Findings from the study indicated that 76% of the convicted sexual offenders admitted to using emotionally coercive techniques with children. Additional findings indicated that 22% of offenders reported that they used both physical and emotional

coercion with the victim. One participant reported using physical force only (Sullivan & Beech, 2004).

A review of three types of sexual grooming models by Craven and colleagues (2006) revealed that offenders often threaten to hurt the child or members of the child's family. The three types of grooming identified were: self-grooming; grooming the environment and significant others; and grooming the child. The third type, grooming the child, included threats made by the perpetrator which could lead to long-term sexual abuse for the child. Grooming techniques used by the offender could cause a strong bond with the child. This could be hard to break if the offender isolates the victim from a non-abusing parent and other family members by developing an exclusive relationship the child perceives as privileged. This grooming technique, which creates control over the child, could lead to delay of disclosure (Craven et al., 2006).

Disclosure of Childhood Sexual Abuse

Despite the high rates of non-disclosure and delayed disclosure, a number of victims decide to disclose the abuse. The importance of a nurturing caregiver has been documented by several researchers. Broman-Fulks and colleagues (2007) found that 24% of children first disclosed sexual abuse to their mothers, 45% disclosed to someone else, and 32% never disclosed to anyone prior to interview for the study. Results indicated that those who disclosed sexual abuse to mothers were at significantly reduced risk of developing PTSD or delinquency (Broman-Fulks & colleagues, 2007). In the group who reported sexual abuse to their mothers, 7% developed PTSD. In the group who reported sexual abuse to someone else, 25% developed PTSD, and of those who never reported sexual abuse, 23% developed PTSD (Broman-Fulks & colleagues, 2007). The researchers suggested that the supportive and protective response of the

mother created an environment that helped the child to cope and decreased the chances of the child developing PTSD (Broman-Fulks & colleagues, 2007). These research findings on disclosure of CSA further validate the importance of the nurturing environment for the child to disclose childhood sexual abuse.

Childhood sexual abuse disclosure is different for every child and no single factor can explain how, when and why children disclosed. The combined influences of communication ability, intellectual level, social and emotional support should all be considered (London et al., 2005). Creating a safe environment for the child to disclose CSA is crucial in helping the child move forward following an adversity. The type of relationship the child has with caregivers will go a long way in helping the child cope with external hardships and the strength of the caregiver/child relationship will determine how and when the child reaches out for help (Baldry, 2004). How a child reacts to pressure, how confident the child feels in receiving support from caregivers and family after disclosure, and how safe a child feels in the home are determinants on how well the child copes after disclosure (Baldry, 2004). "Learning that their child has been sexually abused is very traumatic for non-offending parents. They are in need of education, support and a place where they can express their feelings" (Anderson, 2004 pg. 38). Research findings have indicated that disclosing to someone outside of the family does occur. Often, children older than ten and adolescents want to protect non-offending parents from knowing about the abuse and choose to disclose to a trusted person outside the immediate family (Hammer et al., 2005). If a child discloses, the person given the information must ensure that the child understands that the disclosure information needs to be shared with the authorities. This often may not occur if disclosure is made to a child of similar age (Priebe & Svedin, 2008). Breaking confidentiality could be seen as betrayal and cause further distress for the sexually

abused child if the child does not agree that the information should be shared with authorities (DiLillo, DeGue, Kras, Loreto-Colgan, & Nash, 2006). That is why it's important for the adult given the information to help the child understand how to disclose sexual abuse to authorities, why disclosure is important, and that this is not betraying trust.

Based on research focused on childhood sexual abuse disclosure, various classifications for disclosure have been identified. A Collings and colleagues (2005) study found four patterns of disclosure related to sexual abuse in children. Results within the study indicated that 30% of children disclosed purposefully. In these cases, "purposeful disclosure" was made to a family member or to community members such as policemen or teachers. The second disclosure type was "indirect disclosure" which was based on verbal clues. In this method, a child made an indirect statement that alerted an adult to the fact that something might be wrong. One indirect disclosure example from the study was that of a parent asking a child if he would like to go to the park. The young child responded that he was afraid to go to a park after school. This was a spontaneous statement which was not preplanned, and this indirect and spontaneous statement alerted the caregiver that something was wrong. The statement made by the child then led the caregiver to ask additional questions which led to the child disclosing sexual abuse. In all cases of indirect disclosure, the disclosure was made to a family member (Collings et al., 2005).

The third disclosure pattern found in the study was the "eyewitness detection." This was direct witnessing of the sexual abuse by a second party who then reported the abuse. Eyewitness detection was found in 18% of the cases reviewed, with detection reported equally among parents, community members and other children (Collings et al., 2005).

The fourth disclosure pattern, the accidental disclosure, was the most common. Accidental disclosure represented 43% of all of the cases in the study (Collings et al., 2005).

Accidental detection by family members was made in 60% of cases and the remaining 40% was made by community and professional personnel. The accidental disclosure occurred when a caregiver or other individual learned about the child sexual abuse in an accidental way (e.g. noticing a bruise on the child). Also, accidental disclosure occurred when parents noticed abrupt behavioral and emotional changes in the child (e.g. specific fear or phobia). In this study disclosure was not strongly related to age and all four disclosure types were found in both younger and older children (Collings et al., 2005).

Recall of Childhood Sexual Abuse Disclosure Details

Some researchers suggest that when a child has been exposed to a traumatic event, the child is likely to recall more details of the event as opposed to a less traumatic event in which he/she would remember fewer details of the event. Ghetti, Goodman, Elisen, Qin, and Davis (2002) found that children were more consistent with details when they disclosed sexual abuse than when they disclosed physical abuse. Sexual abuse often has traumatic components. One of these components is the child being forced against his or her will to participate in sex acts. Experiencing physical or sexual abuse is a traumatic experience and with sexual abuse there is the additional confusion of not having an understanding of what a sexual relationship is, which can then be an additional trauma (Ghetti et al., 2002).

Peterson and colleagues (2001) conducted research focusing on disclosure in children using an ethically approved method to test children's recall ability. The study participants were 96 children from mixed socioeconomic backgrounds who sustained an injury (ages 2-13 at time of injury). Children were interviewed immediately after treatment and then three additional times over a 2-year period. Results found that children gave mostly the same information at the

first interview and at the three subsequent interviews (6 months, 1 year, and 2 years after injury). Details recalled were consistently accurate. To ensure accuracy for the researchers to record responses, the format for each interview was the same. Free recall questions were used: Tell me about when you hurt yourself. What happened? Then probe questions were used: Where were you when it happened and who was with you? Yes/no questions were avoided as much as possible. Researchers documented key elements of all disclosures made by the 96 children. Of 1,255 total details that were consistently reported in all four interviews, only three were errors repeated over time. The study analyzed consistency of responses across the four interviews, accuracy of information, percentage of details in each interview, and accuracy of new items. The study found children became more consistent with age. Even 2-year-olds were at least moderately consistent and children who were three years of age or older were quite consistent in their recall of the same information on multiple occasions (Peterson et al., 2001).

Gender Characteristics Associated with Childhood Sexual Abuse Disclosure Recall

Recall detail based on gender has also been studied. Ghettei and colleagues' (2002) study of 222 children (ages 3-16; 55% females and 45% males) suggests that males are less likely to be consistent in reporting details than females. The authors hypothesized that males may be less comfortable than females in providing specific details of where on the body they were touched; however, the authors concluded that scientific evidence to support that boys are more uncomfortable in describing CSA incident details than girls was not found in their study and should be further investigated (Ghetti et al., 2002). Results from the study found strong consistency in responses to open-ended questions.

Disclosure rate differences among males and females were found in the research of O'Leary and Barber (2008). Through phone interviews and face to face interviews, the researchers tested the hypothesis that males were less likely than females to disclose sexual abuse at the time that the abuse occurred. The study included 145 men and 151 women who disclosed that they had been victims of childhood sexual abuse. The ages of participants ranged from 30 to 39 at the time of the study. Results found that only 26% of the males, whereas 63.6% of the females, reported the abuse around the time the abuse occurred. Also, results indicated that men took significantly longer to discuss their experience of childhood sexual abuse than females. The researchers found that it was not uncommon for men to take in excess of 20 years to discuss the abuse (O'Leary & Barber, 2008).

Disclosure rate differences among males and females were also found in the research of Heger, Ticson, Velasquez and Bernier (2002). Of the children evaluated, 73.5% were Hispanic, 14.9% White, 10.2% African American, and 0.7% Asian and results indicated that more girls (71.4%) than boys (59.6%) disclosed childhood sexual abuse (Heger, Ticson, Velasquez, & Bernier, 2002).

To Whom Children Disclose

When disclosure happens, the child has taken a brave step. Peers, parents, and trusted adults are the ones the child often turns to when the child is ready to disclose. Priebe and Svedin (2008) completed a self-report questionnaire study of 4,339 high school seniors (2,324 girls and 2,015 boys). Disclosure of CSA was then analyzed on the 1,505 girls (65%) and 457 boys (23%) who reported some form of sexual abuse history. Of the sexual abuse disclosures 42.6% of the boys and 37.9% of the girls reported that a friend of similar age was the only one told of the abuse. The researchers of this study offered the explanation that adolescents would prefer to talk about sex with peers and prefer not to want parent involvement due to shame, blame and

embarrassment. In this study mothers were told of the abuse in 28.2% of cases for girls and 17.3% of cases for boys and fathers were told in 12.9% of cases for girls and 13.7% of cases for boys. Others told of the CSA were siblings, professionals, and adult friends. At the time of the survey all adolescents who had told a peer had still not told an adult of the abuse (Priebe & Svedin, 2008). Higher rates of reporting to someone other than a parent have also been reported by other researchers in the field of CSA research (Broman-Fulks, et. al., 2007).

The study of adolescent disclosure has been done by other researchers focusing on different areas within the disclosure process. The Edinburgh and colleagues (2006) study focused on adolescent disclosure of CSA in only extra-familial sexual abuse experiences. These researchers pointed to the few studies that had focused on the extra-familial abuse experiences of adolescents. Edinburgh and colleagues sought to investigate this population hoping to add to the existing research. The participants were adolescent girls (n=226) and boys (n=64) who reported extra-familial sexual abuse. Results indicated that boys were more likely to disclose to mothers (28.9%) or other adults (35.6%) and girls were more likely to disclose to peers (42.6%) and to other adults (24.3%). Boys were less likely than girls to report abuse within 72 hours. Boys also reported that there was no one they felt they could talk to more often than girls (Edinburgh et al., 2006).

The subject of details surrounding CSA disclosure was explored in a Hershkowitz and colleagues (2007) study of 30 families in which the children had made a disclosure of extra-familial CSA prior to the study. The participants were 18 boys and 12 girls 7-10 years old (M = 9.2). Their caregivers were also interviewed (20 mothers and 10 fathers). Children were interviewed using the NICHD Investigative Interview Protocol. When the children were grouped by age, results indicated that delay of disclosure occurred in 33% of 7-9-year-olds

versus 73% of 10-12-year-old cases. When grouped by age, 73% of the 7-9-year-olds disclosed to parents compared to only 13% of older children (ages 10-12) who disclosed to parents. Of the 30 children in the sample only 4 (13%) recanted. Children familiar with the perpetrators were less likely to disclose to parents (28%) than children who did not know the perpetrator (67%) (Hershkowitz, Lanes & Lamb, 2007).

Recantation in Childhood Sexual Abuse

When children make allegations of sexual abuse, often it sets in motion actions within their environment to safeguard them from experiencing further abuse. For reasons not always known, there are times when the child decides to "take back" the allegation of CSA. This "taking back" is referred to as recantation of CSA, and there are two types of "taking back." The first type of recanting occurs when a child "takes back" a CSA allegation that was false. The second recant type is when a child "takes back" a CSA allegation that was true (Pipe, Lamb, Orbach & Cederborg, 2007). Research evidence cannot pinpoint why children recant CSA and there is no simple explanation on why children recant (Pipe et al., 2007). Researchers have identified specific components within recanting which could be studied in a research environment. Results from these studies have indicated that recanting occurs due to fear of negative consequences to self and family, not feeling supported by the environment, coaching by caregivers, coaching by offender and feelings of being in danger (Marx, 1996). Children may recant because they want the problems associated with disclosure to just go away (Rieser, 1991) This is one reason why experts agree that children who are at risk for recantation of CSA should be placed in the most supportive environments during the disclosure and later the prosecution process of the offender (Marx, 1996).

Kovera and Borgida (1997) examined how characteristics associated with childhood sexual abuses, such as components identified in the CSAAS model, are perceived by professionals and the general public. Their research results indicate that the majority of experts and the general public believe that children are not easily convinced to make false accusations and recanting is rare (Kovera & Borgida, 1997). Other parts of the CSAAS model have not received research support, such as the claim that recantation is most often part of the CSA disclosure process (London et al., 2005). Additional studies have been conducted that support the view that children who are sexually abused most commonly hold firm to the details of disclosure and do not recant(London et al., 2005; London, Bruck, Wright & Ceci, 2008; Peterson, Moores & White, 2001). Several studies suggest that once children have made an abuse disclosure, children are likely to maintain the allegations during formal assessments (London et al., 2005).

Meta-analysis results of London and colleagues (2005) research indicate that recantation occurred at a rate of 4% to 27% across studies. To recant and then re-disclose is not uncommon among the childhood sexually abused population (London et al., 2005). In a study by Sorensen and Snow (1991), 22% of the children ranging in age from three to seventeen recanted their abuse. At a later time 92% of these children reaffirmed that they were sexually abused (Sorensen & Snow, 1991).

There are various possible reasons why recanting may occur. One reason could be that following the act of disclosure the child perceives consequences for disclosure as negative (Rieser, 1991). For many children, living with the secret of abuse was learned behavior taught by the perpetrator to the child (Rieser, 1991). To uphold the secrecy of the abuse, children are often given bribes to reinforce the secrecy. By recanting, the child may be using denial as a defense mechanism to alleviate the emotional pain associated with disclosure (Rieser, 1991).

The child may feel that the needed support from the primary caregiver is not sufficient to continue to stand by the disclosure (Rieser, 1991). As well, there are instances where caregivers place children under extreme pressure to recant their disclosure of abuse (Hammer et al., 2005). There is also a concern that the perpetrator may threaten the child with abandonment or physical harm (Hammer et al., 2005).

Non-offending parents and family members may also experience significant costs and losses as a result of disclosure of CSA by the child. There may be consequences in the areas of relationships, finances, job performance, and living situations (Collings et al., 2005; Putnam, 2003). These direct costs to the family do not go unnoticed by the abused child and the child may feel pressured to recant abuse to alleviate family problems (Bradley & Wood, 1996). In families where the accused is a parent, the child may feel additional pressure to keep the family intact, which may cause psychological distress. This guilt, which is then a burden for the child, could follow the child into adulthood (Bradley & Wood, 1996; Richardson, 2008).

Coaching is another factor found in cases where recanting is suspected. Coaching could occur during the grooming process or coaching could come from a non-offending family member. Coaching is encouraging a child to recant the allegation and helping the child come up with the words to use in the recant. Faller (2007) conducted a pilot study with attendees at three national and three regional conferences on child maltreatment (n=192). Occupations of participants were: investigators, CPS, law enforcement, forensic interviewers, therapists, social workers, psychologists, lawyers, and victim advocates. Each participant was given a short questionnaire which included the statement: "I have worked on a case where I thought a child was coached." There were three possible answers to the question: yes, no, or unsure. Results from the study indicated that 79.7% of participants responded yes they had worked on cases were

they suspected coaching did occur, 7.3% responded no and 11.5% were unsure. Three respondents, 1.5%, left this question blank. Another area of the study asked participants to rank suspected coaching cases from most common to least common. Suspected coaching was ranked number one (most common) for custody cases in 75.5% of cases (Faller, 2007). Results indicated that sexual abuse coaching ranked most common in 3.6% of participant responses and ranked second most common in 5.7% of participant responses. In most cases mothers were ranked most often as the coaching suspect with fathers ranked second (Faller, 2007).

In addition to coaching, recanting CSA, to whom children disclose, why disclosure is delayed, resilience as it relates to CSA, and developmental level at time of disclosure are other components important to consider when conducting research on CSA. Although there is a great deal of research on childhood sexual abuse, results from the body of research to-date are inconsistent. Researchers do not agree on exactly what is involved in recanting sexual abuse. Some researchers have reported that recanting occurs when there is pressure to do so from caregivers (Bradley & Wood, 1996). Other researchers have reported that children who disclose seldom recant sexual abuse (Hershkowitz, Lanes & Lamb, 2007). Yet other researchers have reported recant of sexual abuse could possibly be related to age at time of disclosure (London et al., 2005). It has been suggested that children and adolescents are most likely to disclose CSA to caregivers while other research results indicated that children and adolescents disclose more often to peers. One area in which the majority of researches do agree is that recanting of childhood sexual abuse occurs most often when the abuser is a close family member.

Purpose of this Study:

The purpose of this study was to bring together in one location current research findings for various elements of childhood sexual abuse (CSA) disclosure. Then, take the results from this study and compare and contrast results with research findings of others with the goal of continuing to bring awareness about CSA disclosure, help narrow the gap, and finding common factors associated with CSA disclosure. The common patterns discernable could help provide caregivers and professionals' information to help explain CSA disclosure practices of children and adolescents.

The current study examined whether males and females differed in to whom they disclosed. This study also investigated how often recantation of childhood sexual abuse occurred and if there was a difference in recant rates between intra-familial and extra-familial sexually abused children and adolescents. Also, recant rates were investigated when the participants were grouped as children and adolescents to investigate if there was a difference in recant rates across age groups. Lastly, exploratory research was conducted on other elements of the disclosure process which could be used to further support existing research and help continue bringing attention to CSA and the disclosure process.

This study was conducted for the purpose of adding to existing research on the CSA disclosure process. The intent was to bring together in one location the most recent research on disclosure components, which could then be used by lawmakers, counselors, forensic interviewers, educators, parents and others seeking to better understand the CSA disclosure process. Child abuse is mostly hidden in our society and for society to help the child break the silence, society must provide an environment for that child to come forward and feel safe enough to disclose the secret.

Research has indicated that approximately 33% of sexually abused children report the crime while in childhood (Finkelhor et al., 1990; London et al., 2005). Based on those findings one could theorize that childhood sexual abuse is underreported every year because children are more likely not to disclose when they have been sexually abused. Theoretically one could argue that approximately 77% of childhood sexual abuse is not reported each year, which leaves CSA shrouded with secrecy.

Knowing how to create an environment where a child will feel safe enough to disclose, where a child will believe the allegation will be taken seriously, where the child will believe that he/she will be protected, where the child will believe that the offender will be punished, and where the child will believe that there will not be any additional trauma is necessary in order to bring what has been secret into the open. A child must feel that bring the sexual abuse to the attention of others will do less harm than good. By having the right environment available a child could then disclose and, just as importantly, hold firm to the allegations.

Research Hypotheses:

Three hypotheses were formulated to examine childhood sexual abuse (CSA) disclosure. Empirical research indicates that there are several aspects within CSA disclosure that are associated with each other. Results have shown that the type of disclosure, relationship to alleged perpetrator, recanting sexual abuse, to whom disclosure is made, gender difference in disclosure, and age as a factor in type of disclosure contribute to CSA disclosure.

Hypothesis One: It was hypothesized that children who disclosed sexual abuse by an immediate family member would be more likely to recant than those who disclosed childhood sexual abuse by someone other than an immediate family member.

Hypothesis Two: It was hypothesized that males who made disclosure of childhood sexual abuse would be more likely than females to disclose to caregivers.

Hypothesis Three: It was hypothesized that here would be a significant difference in disclosure types across ages of participants when grouped as adolescents (12-16) and children (2-11).

CHAPTER III

METHODS

Participants:

The research team reviewed 137 archival files of results from forensic interviews for alleged childhood sexual abuse from children and adolescents who had been referred to the Edmondson-Telford center (*child advocacy center*) located in Gainesville, Georgia. Archival files from interviews completed in 2006 and 2007 were reviewed for the current study. A criterion for participation was completing a forensic interview at the chosen research site and having been referred for a forensic interview due to allegations or concerns about sexual abuse. Those referred for allegations of physical abuse were not included. There were 137 (n=137) participants: 33 males (24%) and 104 females (76%). The ethnic breakdown of participants was as follows: .7% (n=1) Asian; 8.8% (n=12) African American; 59.9% (n=82) Caucasian; 24.8% (n=34) Latino; 5.1% (n=7) Mixed; and .7% (n=1) Eastern Indian. Ages for the participants ranged from 2 to 16 years (M=8.33, STD=3.72).

Measures:

To measure variables associated with disclosure of childhood sexual abuse during the forensic interview, an instrument called Forensic Interview Chart Review Protocol (FICRP) (Appendix A) was developed. The FICRP is a measure of a wide range of specific information gathered during the forensic interview and was specifically developed by the research team for this research project. The FICRP can be used to assess recanting rates. It can also be used to assess disclosure of childhood sexual abuse before and during the forensic interview. The instrument can easily be completed and takes approximately thirty minutes for the file examiner to fill out on each forensic file. The FICRP gathers information in a 79-question format utilizing both quantitative and qualitative design.

The FICRP instrument was designed specifically to follow cases from the Edmondson-Telford Center master database to allow qualitative data to be transferred into quantitative format for statistical analysis. It was created to allow for follow-up information on legal standing for cases still pending at the time of data collection. For studies similar to this one where frequency of data is captured, no indication that any particular instrument was used prior to this study was found. Many studies indicated that information was gathered by hand and there was no indication as to what measurement was used to record the information (Fischer, & McDonald, 1998; Lyon & Saywitz, 1999; Peterson, Moores & White, 2001; Westcott& Page, 2002). Also, the field of forensic interview written report review is so new that nothing else was available for use at the time of this study. As this instrument proved to be efficient for gathering data, the reliability and validity for this instrument should be evaluated before future studies utilize this instrument again at the Edmondson-Telford Center (See “Areas for Future Research”).

Specific information was gathered for duration of abuse: How long the abuse occurred before being reported; how long between the last incident of abuse and disclosure; how many separate incidences occurred. Specific information was gathered for witness of abuse: Did anyone witness this incident? Other information gathered from the forensic interview: Did the child have more than one forensic interview; was an abuse disclosure made prior to referral and if so, to whom; was disclosure accidental, purposeful initiated by the victim, purposeful in response to direct questioning, the result of a good touch/bad touch program, or other, and during forensic interview did the child deny previous abuse disclosure.

A qualitative component addresses details of disclosure and sexual abuse incidents. The specific childhood sexual abuse offense, as defined by Georgia code, was documented when available. Specific information was gathered on outcome of case: Was the case confirmed/substantiated through DFCS and was the alleged perpetrator arrested? Were there legal charges against the perpetrator initially, and did the alleged perpetrator plead guilty?

Procedures:

The research team obtained permission from the Director of the Edmonson-Telford Center, and then IRB approval was obtained. Research team members visited the Edmonson Telford Center weekly to review forensic interview files from the years 2006 and 2007. Any interview completed on individuals over age 18 was excluded. All forensic interviews for allegations of sexual abuse (in persons 18 years of age and under) were included even if the abuse was denied during the interview. Researchers then reviewed each chart using the FICRP instrument. The research team members did not choose the participants directly nor select participants based on any inherent characteristics. A convenience sample was used due to the

location of a forensic center in Gainesville, Georgia, located close to Brenau University and accessibility to the files.

The FICRP was designed to keep the names of all children and adolescents completely confidential. Codes were substituted for identifiable data with only the researcher having the master list. Paper records were located in a secure location. Identifiable data was limited to the research team.

CHAPTER IV

RESULTS

Preliminary Results

Of the 137 participants within the study, 117 (85%) participants disclosed CSA either prior to or during the forensic interview. For males, there were 25 (21%) disclosures made prior to or during the forensic interview. For females, there were 92 (79%) disclosures made prior to or during the forensic interview. There were 19 (16%) cases where recanting occurred. There were 38 categories for alleged perpetrators. Purposeful disclosure represented 78.5% (n=88) of total cases where disclosure type was identified (n=112).

Hypothesis Testing

For *Hypothesis One* a Chi-Square analysis was run to test the hypothesis that children who disclosed that they were sexually abused by a family member/caretaker would be more likely to recant than those who disclosed that childhood sexual abuse occurred by someone other than an immediate family member. Findings from this study indicated that of the 137 participants within the study, 117 participants disclosed CSA either prior to the forensic or during the forensic interview. There were 19 cases where recanting occurred. Results were significant in the direction hypothesized (χ^2 (4) = 31.196, p<.001, see Table 1 & Table 2).

There were 10 incidents where the accused was an immediate family member and recanting occurred. Immediate family was classified as: biological father (n=6), stepfather (n=1), brother (n=2), and grandfather (n=1).

The 9 additional cases where recanting occurred involved others not classified as immediate family: mother's boyfriend (n=3), stepson of uncle (n=1), peer (n=1), babysitter's boyfriend (n=1), babysitter (n=1), cousin (n=1), and relationship unknown (n=1).

Results also indicated that in recant cases where the accused was an immediate family member, disclosure was made to parents in a total of 40% (n=4) of cases. In cases were the accused was not an immediate family member, and recant occurred, disclosure was made to parents in a total of 55.5% (n=5) and disclosure to others in 44.4% (n=4) of cases.

Furthermore, "purposeful disclosure" was made in 89% (n=17) of the recant cases. One case did not document disclosure type and the other case involved disclosure in response to a good touch/bad touch program at school.

Table 1

Relationship to alleged perpetrator and rate of recant

Perpetrator	Did child Recant – YES		Did child Recant – NO		Total	Total
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Immediate Family	10	34.5	19	65.5	29	100
Other	9	10.0	79	90.0	88	100
Total	19		98		117	100

Immediate family = biological mother, biological father, step mother, step father, brother, sister, foster mother, foster father, half brother, adopted brother and grandfather.

Table 2

Relationship to alleged perpetrator and to whom disclosure made

	Did child Recant – YES		To Whom disclosure was made - PARENTS		To Whom disclosure was made – OTHERS	
Perpetrator	Frequency	Percent	Frequency	Percent	Frequency	Percent
Immediate Family	10	34.5	4	40.0	6	60.0
Other	9	65.5	5	55.5	4	44.4
Total	19	100.0	9		10	

For *Hypothesis Two* a Chi-Square analysis was run to test the hypothesis that males who made disclosure of childhood sexual abuse would be more likely than females to disclose to caregivers. Results were not significant (χ^2 (2) = 3.502, p=.174, see Table 3). For males, there were 25 disclosures made prior to or during the forensic interview. For males, disclosure to caregivers occurred in 54.5% (n=17) of the cases vs. disclosure to others occurred in 32.0% (n=8) of cases. There were 8 males who did not disclose. For females, there were 92 disclosures made prior to or during the forensic interview. For females, disclosure to caregivers was made in 45.7% (n=42) vs. disclosure to others 53.3% (n=49) of cases. Although this was not statistically significant, a higher percentage of males disclosed to caregivers. Further, the current study revealed that males disclosed only to adults.

Table 3

Child Gender in relationship to whom disclosure was made

	Disclosed to caregiver		Disclosed to other		No Disclosure		
Gender	Frequency	Percent	Frequency	Percent	Frequency	Percent	Total
Males	17	54.5	8	32.0	8	05.8	33
Females	42	45.7	49	53.3	12	08.7	103
* 9999							1
TOTAL	59		57		20		137

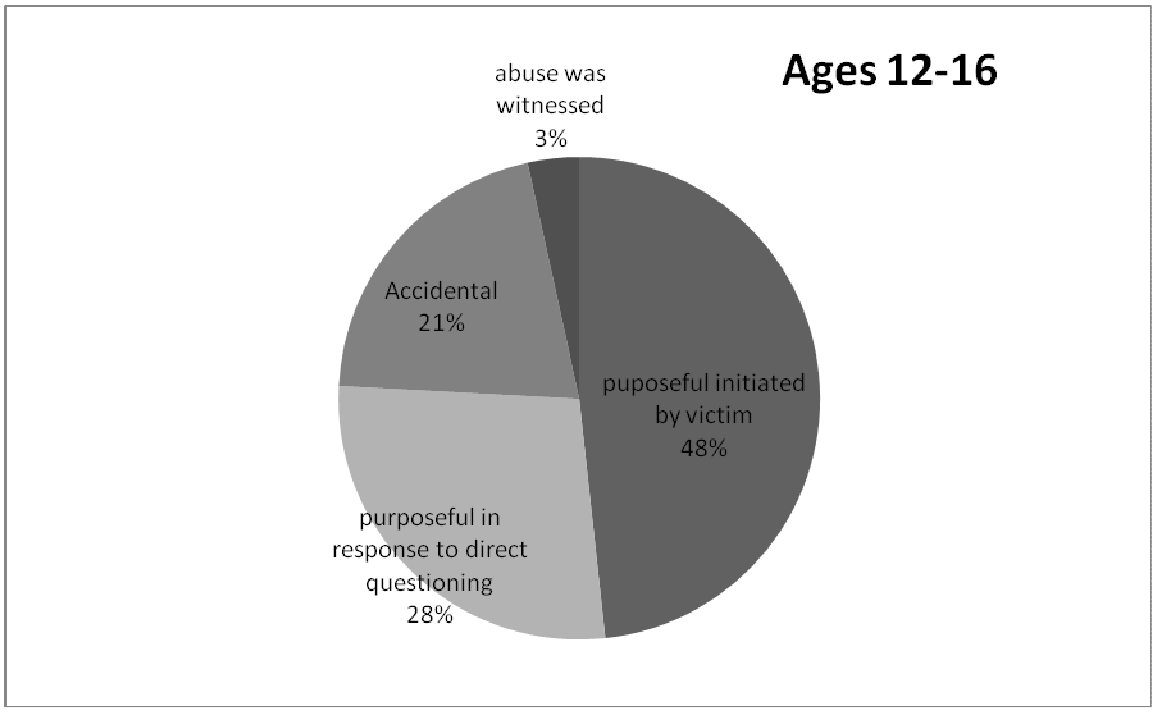
* 9999 = There was one female that to whom disclosure was made was unknown

For *Hypothesis Three* a Chi-Square analysis was run to determine if there was a significant difference in disclosure types across ages of participants when grouped as adolescents (12 -16) or children (2-11). Results were significant (χ^2 (7) = 14.72, p<.05, (See Table 4 and Figure 1).

Table 4

Disclosure type when grouped as adolescents (12-16) or children (2-11)

Type of disclosure	Ages 12-16 frequency	Ages 2-11 frequency	Totals
Purposeful initiated by victim	14	47	61
Purposeful in response to direct questioning	8	19	27
Accidental	6	2	8
Result of good touch/bad touch program	0	8	8
Abuse was witnessed	1	3	4
Purposeful after siblings disclosure	0	2	2
Medical exam	0	1	1
During psychological evaluation	0	1	1
TOTAL	29	83	112



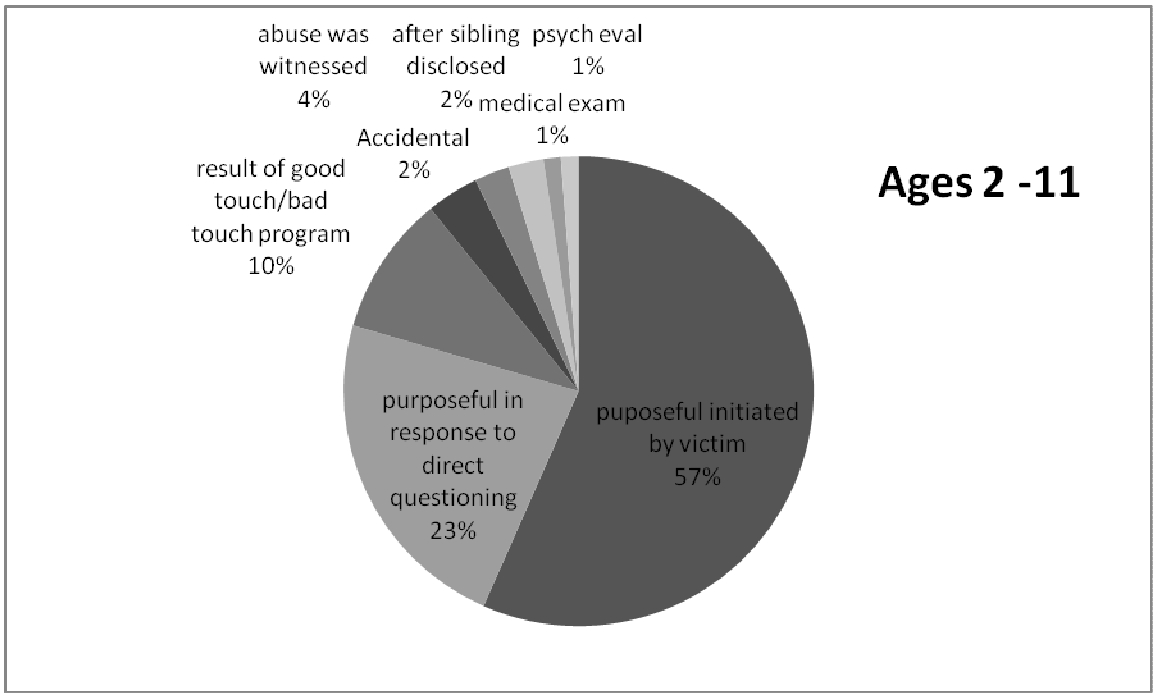


Figure 1: Conditions related to disclosure in children and adolescents

Exploratory Analyses

Exploratory Analyses were conducted to determine if there was a relationship between type of disclosure (e.g. purposeful disclosure, accidental disclosure, and purposeful in response to direct questioning disclosure) and to whom disclosure was made (e.g. family member, professional). Results indicated that combined, purposeful disclosure initiated by victim and purposeful in response to direct questioning was most prevalent regardless of to whom the disclosure was made (See Figure 2).

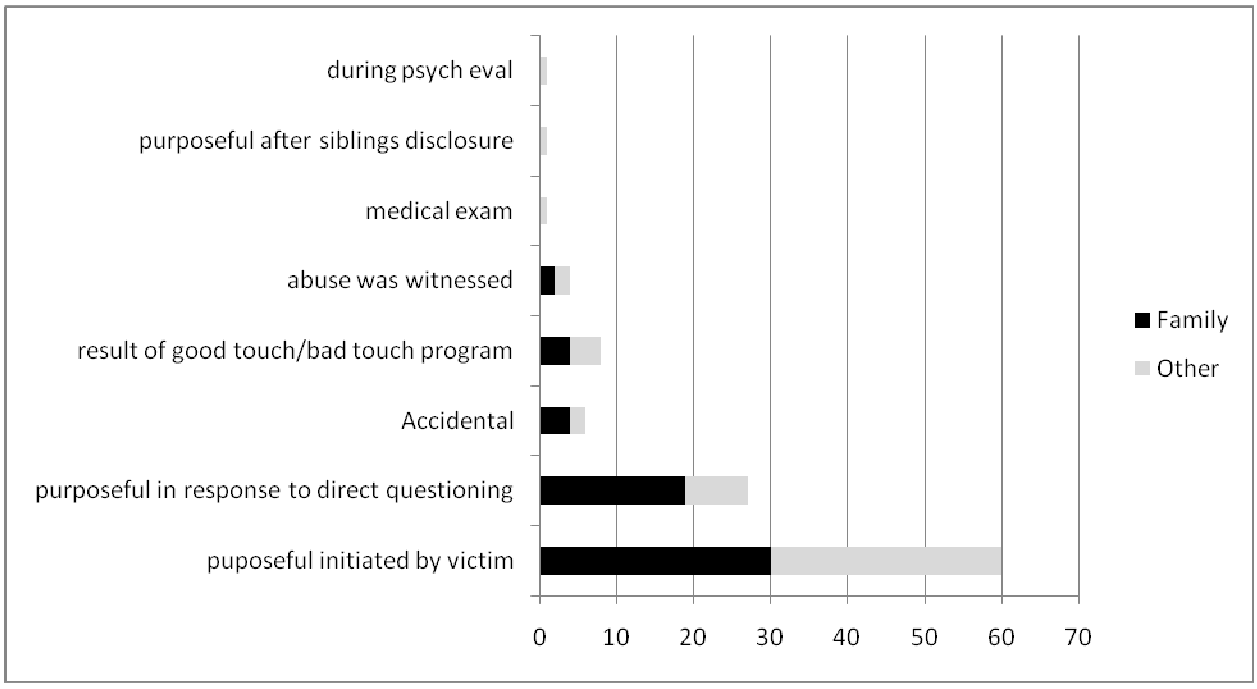


Figure 2: Disclosure types and to whom disclosure made.

Exploratory Analyses revealed that there were 38 categories for alleged perpetrators which can be found in Table 5 of this report. The six most reported alleged perpetrator relationships were as follows: The highest percentage of alleged perpetrators (13.1%, n=18)

were cousins of the victim. Additionally, when the offender was identified as a cousin there was only one case that involved recanting. Biological fathers were reported in 10.2% (n=14) of cases. Mother's boyfriend was reported in 8.8% of cases (n=12). Peers were also reported in 8.8% of cases (n=12). Friends were reported in 5.8% (n=8) of cases. The stepfather was reported as perpetrator in 5.1% (n=7) of cases. Combined, biological fathers, stepfathers, and mother's boyfriend, represented 27.7% (n=33) of total alleged perpetrators within this study. A cautionary statement is that for this study it cannot be said that this represents father figures for participants within the study because the question, "Do you consider this person a father figure?" was not asked.

Table 5

Abuse Victim – Relationship to Alleged Perpetrator

Information	Frequency	Percent
Others	66	48.2
Cousin	18	13.1
Biological father	14	10.2
Mother's boyfriend	12	8.8
Peer	12	8.8
Friend	8	5.8
Stepfather	7	5.1
Totals	137	100

Exploratory Analyses revealed an interesting finding. Children between the ages of 3 and 6 represented 74% (n=14) of the total cases where recant occurred. The remaining 5 cases involved an 8-year-old, 9-year-old, 10-year-old, 11-year-old and 12-year-old. Ages for participants in this study ranged from 2 to 16 years of age (M=8.33, STD=3.72). Lastly, results indicated there was not a significant difference in recant rates across genders.

Exploratory Analyses on to whom CSA disclosure was made resulted in the following: Biological mothers (13.1%, n=18); both parents (10.2%, (n=14), forensic interviewer (10%, n=12); teacher (10%, n-12), and maternal grandmother (10%, n=12) of cases (See Figure 3). When combined (mothers, fathers and both parents) represented 35% (n=42) of the 117 cases were disclosure was made and others represented 35% (n=41) of total disclosures made.

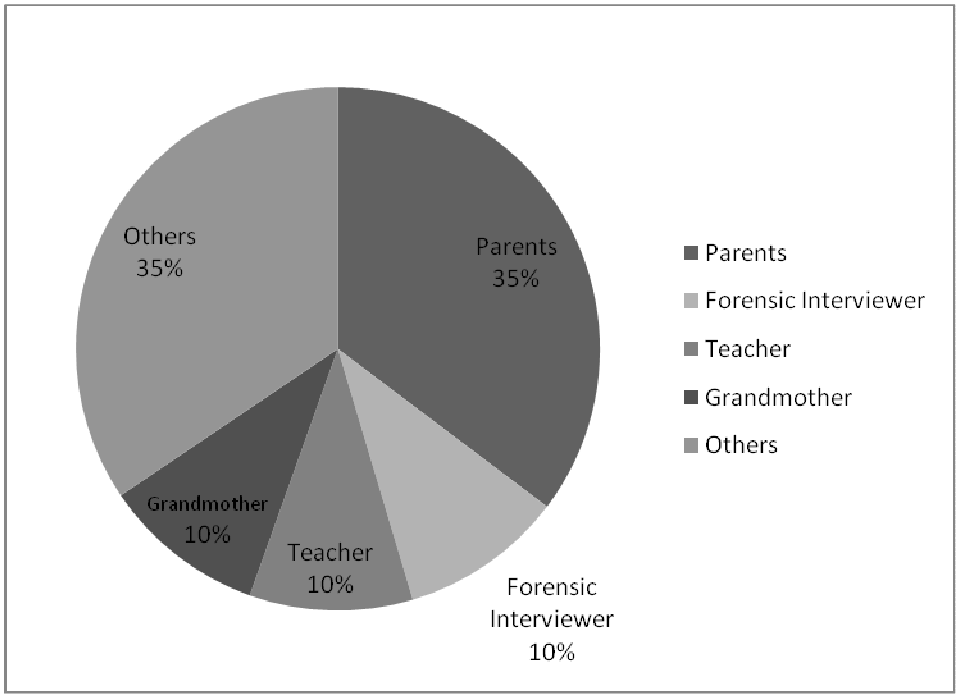


Figure 3: To whom CSA disclosure was made.

CHAPTER V

DISCUSSION

This research study indicated that the majority of children and adolescents in this sample of allegedly abused youth, regardless of age, made purposeful disclosure. Results indicated that children and adolescents are more likely to disclose to parents. Some research results indicate that children who disclose to parents do not recant allegations (Hershkowitz et al., 2007). Thus it could be surmised that parents who are made aware through CSA education on what CSA involves, how to react when their child tells them something happened, or how to react if they suspect CSA, are best prepared to handle disclosure with the least likelihood of recanting. Knowing as much as possible about CSA disclosure could help society create an environment necessary to help a child move forward with telling his or her story.

Hypothesis I

The first hypothesis of this study was to provide support considered as a way of adding data to existing research on the concept which seems to indicate that children who are sexually abused are more likely to recant if the abuser is an immediate family member. Findings from this study indicated that of the 137 participants within the study, 117 participants disclosed CSA either prior to the forensic or during the forensic interview. Of those disclosures there were 19 participants that recanted their abuse. These results indicated that 16% of all children and adolescents with previous CSA disclosure recanted the abuse. Results also indicated that of the recant cases (n=19), 52.6% reported abuse by an immediate family member and 47.3% reported abuse by others. Results also indicated that in recant cases where the accused was an *immediate family member*, disclosure was made to the mother, father, or both parents, in a total of 40% of

cases. In cases where the accused was *not an immediate family member*, disclosure was made to the mother, father or both parents, in a total of 55.5% of cases.

To discuss the 19 cases where recanting occurred, a closer look at cases involving immediate family were identified. Within this study there were 29 cases where the children/adolescents disclosed that they were abused by an immediate family member. The recant rate for those children and adolescents who previously disclosed they were abused by immediate family members was (n=10) 34% of those cases. Noteworthy, biological fathers were identified in 14 cases as the perpetrator and 10 were substantiated. There were 3 unsubstantiated cases that came in as precautionary forensic interviews: father was accused of touching another child, child pornography found on the father's computer, and a child drew a picture that made the mother concerned. One other case involving the biological father was not substantiated as childhood sexual abuse.

Regardless of who the alleged perpetrator is, recanting may occur due to fear of negative consequences to self and family, not feeling supported by the environment, coaching by caregivers, coaching by offender and feelings of being in danger (Marx, 1996). Children may recant because they want the problems associated with disclosure to just go away (Rieser, 1991). In families where the accused is a parent, the child may feel additional pressure to keep the family intact (Bradley & Wood, 1996). Researchers have reported on various aspects of how childhood sexual abuse perpetrators groom children and adolescents to maintain the secrecy of the abuse (Goodman-Brown et al., 2003).

There may be concern that the perpetrator may threaten the child with abandonment or physical harm which would lead the child to recant (Hammer et al., 2005). Coaching is often found in cases where recanting is suspected (Faller, 2007). Research findings have indicated

that76% of convicted sexual offenders admitted to using emotionally coercive techniques with children (Sullivan & Beech, 2004). There are higher levels of self-blame in children having a close relationship to the perpetrator (e.g. family member) (Quas et al., 2003).

Within this study there were 88 cases where the children/adolescents disclosed they were abused by someone other than an immediate family member. The recant rate for those children/adolescents was (n=9) 10% of those cases. Research evidence cannot pinpoint why children recant CSA and there is no simple explanation about why children recant (Pipe et al., 2007).

Percentages of recanting within this study supported similar findings in meta-analysis results of London and colleagues (2005) research which indicated that recantation occurred at a rate of 4% to 27%. To recant and then re-disclose is not uncommon among the childhood sexually abused population (London et al., 2005). In a study by Sorensen and Snow (1991), 22% of children ranging in age from 3 to 17 recanted their abuse.

In families where the accused is a parent, the child may feel additional pressure to keep the family intact. Additional pressure may cause psychological distress, and this guilt from family pressure could follow the child into adulthood (Bradley & Wood, 1996). Children rely on parents to nurture and protect them from harm and when the offender is the protector, it creates confusion in the child's mind. This confusion has to be reconciled to make sense in the life of that child and in so doing the child may try to forget the abuse is happening, or he/she may submit, believing it is part of the loving relationship between a parent and child, or he/she may become afraid that the offender will get in trouble if someone found out, or that the problem is the fault of the child, thinking he or she said something that led the offender to believe it was alright to act in this inappropriate manner.

Children depend on the adults around them to teach them what is right and wrong and how to act appropriately within society. Once children find out that they are participating in an activity that is wrong, there could be shame and guilt and the child may not understand that it is not his or her fault that the sexual abuse is happening. Because the act of sexual abuse causes confusion for the child when the offender is a parent disclosure could be recanted, delayed indefinitely or delayed well into adulthood. When the offender is the parent and the child tells, there is an immediate change in the dynamics of the family. Most often the caregiver is removed. Financial struggles for the family could begin to occur and the child may feel responsible for the difficulties caused by this change in the family.

Of the 19 cases in this study involving recanting of abuse, 18 cases involved purposeful disclosure and the one remaining case did not have disclosure type listed. These are significant findings, and further research on types of disclosure related to recanting abuse could help bring better understanding to this and similar findings surrounding recanting of CSA.

For instance, recanting truthful allegations of CSA could be dangerous for the child. The fear of the unknown may be a factor in why a child recants, if there is not a supportive environment to which the child can turn. Further, recanting may place the child back in a situation where CSA by the offender could reoccur. There is the possibility that the abuse may become more severe in order to ensure the child does not disclose again in the future, or the offender may not be prosecuted and could potentially harm others. Family members who believe the recantation to be true might not safeguard the child because they believe the child was never in any danger. The child could become more vulnerable to further victimization due to feelings of low self-esteem or could take on a belief that the support system of family and society is unresponsive to CSA claims.

Recanting, when the original allegation was truthful, is unfortunate, and the more that is known about the subject the better prepared we are to help children stand firm on CSA disclosure which consequently protects them and other children from childhood sexual abuse. Possibly the most significant direct consequence for the child, if the CSA accusation is true and the child then recants, is that the child may not receive needed psychotherapy to address the abuse (Marx, 1996). These are all important reasons to ensure the child has the right environment to disclose CSA, and that the disclosure is made in such a way that there is legal prosecution of the offender to ensure the victim and other children are kept safe.

It may be important for professionals and caregivers to be aware that children and adolescents who disclose that they were abused by an immediate family member are more likely to recant. It may be equally as important for professionals, caregivers and peers of children and adolescents who disclose childhood sexual abuse to realize that their initial right reaction could be crucial in helping that child or adolescent move forward in the best way possible.

Hypothesis II

For the hypothesis that males who made disclosure of childhood sexual abuse would be more likely than females to disclose to caregivers, results were not significant. Possible explanations are that peers, parents, and trusted adults are the ones the child will turn to during the disclosure process (Edinburgh, Saewyc & Levitt, 2006; Hershkowitz, Lanes & Lamb, 2007; Priebe & Svedin, 2008). Also, the degree of security the child or adolescent has with the parent depends on the attachment style that was developed early on in life, and that attachment style will be different from person to person and family to family (Baron, Byrne & Branscombe, 2006). Research has indicated that males and females differ in how they interact with family and

peers (Baron, Byrne & Branscombe, 2006; Newman & Newman, 2006). Of note for this study was the fact that all males disclosed only to adults.

In this study results indicated that girls occasionally disclosed to peers whereas boys never disclosed to peers. Research has indicated that more girls than boys have best friends, and place higher importance on intimacy in the relationship (e.g. we always tell each other our problems) is found in the girls' best friend relationships (Newman & Newman, 2006).

For males, there were 25 disclosures made prior to or during the forensic interview. For males, disclosure to caregivers occurred in 54.5% (n=18) of the cases vs. disclosure to others which occurred in 27.3% (n=9) of cases. For females, there were 92 disclosures made prior to or during the forensic interview. For females, disclosure to caregivers was made in 46.0% (n=42) vs. disclosure to others in 53% (n=49) of cases.

Research has indicated that social learning shapes gender and that males can develop the belief that they should be self-reliant (Myers, 2002). Children may feel shame and embarrassment in being asked details regarding the sexual abuse (Brown et al., 2008) which could contribute to why males would be more likely to disclose to caregivers than they would to peers. Research has indicated that males and females differ in how they interact with family and peers (Baron, Byrne & Branscombe, 2006; Newman & Newman, 2006). In friendship and parental relationships, females place more emphasis on caring, help and guidance in the friendship relationship (Newman & Newman, 2006). Research has indicated that males are more likely than females to deny a problem exists, whereas a female is more likely to discuss the problem with family or friends (Baron et al., 2006).

More research is needed in this area to determine whether gender is a factor in CSA disclosure. This type of information can help caregivers and professionals become more aware

of the disclosure process. If research indicates girls turn to peers at times of disclosure, then peers could be educated on how to react if a friend discloses CSA to them.

Researchers have indicated that women assume the roles of mothers, daughters and grandmothers, which helps nurture and bind the family together (Myers, 2002). This indicates that children and adolescents could turn to the mother when faced with a crisis such as childhood sexual abuse. Research indicates that children older than ten and adolescents often want to protect non-offending parents from knowing about the abuse and choose to disclose to a trusted person outside the immediate family (Hammer, Moynihan & Pagliaro, 2005) which could help to further explain why girls often turn to peers when they decide to disclose CSA.

Even though the adolescent years are considered times of stretching for independence, most adolescents express very positive feelings about parents, despite being less close and less dependent on them than they were in childhood (Baron et al., 2006). The degree of security the child or adolescent has with the parent depends, among other things, on the attachment style that was developed early on in life and that attachment style will be different from person to person and family to family (Baron et al., 2006). To approach a parent or peer with the intent of disclosure is classified as purposeful disclosure. Most noteworthy, results from the current study indicated that purposeful disclosure was either initiated by the victim, or purposeful in response to direct questioning was most prevalent.

There may be many reasons why a boy delays CSA or fails to disclose at all. Sexual abuse may cause boys to begin questioning who they are. Boys are taught to be strong and tough and not in need of protection, so when they are abused they may become confused and doubt their masculinity. The sexual abuse is then an abnormal disruption in their identity development for gender, self-esteem and self-concept. One study reported that, when asked, a male who had

experienced sexual abuse responded that he felt damaged and that he did not want people to treat him like a bird with a broken wing (Alaggia & Millington, 2008). The sexual abuse may cause feelings of shame and embarrassment and the boy may believe that by disclosing CSA, he is acknowledging that his masculinity and sexual identity are now permanently altered. The male CSA victim may perhaps even wonder if this sexual abuse experience means he is now gay. The boy may have confusion that cannot be reconciled because he felt scared and intimidated, but he may have also experienced sexual pleasure at the same time. Research results indicated that boys have reported that at the time of the abuse they felt frightened, scared and intimidated while simultaneously experiencing sexual pleasure. This gives the boy a false meaning for what a relationship was and that was damage caused by the abuser (Valente, 2005). When the boy has the feeling of sexual arousal, he may simultaneously feel disgust and pleasure. These emotions that change from pleasure to disgust, or desire to guilt, may cause further trauma which could manifest as psychological distress.

Research has reported that in spite of their abuse, some boys may not disclose simply because they believe they are remarkably resilient and can work through the problems because of their fighting spirit (Alaggia & Millington, 2008). Research has also indicated that males who express emotions may be considered weak, and male weakness is often associated with femininity and is often devalued in sexist cultures (Alaggia, 2005). The media portrays CSA as a phenomenon that mainly happens to girls where the abuser is male (Alaggia & Millington, 2008). Lastly, research cannot report on the majority of voices from boys who have been sexually abused because many reports of CSA involving males go unreported which makes it impossible to have boys represented accurately in CSA statistics (Alaggia & Millington, 2008).

Hypothesis III

The third objective of this study was to explore disclosure type. Results from this study indicated that only 7% of CSA disclosures were classified as accidental disclosure. When looked at separately, accidental disclosure was significantly higher in the adolescent population (ages 11-16) at 20% of population (n=6) than in the child population (ages 2-10) at 2% (n=2). In this study, a possible reason accidental disclosure was found to be higher in the adolescent population could be that the adolescents viewed the accused as boyfriends and did not classify the sexual contact as childhood sexual abuse and therefore did not purposefully disclose.

Past research has indicated that accidental disclosure is more prevalent than purposeful disclosure among children (Collings et al., 2005; Fontanella et al., 2000). Accidental disclosure occurs when a second party becomes concerned because of an injury found, a behavior change, or an emotional change in a child or adolescent. In cases where accidental disclosure was documented it was not clear if the child or adolescent considered the abuse to be abuse at the time of disclosure.

In the 6 adolescent cases of this study where accidental disclosure was found, 2 cases were classified as accidental disclosure because the mother found videos in her boyfriend's car trunk of her adolescents taking baths (hidden camera in bathroom) and precautionary forensic interviews were conducted with both adolescents. The two adolescents reported that there had not been inappropriate touching from the accused. In 2 other adolescent cases where accidental disclosure occurred, the accused was classified as the boyfriend of the adolescent. One victim was 13 years old and her boyfriend was listed as 16 years old. In the other case the victim was 13 years old and the boyfriend was 21 years old. In both cases disclosure was made in the forensic interview that sexual intercourse had occurred. In 1 adolescent case the boyfriend of the

victim's sister was the accused. Inappropriate touching was observed by others and reported, and during the forensic interview it was determined that there had been sexual abuse. The 6th case of accidental disclosure made by an adolescent involved a cousin, and during the forensic interview the victim disclosed that sexual abuse had occurred. In the two accidental disclosure cases which involved children (age 5 and 8) the accused was classified as a peer (age 13 and 14).

One of the most interesting findings of this study was how significant purposeful disclosure is across gender and age. Purposeful disclosure represented 78.5% (n=88) of total cases where disclosure type was identified (n=112). Purposeful disclosure is described when a child or adolescent purposefully seeks out another to disclose that he/she fully believes that childhood sexual abuse has occurred, or else purposeful disclosure was made in response to direct questioning. When grouped as children (ages 2-10, n=66) and adolescents (ages 11-16, n=22) purposeful disclosure was the most prevalent, and no significant difference was found regarding age at time of disclosure. Other types of disclosure combined (e.g. eye witnessed, result of good touch/bad touch program and during psych exam) represented 12% of the total, and accidental disclosure only represented 7% of total.

Possible explanations of why disclosure occurred could be that a child's fear of negative consequences to others (e.g., family members) could lead to disclosure occurring sooner (Goodman-Brown et al., 2003). For disclosure to occur, the child needs to feel safe in the environment and must have a trusting adult available to whom the CSA disclosure can be made (London et al., 2005). If the child can overcome the fear of losing the abuser's affection, disclosure may occur (Mian et al., 1996). The importance of a nurturing caregiver has been documented by several researchers, including Harlow and Erikson (Myers, 2002). Results

indicated that adolescents who disclosed sexual abuse to mothers were at significantly reduced risk of developing PTSD or delinquency (Broman-Fulks & colleagues, 2007).

Differences in disclosure types across ages could also be attributed to development stage at time of disclosure. Children entering the *Preoperational stage* (ages 2-6) learn to use language but the child does not develop logical reasoning. A direct question, such as "Where did he touch you?" encourages the child to give more specific details of an event (Alessi & Ballard, 2001). Smaller Younger children reason from one specific event to the next; they are less likely to communicate a sequence of events without the help of direct questioning (Alessi & Ballard, 2001). Children as young as 4, begin to learn the difference between a truth and a lie (Lyon & Saywitz, 2006). At around age 7 children enter the *concrete operational stage* (ages 7-11): Children in this stage begin to learn to reason from general to specific events and add details (Piaget, 1954). Older children are more likely to purposefully disclose CSA than younger children due to increased verbal skills (Fontanella & Harrington, 2000). Children then are expected to enter the *formal operational stage* (ages 12-adulthood) (Myers, 2003) where adolescents utilize abstract concepts as they continue intellectual development.

Developmental level cannot be the only explanation for disclosure type. Childhood sexual abuse disclosure is different for every child and no single factor can explain how, when and why children disclose (London et al., 2005).

Exploratory Analyses

An exploratory analysis was used to investigate how many types of people the sexually abused children and adolescents chose to disclose to. Results were found to be significant. There were 25 types of people to whom disclosure was made: biological mother, biological father, parents together, teacher, doctor, foster mother or foster father, family friend, school counselor, peer, paternal grandmother, biological sister, aunt, child trauma therapist, DFCS worker, psychologist, neighbor, maternal grandmother, daycare worker, sibling, step grandmother, babysitter, great aunt and cousin. These people were then split into two categories. The first category was immediate family (parents and siblings) and the second category was all others. Of the 112 cases where information on person first disclosed to was available, 53% (n=59) involved disclosure to immediate family and 43% (n=49) of cases involved disclosure to others. Additionally, purposeful disclosure was highest for both categories, with purposeful disclosure occurring in 83% of disclosure to immediate family and 79% of cases where disclosure was made to others.

These results point to the conclusion that children and adolescents disclose to caregivers most often. Family is the universal primary social context for children and adolescents (Newman & Newman, 2006). Knowing this and sharing these findings with parents can be critical to help children disclose and bring CSA out into the open. Teaching Good Touch/Bad Touch should not be limited just to schools but possibly a curriculum could be created that parents teach children at an early age. Parents can be given the tools to talk with their children about inappropriate touches and encourage them that it is alright to tell. Parents teach children the simpler tasks of counting to 10 and basic colors. It could be that parents now also could teach from books such as “My Body Belongs to me.” Also, a curriculum that would not scare

children and adolescents could be made available, that includes statements showing that most CSA victims knew the offender. In middle school and high school, adolescents interact with one another forming loosely affiliated friendship groups, and these relationships become an important social support (Newman & Newman, 2006).

The researcher also used an exploratory analysis to examine the perpetrators relationship to the victim. The highest reported was cousin identified as the perpetrator in 18 cases and 14 of those involved prior disclosure, disclosure during forensic and no recant of disclosure. Noteworthy, victims were females in 83.3% (n=15) of the cases involving cousins as alleged perpetrators and there were only 16.6% (n=3) cases involving male cousins as alleged victims. The ages of victims were from 3-14 years of age (M=7.44). Ages of alleged perpetrators were from 9-39 years of age (M=15.82). In the majority of cases disclosure type was "purposeful disclosure" (n=12). Good touch/bad touch program (n=2), accidental disclosure (n=1), and unknown (n=3) were also noted as disclosure types. There was only 1 case involving a 6 year old boy who did recant that he was abused by his 9 year-old male cousin. The other case that could not be substantiated involved a 3 year-old male who originally disclosed after a good touch/bad touch program that his 12 year-old male cousin touched his private parts. However, during the forensic interview it could not be determined if the child could differentiate between a truth and a lie.

There are many possible reasons why the highest reported numbers of perpetrators in this study are cousins. A powerful indicator could be culture. Culture plays a role in shaping identity (Thomas & Schwarzbaum, 2006). How we view ourselves and how we interpret what we see in our society shapes our cultural identity. How we interact with those around us, taking on the beliefs of others about what is right and what is not shapes our cultural identity (Thomas

& Schwarzbaum, 2006). In some cultures there is a tendency for families to spend time together where adult siblings allow their children to play or be together unsupervised. Adult siblings may trust the children of one another unconditionally and would not even consider the possibility of childhood sexual abuse occurring when their children, cousins to one another, spend time together as family. There is possibly the mentality of trust based solely on the relationship of the parents which are the adult siblings of these children and adolescents. When people identify their siblings as trustworthy, that trust could expand to the children of that sibling (Martin, Anderson, & Rocca, 2005). The culture of the family may indicate that a cousin is similar to a sibling and there is a strong bond between cousins and siblings. A cousin could be afforded a high level of trust and may be left to care for younger children or adolescents. The cousin then has a caretaking responsibility which is power. If the cousin has poor boundaries, he or she could then take advantage of that power and pressure the child or adolescent into a sexual abuse act. This would indicate that caregivers unwittingly leave their children in possibly dangerous situations. There is indication that society is unaware of how often cousins are perpetrators in sexual abuse situations.

For many national studies conducted in the United States on childhood sexual abuse, cousins are not usually identified in final statistical results. Cousins as perpetrators are most often counted in extended family where siblings are also counted (Briere & Elliott, 2003; Heger, Ticson, Velasquez, & Bernier, 2002, USDHHS, 2006a). One USA study where cousins were mentioned directly also included the siblings in the count. The results indicated that incidence where siblings or cousins were the perpetrator range from 10-40% (De Jong, 1998). Results from international studies on CSA occasionally mention the count on cousins. A study conducted in the country of Chili found that of the 8.8% intrafamilial childhood sexual abuse

found in the study, the perpetrators were mainly cousins and uncles but specific numbers for each were not listed (De Arce & Aguayo, 2006). A study was conducted in Hong Kong, China, evaluating childhood sexual abuse history in a college population (n=2,147). The results indicated that perpetrators were family members in 20% of cases and relatives were perpetrators in 14% of cases (So-kum Tang, 2002). Similar to national studies in the United States, this study did not differentiate relationships between all victims and perpetrators.

Another exploratory analysis revealed that childhood sexual abuse by strangers is rare and usually the victim has met the offender at least once. In the current study, only .07% of the perpetrators (n=1) were strangers. This is consistent with other research in the field. Mian, Marton and LeBaron (1996) found strangers represented 3% of perpetrators in their study. Additionally, Ball and colleagues (2004) found that only 3% of perpetrators in their study were strangers to the victims.

Researchers have reported on various aspects of how childhood sexual abuse perpetrators groom children and adolescents (Fontanella & Harrington, 2000; Goodman-Brown et al., 2003; Quas et al., 2003; Sullivan & Beech, 2004; Craven et al., 2006) to maintain the secrecy of the abuse. Sharing this information with society will help society become better informed, could help safeguard children and society from sexual predators, and change the misconception that children should only be careful around strangers. Children are told to stay away from strangers, but this research indicates that in most cases danger, at least in the form of childhood sexual abuse, involves people the child or adolescent knows. According to a study conducted by the Georgia Department of Corrections (2007), over 55% of child molesters reported being married, separated or divorced. This is an indicator that these are individuals who groomed the

community and are not isolated from society. It is not unusual for sexual predators to be married (Comer, 2004).

Limitations

Some limitations are important to note in interpreting these results. First, the forensic information obtained was from one location. That location conducted forensic interviews on children and adolescents from several rural counties throughout North Georgia. Second, the Forensic Interview Chart Review Protocol (FICRP) was completed based on the written report of the forensic interviewer. In the future, to rate validity for this instrument, a percentage of written reports could be checked for accuracy by having researchers compare what was written to what was said on the actual video tape. Currently with this study, if it is assumed that the forensic interview was documented properly, there could have been errors in transferring from the written forensic report to the FICRP form. Interrater reliability should be evaluated in the future by having a second rater complete the FICRP on a percentage of the written reports and then comparing the results from the first rater to the results from the second rater. Third, the question was asked, "Was an abuse disclosure made prior to referral, and if so, to whom?" Possibly, the child or adolescent told more than one person, or disclosed to someone other than a parent or caregiver, who then encouraged the child to tell the parent or caregiver. This would show that the actual disclosure was to someone other than the caregiver. It's possible that this occurred, but the information provided to the forensic interviewer was only about the disclosure to the parent or caregiver. Fourth, recanting was investigated when the alleged offender was immediate family and the victim's definition of what immediate family was could have been different than what was classified in the study (i.e. mom's boyfriend was not classified as immediate family). Finally, it may be difficult to compare these results to results from different

studies because, as pointed out by many researchers, childhood sexual abuse is not universally defined.

Strengths

From a statistical perspective, this study had adequate power due to large sample size (n=137). The results supported existing research on recanting CSA. Findings from this study added to the limited research on gender differences in CSA disclosure. This data set on participants within this study could be used for future research projects on CSA (e.g. offender prosecution rates, severity of abuse). The sample size can be expanded to include data from upcoming years from the same child advocacy center. Additionally, results can be used for education within the community (e.g. parents, adolescents and their peers, civic groups).

Areas for Future Research

The instrument used (FICRP) within this study could have reliability and validity strengthened by conducting interrater reliability testing which would check for degree of accuracy among researchers collecting the data. Validity could be researched by sampling video transcriptions compared to actual forensic interview transcripts written for the FICRP document. Forensic questioning could expand to include: Why did they choose to disclose? If there was a delay in disclosure why did they delay? Before telling an adult did they disclose to someone else? What were grooming techniques used by the offender and did those affect how long it took the child to disclose? Additionally, a universal definition of childhood sexual abuse and a standardized way to document childhood sexual abuse would greatly increase the accuracy of research in this field.

Further research is needed to help clarify for family and professionals the multifaceted factors surrounding disclosure of childhood sexual abuse and to help reconcile differences in research results. Additional research on the legal steps taken to ensure that the offender is prosecuted is needed to help ensure offenders are prosecuted which, in turn, helps safeguard children from childhood sexual abuse. A child's choice to disclose, to whom disclosure is made, why children disclose and why children recant, warrants further study.

The field would also benefit from research into the development of parent and peer/adolescent education on childhood sexual abuse so that when a child is ready to disclose, there are those in the community better prepared to help the child or adolescent come forward. Precautionary forensic interviewing is an area that also needs further research.

Examples of precautionary referrals for forensic interviews include: mother found in the trunk of her boyfriend's car a video of her children taking a bath; redness on private parts; the accused offended the sibling; child touching him or herself inappropriately and often in public; and child wrote a story with several pictures the mother thought were questionable. Further research on purposeful and accidental disclosure could help prosecutors ensure offenders are found guilty.

Summary and Implications

In summary, this study indicated that children and adolescents are more likely to disclose to parents. Recanting may occur more often when immediate family members are the perpetrators. Regardless of age, purposeful disclosure occurred more often. Results indicated that males only disclosed to adults and females disclosed to adults as well as peers. To help disclosure occur, everything possible should be done to ensure a safe and nurturing environment to surround the disclosure process.

Implications for the Professional Community

Professionals have the important role of being mandated reporters (e.g. school counselors, clergy, DFCS, therapists). Knowledge on various components of the disclosure process is a tool professionals can use when working with children and adolescents before, during and after disclosure. Such knowledge includes knowing that this study indicates that with the right atmosphere and support a child most likely stands firm to disclosure and purposefully discloses. There may be instances when children recant, and results revealed that recant may be more likely to occur when the offender is an immediate family member. Research indicates that additional pressures for the child could also contribute to why a child recants. Results indicate that disclosure is more often to a caregiver; professionals, knowing that information, can further support caregivers and share that information through communications with the community. Results from this study indicate that girls disclose CSA to adults and peers, and males (at least those in this study) only disclose to adults. This information can help professionals create a supportive environment for the child or adolescent who needs to disclose. Further, understanding that recant often occurs due to the child feeling pressure from society, professionals can do everything in their power to keep the stress and pressure down for these children.

The review of the literature for this study indicates that disclosure is a process and details of the abuse may not come all at once. This is information professionals need in order to argue cases in court and work with the child in the therapeutic environment. For therapists working with children, knowing everything possible surrounding CSA disclosure helps prepare the therapeutic play environment to address symptoms associated with CSA. By keeping communication open on what childhood sexual abuse is and how professionals, families and the

community can communicate and work together to bring childhood sexual abuse out of secrecy and into the light, is important for both professionals and the community surrounding them. With knowledge comes power. Knowing everything possible about CSA disclosure could help society create an environment necessary to help a child move forward with telling his or her story.

Implications for the caregivers and community

Children and adolescents often come in contact with several people within their community every day (Parents, adolescents, peers, civic groups). Open communication with society is important. Results from this study indicate that children and adolescents disclosed to caregivers most often. Knowing this, and sharing these findings with parents, can be critical to help children disclose and bring CSA out into the open. By understanding that recant often occurs due to the child feeling pressure from society, caregivers can do everything in their power to keep the stress and pressure down for these children which would reduce the chances of recanting. Results from this study indicate that girls disclosed CSA to adults and peers while males only disclosed to adults. Thus, peers could be given education on what to do if a friend comes to them with CSA disclosure.

Having open discussion on CSA that can be shared with the community could help bring CSA out of the darkness of secrecy. Results from this study indicate that some children disclose after being taught about good touch/bad touch. Caregivers could be given the tools to talk with their children about inappropriate touches (e.g. book, “My Body Belongs to Me”) and encourage them that it is alright to tell. Parents need to be made aware of what CSA involves through CSA education, including how to react when their child tells them something happened, or how to react if they suspect CSA. From childhood to adolescence the value of significant relationships

change and friends then become more important (Newman & Newman, 2006). Parents should know how to address CSA disclosure. What if their child or the friend of their child, or the kid next door comes to them with an allegation? The more child abuse is discussed out in the open, the less likely it is to remain hidden and shrouded in secrecy. With the right atmosphere and support a child will most likely stand firm to disclosure and purposefully disclose. It is suggested that society work to create a readily available environment that is comforting for children and safe enough to disclose childhood sexual abuse, a place where the child can tell the story in such a manner that only one interview is needed and enough information is gathered to convict the offender. Learning that their child has been sexually abused is very traumatic for non-offending parents. They, too, are in need of education, support and a place where they can express their feelings (Anderson, 2004). Society should be made aware that in Georgia, in 2007, approximately 74% of all sexual offense cases involved a child victim (GDC, 2007). Lastly, parents should know that CSA is rarely committed by a stranger and the child or adolescent usually knows the offender.

A message to survivors of childhood sexual abuse of all ages

Childhood sexual abuse is never your fault. Every situation is different for every child and adolescent. Research indicates that only 33% of children disclose the abuse while in childhood which indicates that disclosure is not easy. It is important to understand that the impact of child sexual abuse can range from no apparent effects to very severe ones (APA, 2008). With the support and encouragement of parents, siblings, and other adults outside the family, a positive outcome can develop (Conger & Conger, 2002). It is never too late to disclose and you should continue to do so until someone believes you, even if you are 60 years old. With knowledge comes power. Knowing everything possible about CSA disclosure could help society create an environment where CSA is openly discussed. This could create the necessary environment to help a child move forward with telling his or her story. This will provide more information to help bring sexual abuse out of the darkness of secrecy and into the light.

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APPENDIX A

Forensic interview Chart Review Protocol

____Subject number

Date of Interview _____
Interviewer _____

_____Is DFCS involved? (1=yes, 2=no) _____

_____Is law enforcement involved? (1=yes, 2=no) Which agency? List officer's name:
_____

_____Code number of Sexual abuse

_____Was a SANE exam completed? (1=yes, 2=no)

_____Was there any physical signs of abuse (1=yes, 2=no) List results of SANE exam:
_____
_____

How long between the last incident and when the SANE exam was complete? _____
_____

Victim information:

_____ D.O.B.

_____Current Age

_____Gender (1=male 2=female 9=missing)

_____Ethnicity (1=Asian, 2=African American, 3=American Indian, 4=Caucasian, 5=Latino, 6=Pacific Islander, 7=mixed [list], 8=other [list], 99=missing) _____
_____

What grade is the child in? _____
Did the child ever repeat a grade? _____
Is the child on any kind of medications? _____
_____

Does the child have any psychological diagnoses? _____
_____

_____Can the child tell the difference between a truth and a lie? (1=yes, 2=no, 99=missing) _____

_____What was the age at the time of the abuse

_____and at the time of the disclosure?

Perpetrator information:

_____D.O.B.

_____Age

_____Gender (1=male 2=female 9=missing)

_____Ethnicity (1=Asian, 2=African American, 3=American Indian, 4=Caucasian, 5=Latino, 6=Pacific Islander, 7=mixed [list], 8=other [list], 99=missing) _____
_____

Caregiver Information:

Who is the child's caregiver?_____

Who provided background information? _____
_____

Referral information:

_____Why referred for forensic interview (1=disclosure, 2=inappropriate behavior, 3=medical symptoms/signs, 4=abuse observed, 5=other [list]) _____
_____

_____Referred by whom? (1=biological mother, 2=biological father 3=step mother 4=step father 5=other family member, 6=teacher, 7=doctor, 8=foster parent, 9=other [list], 99=missing) _____
_____

___Who brought person to interview? (1=biological mother, 2=biological father, 3=step mother, 4=step father, 5=foster mother, 6=foster father, 7=other family member, 8=foster parent, 9=teacher, 10=other [list], 99=missing) _____
_____

_____With whom does the child live (1=biological mother, 2=biological father, 2=foster parents, 3=other family members, 4=combination [list], 99=missing) _____
_____

If the child does not live with both biological parents, explain the child's relationship with his/her biological parents. _____
_____
_____

Abuse/Disclosure information:

_____What is the child's relationship to alleged perpetrator? (1=mother, 2=father, 3=step parent, 4=sibling, 5=other relative [list], 6=foster parent 7=teacher, 8=friend, 9=other [list], 99=missing) _____

_____Was an abuse disclosure made prior to referral? (1=yes, 2=no, 99=missing)

_____If so, to whom? ? (1=parent, 2=other family member, 3=teacher, 4=doctor, 5=foster parent, 6=family friend, 7=other [list], 99=missing) _____
_____

_____Conditions related to disclosure (1=accidental disclosure, 2=purposeful initiated by victim, 3=purposeful in response to direct questioning, 4=result of good touch/bad touch program, 5=other [list], 99=missing) _____
_____

Reasons cited for disclosure: _____
_____
_____

When was disclosure made relative to abuse incidents? _____
_____

What was parental reaction to disclosure? Appropriately supportive?_____
_____

_____If disclosure was delayed, why was it delayed? (1=threats of violence, 2=promises of rewards for nondisclosure, 3=guilt, 4=lack of recognition of abuse incidents as such, 5=other consequences [list], 6=other reasons [list], 99=missing) _____
_____

_____Where threats or consequences used (regardless of whether disclosure was delayed)? (1=threats reported, 2=threats denied, 3=none reported or denied)_____
_____
_____

_____Were other types of bribes or rewards used? (1=reported, 2=denied, 3=none reported or denied) _____
_____

_____Was an abuse disclosure made during the interview? (1=yes, 2=no, 99=missing)__
_____

_____Did the child deny previous abuse disclosure (e.g., did the child recant)? (1=yes, 2=no, 99=missing)_____

_____If information is available… did the child re-disclose at any point? (1=yes, 2=no, 99=missing)_____

_____Did the child deny history of abuse (regardless of whether previous disclosure was made)? (1=yes, 2=no, 99=missing)_____

_____Was there any physical signs or symptoms of abuse? (1=yes, 2=no, 99=missing)

_____If so, what (1=STDs, 2=tears, 3=pregnancy, 4=other [list])? _____

_____How long did the abuse occur for before being reported? _____
_____

_____How long between the last incident of abuse and disclosure? _____
_____

_____How many separate incidences occurred? _____
_____

_____Did anyone witness this incident? (1=yes, 2=no, 3=other)_____
_____

_____Did the child witness an incident of the same alleged perpetrator with anyone else?
_____
_____

_____Did the child have more than one forensic interview? _____
_____

_____Was pornography involved? (1=yes, 2=no, 99=missing)If so, details related to this: _____
_____

_____Did the child recognize the abuse as abuse? (1=yes, 2=no, 3=other, 99=missing)
_____
_____

_____Did the child claim to be asleep before or during the sexual abuse incidents? (1=yes, 2=no, 99=missing) _____
_____

_____Did the child physically resist, verbally resist, scream for help, etc.?(1=yes, 2=no, 99=missing) If yes, list details: _____
_____

Were any 'fantastic' elements reported in the forensic interview? _____
_____

List details of disclosure and sexual abuse incidents: _____
_____
_____
_____

Alleged Perpetrator fondling of victim:

Over the clothes (Breast, Butt, Vaginal, Penis, Other) _____

□Under clothes, over underwear (Breast, Buttocks, Vaginal, Penis, Other) _____

□Under clothes (Breast, Butt, Vaginal, Penis, Other)_____

□Under clothes w/o penetration (Vaginal, Buttocks)_____

□Under clothes w/ penetration (Vaginal, Buttocks) _____

□Under clothes w/ digital penetration (Vaginal, Buttocks) _____

□Under clothes w/ object penetration (Vaginal, Buttocks) _____

□Oral sex (Perpetrator on victim, Victim on Perpetrator)

□Kissing (Lips, Areas of body [breast, buttocks, genital]) _____

_____

□Fondling of Perpetrator (Forced, consensual, other) (Breast, Buttocks, Vaginal, Penis) _____

_____

Recommendations:

□SANE exam
□F.R.P.
□Other therapy
□No contact with alleged perpetrator
□Only supervised contact with alleged perpetrator
□Pathfinders for alleged perpetrator

Outcome:

_____Was this case "confirmed"/"substantiated" through DFCS? (1=yes, 2=no, 99=missing)

_____Was the alleged perpetrator arrested? (1=yes, 2=no, 99=missing)

_____What were the legal charges against the perpetrator initially? _____
_____

_____Did the alleged perpetrator plead guilty? (1=yes, 2=no, 99=missing)

_____ In these cases, what were the charges plead to? _____
_____

_____Were the charges plead down? (1=yes, 2=no, 99=missing)_____

_____Which court was this trial held in? (1=family court, 2=Juvenile court, 3=Criminal court, 4=other [list], 99=missing) _____

_____What charges were pursued in court? _____
_____

_____What were the outcomes of these court cases? (1=guilty, 2=not guilty, 3=other [list], 99=missing) _____

_____Did this perpetrator serve jail/prison time for convictions? (1=yes, 2=no, 99=missing)

_____On what charges? _____
_____

_____What was his/her sentence? _____
_____

_____Where there other consequences besides jail time (e.g., mandated therapy, community service, etc.)? (1=yes, 2=no, 99=missing) If yes, list: _____
_____

_____Was the child removed from the home? (1=yes, 2=no, 99=missing)

_____Was the alleged perpetrator court ordered to never see the victim again? (1=yes, 2=no, 99=missing)

_____See the victim again only under supervision? (1=yes, 2=no, 99=missing)
If on probation, what were the conditions of probation? _____
_____

Additional Information:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____