



# EXCHANGE ON CHILD SEXUAL ABUSE

## THE PROFESSIONAL RESPONSE TO CHILD SEXUAL ABUSE WHOSE INTERESTS ARE SERVED?



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*This article examines the professional response to child sexual abuse by posing three questions: Are there problems with current practice and research? What maintains current professional behavior? Can individual professionals improve children's welfare? Numerous professional practices that may harm children are documented. Analysis of the contingencies that shape professional behavior suggests that it will be difficult to change current practices. Several ways in which individual professionals can promote children's welfare in allegations of sexual abuse are highlighted.*

Few images are more painful to us today than those of the sexual molestation of innocent children. So painful, in fact, that such injury has in modern times evoked a most primitive defense mechanism—denial (cf. Olafson, Corwin, & Summit, 1993). Fortunately, over the last two decades this coping strategy has become less viable with increasing awareness of child abuse. For example, child abuse reporting laws were passed in every state between 1963 and 1967; Congress passed the landmark Child Abuse and Treatment Act in 1973 establishing, among other things, the National Center on Child Abuse and Neglect and the current child protective system; and media coverage of child abuse is at a historic high (45 million viewers watched *Scared Silent* on September 4, 1992, the first non-news event covered simultaneously in prime time by different networks [Rowe, 1992]). Across relevant professions, interest in child maltreatment has skyrocketed—a recent search of a data base in psychology (PSYCHLIT) for the past 6 years yielded 1,193 journal articles under the descriptor *child sexual abuse*. Combined with numerous books, conference papers, professional seminars, and so on, the professional response to this particular form of child abuse is overwhelming to the neophyte.

These developments suggest that the harsh reality of child sexual abuse has been at last recognized and that a broad coalition has formed to address this problem.

Although the end of our denial of child sexual abuse is overdue, it would be premature to celebrate the results of our fledgling efforts to “do something” about child sexual abuse. Unfortunately, the same discomfort that led to denial of the problem in previous years may lead to premature acceptance of current responses and remedies. That is, we are now in danger of uncritically embracing whatever is offered as a remedy, even though it is not at all clear that we should be comforted by the “something” that is being done about this tragic phenomenon. On the contrary, the major premise of this article is that there is cause for considerable concern in regard to the professional response to child sexual abuse at both the applied, especially child protection services (CPS), and research levels. This article therefore raises numerous disquieting issues regarding the potential for harm resulting from the professional response to child sexual abuse. Although the images that result are sometimes as painful as the images of abused children, we must not fall victim to a new denial that allows us to participate in the (unwitting)

disservice to and even harming of children and families by professionals. The paucity of inquiry on the potential harm-doing of professionals in the prodigious child maltreatment literature suggests that one form of denial may have been replaced by another.

This article begins by offering a brief sketch of some problems in the current state of professional practice and research. Following this sketch, we ask what maintains current practices and identify reinforcement contingencies that shape professional behavior and impede change in the professional response to child sexual abuse. In the final major section, we identify some actions that individual researchers and practitioners can take to make a difference in this field. The article concludes by calling for an end to our denial and

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for critical self-scrutiny of our professional actions.

## IS THERE A PROBLEM? A SNAPSHOT

The overview provided in this section is necessarily incomplete, as the complexity of the topic cannot be done justice with such a brief sketch. Moreover, this sketch attempts to provide a counterpoint to the dominant view in the literature by providing a perspective seldom found in it. By attempting to introduce more balance into the literature, it is not our intent to deny or diminish positive contributions made by professionals in responding to child sexual abuse, but to facilitate much needed critical self-scrutiny.

### *Problems in Professional Practice*

A practitioner guidebook, written by respected experts on child abuse, advises practitioners to report suspected child abuse to CPS workers in the knowledge that if there is no abuse "no harm will come to the family or child" (Walker, Bonner, & Kaufman, 1988, p. 18). Although this is certainly comforting to professionals who hope that their actions carry no potential for harm, a moment of reflection shows that this is at best wishful thinking.

First, there is little reason to think that CPS personnel are any more immune from error than other human beings. In point of fact, the potential for error in this difficult and emotionally taxing area would seem to be quite high. As Jackson and Nuttall (1993) note, "judgments about sexual abuse allegations, upon which subsequent action depends, are often more intuitive than objective" (p. 127). Unfortunately, intuitive judgements tend to yield conclusions that are unreliable and overly dominated by potentially misleading heuristics. In fact, even basic definitional problems regarding abuse may be so profound as to leave families "at the mercy of their accusers' interpretation of these terms" (Giovannoni & Becerra, 1979, p. 8). It seems clear to us that we must acknowledge openly the possibility of error and mitigate the harm that might result from such error, including the possibility of harm resulting not only from false negatives but also false positives.

Second, current practice may have a negative impact on children independently of error. At a minimum, children in such cases will undergo a medical examination (including genital examina-

tion), interviews (which often will be stressful, repetitive, and unsettling for the child and will sometimes entail threats, harassment, and so on), and be separated from the alleged perpetrator (usually a parent), most often by being placed in foster care. As Goldstein, Freud, and Solnit (1973) note, children "react to even temporary infringement of parental autonomy with anxiety, diminishing trust, loosening of emotional ties, or an increasing tendency to be out of control" (p. 9). Even in cases where all would agree that investigation is necessary, we need to acknowledge that the process is unlikely to be entirely benign from the child's vantage point.

Third, as alluded to earlier, there appears to be widespread use of heuristics or short cuts in child sexual abuse investigations. The most commonplace heuristic in sex abuse investigations is to pursue the idea that abuse has indeed occurred to the exclusion of other possibilities. Thus, clinical professionals persist in acting as if abuse occurred when children deny it (e.g., Bass & Davis, 1988). Because some sexually abused children deny abuse, it is not uncommon for denial of abuse to be viewed as evidence of its occurrence. Thus, children who accurately report that they have not been abused are sometimes in the curious position of not being believed by professionals who adhere to simple heuristics like "children never lie." In such cases, children may be harassed, bribed, and so on to admit to the occurrence of abuse (for examples, see brief on behalf of amicus developmental, social, and psychological researchers, social scientists, and scholars filed in *State of New Jersey v. Kelly Michaels*, 1993). This situation emphasizes the problems that occur when overly simplistic rules are used.

Adoption of the heuristic that abuse has occurred to the exclusion of other possibilities represents a clear choice, for as Lloyd notes, "By design, the clinical approach provides no method for a therapist or other investigator to confirm that *no* abuse occurred. . . . investigators maintain that this approach serves the best interests of children and protects them from further abuse" (1992, p. 111). Indeed, the stated job of CPS workers, as reflected in an official handbook, is to "aid the prosecution to establish a case against the perpetrator" (Charlier & Downing, 1988, p. 15; see Wexler, 1990, for further examples). Not surprisingly, after examining 120 official records of child abuse, Margolin (1992) concluded that in all cases the accused was assumed to be guilty and that the "goal is not to determine 'who did what to whom,' since that information is

presumed at the outset, but rather, to document that agency rules have been followed, and that the investigation was conducted in a rational impersonal manner" (p. 64).

The use of such heuristics has the effect of inflating the number of substantiated cases and therefore reassuring us that we are doing our best to apprehend child molesters. Unfortunately, it is difficult to document just how widely this heuristic is used, owing to the confidential nature of investigations. Moreover, even when families waive their rights to confidentiality, CPS agencies have been unwilling to disclose information, leading some to question whether such confidentiality is used to protect agencies rather than families (see Hechler, 1993).

The use of heuristics might be less troubling if there were no costs associated with them. However, the costs to children and families are real. Just as the media have for a long time reported cases of abuse where CPS agencies failed to protect children, there are now a growing number of media reports in which CPS intervention has seriously harmed children and their families. Many more anecdotal reports do not make it into the media, suggesting that the harm done to children is not limited to the sensational cases reported in the media (for examples of cases see Hechler, 1993; Mikkelsen, Gutheil, & Emens, 1992; Wexler, 1990). Nonetheless, the dominant professional response is to assert of such cases "that there is no evidence that these are widespread" as a justification to advocate continued use of current practices (Finkelhor, 1993a, p. 279). Without access to materials from CPS agencies and family courts, it is virtually impossible to document harm done by professional intervention. In any event, this position provides little reassurance, because there is no evidence to show that such miscarriages are indeed rare. Such a circumstance might be less troublesome were it not for the awesome power invested in CPS workers, including the right to strip-search children without a warrant (accused rapists and murderers have retained Fourth Amendment rights), remove them from their home, and so on (for extended discussion of the resulting problems, see Wexler, 1990). Although well motivated, the secrecy involved in this area makes it impossible to document in a systematic manner error and wrongdoing to children and promotes denial of any culpability on the part of professionals.

In sum, the conclusion of an official investigation of case reports in Philadelphia that noted "each individual worker had adhered to his or her own, often in-

consistent criteria for assessing family function and children at risk" (cited in Wexler, 1990, p. 117) may well characterize much practice. In a similar vein, judges presented with the same cases made rulings that agreed less than half the time, as "Each judge seemed to use his own unique value system" (Aber, 1980, pp. 166-167). Runyan (1993) summarizes the situation well by noting that even a cursory exposure to the CPS system shows that "social workers are overloaded, the mental health treatment of children is haphazard or unavailable, foster care may be overused or even hazardous to children's health, and crowded court dockets and procedural rules minimize the likelihood that a timely and just determination of the truth will occur" (p. 263). Not surprisingly, the newly appointed Inspector-General of the Department of Child and Family Services in Illinois has concluded that in Illinois the child protection system "does not work" (p. 1), with 54 employees being suspended over the preceding 34 months for actions that harmed children (Kane, 1994).

Lest it appear otherwise, the above analysis is *not* an argument against intervention to protect children, but rather an attempt to highlight the costs of such intervention for children. It reminds us of the need to ensure that our intervention is not worse than the abuse it protects against. However, it can be argued that investigation of alleged sexual abuse necessarily entails some costs, and that these costs have to be weighed against those of not protecting children. Given such a choice, it is not difficult to find cases in which all reasonable persons would agree that investigation and intervention are warranted, even in the face of unavoidable risk of harming the child(ren) involved. This position is a sound one, provided the costs of investigation and intervention are minimized. Unfortunately, we preclude a rational approach to the minimization of costs if we protect ourselves as professionals by denying or minimizing the possibility of error and of harm resulting from our actions. Protecting ourselves in this way is likely to result in greater victimization of children by the investigative process than is necessary.

Notwithstanding the above qualification, it is likely that some colleagues will quickly dismiss our analysis, arguing that we do a disservice to the field to raise these issues, potentially harm efforts to bring child molesters to justice, and that we show bias against hard-working health professionals who are trying to help the victims of sexual abuse. This would be an unfortunate re-

sponse, as the polarization of the field has done little to advance the welfare of children. Those who seem to require near perfect knowledge before sanctioning intervention would force us back into denying that child sexual abuse is a serious societal problem. On the other hand, those who leave no room for questioning the effectiveness or accuracy of the current approach to child sexual abuse or who believe that any change that decreases the number of substantiated cases is automatically a change for the worse, force us to adopt the new denial. We believe that the underlying motivation for these positions, serving the best interests of children, will be realized by working toward more accurate forms of detection, by better validation of methods for substantiating cases, and by optimizing the benefit/cost ratio for children. Thus, far from being a call to reduce the effectiveness of professionals' response to child sexual abuse, the current analysis suggests the importance of redressing the structural problems inherent in a system that is chronically underfunded and overburdened and depends on a labor force that is given insufficient training and insufficient time to adequately handle cases. The existence of "blind spots" and extreme positions also seems to characterize research, an area to which we now turn.

### *Problems in Research*

As in many areas in the helping professions, the gap between research/theory and practice appears to be vast in the area of child abuse, but this gap has received remarkably little attention. Because of the importance of legal issues in this area, it is also noteworthy that judicial and legislative branches of government are not "well-known for their intensive use of data" (Reppucci & Aber, 1992, p. 263). It appears that simply doing something about child sexual abuse may have taken precedence over drawing on available knowledge to do something that ensures children's best interests are served by our actions.

But is there a knowledge base upon which we can base such action? Unfortunately, the answer to this critical question is not as straightforward as it might be; simply becoming familiar with the impressively large literature on child sexual abuse, let alone related areas of inquiry, represents a major challenge. There are certainly pockets of research that can inform practice and legislative and judicial reform. For example, research on children's memory and their suggestibility (e.g., Ceci & Bruck, 1993a; Doris, 1991; Goodman & Bottoms,

1993) has obvious implications for interviewing children and helping them give testimony that is both credible and more likely to provide accurate information; this research appears to have had almost no impact on police and CPS investigators to date (e.g., Brief on behalf of amicus developmental, social, and psychological researchers, social scientists, and scholars filed in *State of New Jersey v. Kelly Michaels*, 1993). However, when it comes to evaluating the overall progress made in research and theory, the outcome is less sanguine.

The National Research Council (a council administered by the National Academy of Sciences, National Academy of Engineering, and the Institute of Medicine) recently convened a panel of experts to provide "a comprehensive examination of the theoretical and pragmatic research needs in the area of child maltreatment" (National Research Council, 1993, p. 3). The panel position is summarized in the observation, "we still lack a solid base of research information that can guide and enhance society's efforts to intervene and prevent child abuse and neglect" (National Research Council, 1993, p. vi).

The reasons for this state of affairs are numerous and include the one explored in this article, the denial of professionals possibly inflicting harm on children and the subsequent failure to examine in an evenhanded manner the professional response to child abuse. Another, however, is so fundamental to understanding the current state of practice that it must be briefly noted. According to the panel, "little progress has been made in constructing clear, reliable, valid, and useful definitions of child abuse and neglect" (National Research Council, 1993, p. 5). This does not preclude consensus on clear-cut cases of abuse: The presence of a sexually transmitted disease in a young child, pornographic pictures, and so on leave little doubt about the occurrence of abuse (though they do not identify the perpetrator). However, the vast majority of child sexual abuse cases are not clear-cut. Scientists are therefore left with an ill-defined phenomenon to study that is not easily measured reliably, conditions that make the lack of progress understandable.

Although current research is not yet at a level that allows clear guidance for practitioners or legislators in *all* critical areas, the available research does provide direct answers to some questions and offers tentative guidance on many others. It is therefore worth noting that despite its conclusions, the panel also applauded the progress made in re-

search over the last three decades. Clearly, knowledge is fragmented and lacks cohesion in this area, but this does not mean that the fragments are uninformative. Most importantly, knowledge of research will inoculate us against accepting the extreme, sometimes contradictory, and often quite erroneous positions found in writings on child sexual abuse (e.g., "children never lie," "children's reports of abuse are sexual fantasies," "all children who have been sexually abused need treatment").

How is it possible for professionals to tolerate, let alone participate in, the state of affairs outlined? This question is a reasonable one, but is perhaps not the most appropriate, for it assumes awareness of the problems sketched, an assumption that is not easily supported by examination of the professional literature. It seems more appropriate to ask how professionals have managed to actively deny or avoid confronting the problems outlined. One suspects that, like the preceding form of denial in this area, the current form of denial is tenaciously held because it serves an important purpose. It is quite uncomfortable to imagine that our current response to child sexual abuse has not solved the problem and that much child sexual abuse remains undetected. Hence, anything that creates the illusion that we are responding adequately is likely to be welcome. Even more uncomfortable is the possibility that our best efforts may, in some cases, have done more harm than good, or even have victimized some children who were in no danger before coming to the attention of professionals. However, we need to free ourselves of denial in order to make progress.

In the remainder of this section we elaborate on the professional response to child sexual abuse by examining how our use of language and of numbers blinds us to the problems sketched in our analysis of professional practice and research.

### *Problems in Language Use: The Pen Is Mightier Than the Sword*

Language use is important because of its power to influence thought processes and thereby shape reality. In emotionally charged areas, the probability of examining assumptions underlying our use of words is likely to drop, giving words even greater power. This is demonstrated by examining a few of the words used in the area of child sexual abuse.

Investigators of allegations are frequently called *validators* (cf. Gardner,

1992), and it is not uncommon for even the most sophisticated researchers who are sensitive to the complex issues in this area to refer to "assessment and *validation* procedures" (emphasis added; Ceci & Bruck, 1993b, p. 21). The language used here implies that the sole purpose is to confirm or validate abuse rather than to adopt the more balanced position of investigating an allegation. Such language supports the investigative heuristic outlined earlier whereby only evidence consistent with the occurrence of abuse is sought.

In a similar vein, the use of the word *perpetrator* is telling. Investigative case reports show that the suspect is "routinely identified as the 'perpetrator'" (e.g., "3/26 interview with detective J at Police station with CPI [child protection investigator] and child. Perpetrator arrested," Margolin, 1992, p. 64), reflecting the agency's official handbook guidelines regarding the collection of information from "perpetrators," not "suspects" (see Margolin, 1992, p. 64). In scholarly articles, it is not uncommon to find similar use of language or to find an initial reference to the *alleged perpetrator* only to find later references in which the word *alleged* is dropped. Even in one of the most prestigious scholarly journals, reference is made to the "acquittal of the perpetrator" (Kendall-Tackett, Williams, & Finkelhor, 1993, p. 172), showing that—despite contrary legal findings—suspects are still viewed as perpetrating abuse.

The bias inherent in language use is omnipresent in scholarly writings and in research. So, for example, the epidemiological literature is oriented toward "documenting the widespread nature of the problem" (Finkelhor, 1993b, p. 67). This purpose, as compared to "documenting the extent of the problem," (or "documenting how widespread the problem is") shows a subtle prejudice reminiscent of the heuristic used by CPS workers. Similarly, the first National Incidence Study was guided by the concept that cases known to CPS authorities are only the "tip of the iceberg" (National Research Council, 1993, p. 80), an image that similarly presumes, at least in broad terms, the nature of the outcome of the investigation. The outcome may be consistent with the image, but it does not justify its a priori use. The intent here is not to split hairs, but to emphasize that biased language is also frequently found in "objective" research.

These examples highlight how the language of professionals sustains the state of affairs described earlier and shapes the reality of child sexual abuse (rather than, say *illegal sexual activity*

*with children*). Indeed, the term *child sexual abuse* is itself problematic. By making no reference to the activities involved (e.g., noncontact exposure of sex organs, fondling, penetration, masturbation), it facilitates the belief that all cases are equivalent and display equal need for treatment, does not encourage a sensitive approach to clinical interviewing and assessment, and confuses research and treatment literatures.

The current use of language appears to serve our own interests by justifying behavior that is all too often quite arbitrary. Our vigorous actions may make us feel better, but they may not always be in the best interests of the child, especially when they reflect an overwhelming preoccupation with reprimanding an alleged perpetrator.

### *Problems in the Use of Statistics: Paint by Numbers*

In this section we highlight some problems in the use of statistics and the arguments offered that perpetuate these problems. We begin by asking a simple question: What, exactly, is the extent of child sexual abuse? This question is actually far more difficult to answer than it seems. Before offering figures, it is important to note, "much of the methodology for prevalence and incidence research in the area of child abuse and neglect is seriously flawed" (National Research Council, 1993, p. 93), and hence we need to treat such figures with caution. Figures have been obtained from a variety of sources, including community surveys, congressionally mandated maltreatment reports, and college student samples. Depending on the source used and the definition employed, lifetime rates of sexual abuse based on responses of adults to questions about their childhood history yield estimates from 6% (Siegel, Sorenson, Golding, Burnam, & Stein, 1987) to 62% (Wyatt, 1985) for females and 3% to 31% for males (Peters, Wyatt, & Finkelhor, 1986). Although the validity of recalled incidents of child abuse in adults is quite controversial (see Loftus, 1993), the major source of variability in these rates comes from different definitions of abuse (National Research Council, 1993).

Perhaps the most widely used data come from the two National Incidence Surveys (1979-80 and 1986; National Center for Child Abuse and Neglect, 1981, 1988) and the more recent National Child Abuse and Neglect Data System (National Center for Child Abuse and Neglect, 1993). The second National Incidence Survey showed the incidence of sexual abuse to be 2.1 per

1,000 children in 1986, using the least restrictive definition employed in the survey (Sedlak, 1990); this indicates a 300% increase from 1980 to 1986. Most recently, of the 2.7 million reports of suspected abuse and neglect in 1991 (involving over 3 million children), 123,697 were substantiated cases of sex abuse. *Substantiated* usually means that CPS officials judged there was *some credible evidence* of abuse; only 12 states use the least stringent legal standard for determining guilt, the *preponderance of evidence*, for deciding whether a case is substantiated (National Center for Child Abuse and Neglect, 1993).

Figures on the extent of child sexual abuse dominate the statistics offered in professional writings. Whatever the deficiencies of these figures, there is little doubt that sexual abuse is a major societal problem that deserves our full attention. However, the figures cited do not paint a complete picture, thereby doing a disservice to children. Approximately 16% of suspected maltreatment reports are sexual in nature, and hence we also need to consider that in 1991 the 123,697 substantiated cases of sexual abuse were accompanied by approximately 300,000—some 70% of the allegations—reports of suspected sexual abuse that were not substantiated. It is not known whether this group includes all 4% to 10% of sex abuse allegations that are knowingly falsely made (Berliner, 1988; Pearson & Thoennes, 1988). Reports should not be confused with cases, but even so it is clear that large numbers of children are investigated where no credible evidence of sexual abuse is found; Besharov (1993) notes that 700,000 families are investigated annually for child abuse allegations that are determined “unfounded.” Of course, this does not mean that abuse did not occur, but it also does not mean that abuse did occur—and just turned out to be too difficult to document—a position that pervades much professional writing. Indeed, with the vagueness of the child abuse laws, the minimal standard used for finding a case substantiated, and the immense power of investigators, it is truly amazing that the percentage of substantiated cases is not higher. Finally, it bears noting that the first National Incidence Survey showed that 53% of CPS substantiated cases failed to meet the definition of abuse used in the survey (National Center for Child Abuse and Neglect, 1981).

The large number of unsubstantiated reports is a problem for at least two reasons. First, the overwhelming number of cases strains CPS resources and

impairs our ability to protect abused children. This makes understandable the fact that 25% to 50% of child abuse deaths are those of children who already have been reported to authorities (Besharov, 1988). Unfortunately, attention to overreporting is infrequent and tends to be viewed in terms of the rights of parents versus the rights (protection) of children, a false dichotomy. The large number of unsubstantiated cases, like underreporting, is a problem for *children's* welfare as the system collapses under its sheer weight.

Second, determining that a report is unsubstantiated usually occurs “after an unavoidably traumatic investigation” (Besharov, 1993, p. 264). Many professionals challenge such a claim. For example, Finkelhor (1993a) argues, “according to child protection officials” typical investigations involve talking to the parents and the child to reach a decision. He characterizes such investigations as “benign.” The facts flatly contradict such a simplification. For instance, in the first author’s county, children are routinely placed in foster care following a sex abuse allegation, and proper investigation of cases often requires talking to relevant persons outside of the nuclear family (e.g., teachers, neighbors). Unfounded cases can and do sometimes leave behind parents whose employment has been terminated, children with a parent who has committed suicide, children who have been traumatized by foster care, children abused in foster care (e.g., 21% of abuse and neglect cases in Louisiana involved foster homes; in Kansas City 25% and in Baltimore 28% of children in foster care were abused by foster parents; see Wexler, 1990, p. 198), traumatized children and families for whom no services are provided and so on (for examples, see Wexler, 1990). At a minimum, those investigated must live with the community’s “tendency to assume that parents are abusive because they have been investigated by protective services” (Repucci & Aber, 1992, p. 263). As noted earlier, it is impossible to systematically document these cases, making another of Finkelhor’s (1993a) arguments against the traumatic nature of investigations, that the “intrusiveness” (read “damage done by”) of investigations is unknown, somewhat meaningless. It is, however, important to recognize that the quality of investigations varies across investigators, CPS jurisdictions, and states. Therefore, not all families have the same experience, though anyone who is exposed to investigated families soon learns that the investigative experience is often quite traumatic.

Finkelhor (1993a) also claims that the number of unsubstantiated cases is not a problem because many of them are simply plea bargains, where actual abuse did occur; in exchange for parents admitting to abuse and agreeing to remedial action, workers record the case as unsubstantiated. Although it would be difficult to document systematically what happens in plea bargains between CPS workers and families, it cannot be assumed that this increases the rate of unsubstantiated cases. Indeed, plea bargains may increase the rate of substantiated cases. With children removed from the home, vague laws (e.g., undefined terms such as *injurious environment* are criteria for rulings) and hints (sometimes blatant threats) by CPS workers that parents “will never see their children again” if they do not admit abuse, some lawyers advise innocent clients that the quickest way to regain custody of their children is to *stipulate*, or admit abuse.

Finally, Finkelhor argues that the number of unsubstantiated cases compares favorably to the efficiency of the criminal justice system, a comparison that is misleading at best. To claim that the report-to-substantiation rate in the child abuse area is similar to the arrest-to-conviction ratio in the criminal justice system is a hollow victory. With the earlier noted exception of 12 states, substantiated cases do not even meet the lowest legal standard, preponderance of the evidence, and cases are not decided by an impartial third party. In contrast, the criminal justice system employs the highest standard of proof (“beyond a reasonable doubt”), includes presentation of both sides of the case, and involves a judicial decision. In effect, this comparison does the opposite of what is intended—it serves once again to highlight the poor quality of our efforts to protect children.

It appears that both underreporting and overreporting of suspected cases pose problems for the optimal protection of children (Besharov, 1993). Rather than examine rationally such problems and how best to deal with them, raising the problem of overreporting is characterized as “alarmist” and as reflecting the view “that addressing child abuse is not worth it” (Finkelhor, 1993a, p. 283). The tendency to label those who question the picture painted in the professional literature as uninterested in protecting children, and by implication pro child molestation, serves to show just how much personal factors pervade scientific writings (Finkelhor, 1993a, characterizes the founding Director of the National Center on Child Abuse and Neglect in this manner!). In short, we should always

examine very carefully any figures presented (and those omitted) on child sexual abuse to ensure we obtain a balanced and realistic picture.

### Coda

In offering this sketch there is no intention to discount the pain of children who are sexually abused, the need to allocate adequate resources to protect children from such abuse, or the fact that many abused children have been rescued from damaging situations through the efforts of committed CPS workers. Indeed, it should be clear that it is largely through the allocation of greater resources for research, training, and child protective services that progress can be made. Rather, the sketch is motivated by confidence that unbiased research and appropriate, informed investigation of sex abuse allegations will ensure that sorely needed resources become more available for protecting children from such violence, and that children brought into the CPS system (nonabused *and* abused) will suffer less from the process.

## WHAT MAINTAINS CURRENT PRACTICES? CONTINGENCIES SHAPE BEHAVIOR

Clearly, we believe that there are serious problems in the professional response to child sexual abuse. But what maintains current professional responses? In addition to the denial discussed in the last section, one set of issues to consider in understanding the current state of practice and research is the reinforcement contingencies that shape professional behavior. Understanding these contingencies provides insight into powerful forces that maintain current practices and impede needed change in this area. In highlighting some of these contingencies, it is important to note that the American public wants more to be done about child abuse (Finkelhor, 1993a). In this the public is much in agreement with professionals. Having given up the complacency of denying the problem of child sexual abuse, the urgency to do something to fix the problem is considerable. In addition, this is a welcome change from what has historically been the case. However, it is quite conceivable that, in an attempt to right past wrongs, the pendulum has swung to the opposite extreme. Indeed, the central thesis of this article is that we need to pay less attention now to doing something and more attention to the quality of what we do, lest we inadvertently find ourselves doing more harm

than good. Because professionals operate in a broader societal climate, we begin our analysis of contingencies by considering briefly their operation on legislation and litigation.

### Contingencies for Legislators

Given the public mood that reinforces intervention regardless of its quality, it is not surprising to find that single tragic cases tend to drive legislation and social policy. For example, following a case in which two girls were left behind while their parents vacationed, Illinois legislators hastily passed legislation pertaining to such situations, even though many legislators acknowledged that the statutes were technically poor and might actually make the situation worse. The intent here is not to diminish the need for action, but rather to demonstrate the tremendous pressure to do something that too often overshadows careful deliberation to ensure that the "something" is optimal. As Wexler (1990) reminds us, with such clear-cut villains and heroes, the issue of child abuse provides powerful opportunities for politicians to express what is known as *no-cost rectitude* (expressions of wrongful omission that are unlikely to lose votes); he notes that of 236 relevant bills introduced into state legislatures, most dealt with toughening laws, thus allowing easier convictions, and only 25 even addressed the problems that cause child abuse.

### Contingencies for Litigants

In this climate, it is not surprising to find that allegations of sexual abuse (and child abuse in general) have become powerful weapons in disputes. This is particularly evident in divorce disputes, which can drag on through the courts for extended periods. However, an allegation of sex abuse will ensure that the case will be in court within days, and so it is becoming increasingly common to find sex abuse allegations in such cases, with estimates of false allegations ranging from 36% (Green, 1986) to 55% (Benedek & Schetky, 1984, cited in Eversson and Boat, 1989). However, the power of this conflict tactic can also be found in adolescent-parent conflicts, conflicts between neighbors, and tenant-landlord disputes (for a typology of false allegations, see Mikkelsen et al., 1992). This misuse of CPS resources makes it all the more important to approach sexual abuse allegations with an open mind.

### Contingencies for Practitioners

It is difficult for professionals to maintain a neutral stance in this climate.

The contingencies they face are powerful and are perhaps best summarized by the aphorism "better safe than sorry." Such contingencies promote certain kinds of errors over others. A CPS investigator who concludes that abuse did not occur or that abuse will not reoccur takes a serious risk; if she or he is wrong and the child is subsequently harmed, the public outcry could easily lead to the loss of his or her job. The worker would also no doubt experience considerable guilt for not "rescuing" the child. False negatives have real consequences.

In contrast, identifying abuse is a relatively safe course of action with minimal, if any, potential adverse consequences for the investigator; if the investigator is wrong (false positive), there is absolutely no threat to his or her livelihood. Most states grant some form of immunity to professionals involved in child abuse allegations, and where parents have tried through the courts to make professionals accountable for their actions they have not been very successful (Meyers, 1992). For example, it is virtually impossible to prove that the professional acted with "malicious intent," and it would be a rare professional who acted with such intent. Hence, J. L. Aber's (cited in Wexler, 1990) assertion that for every false negative there is at least one false positive (a wrongly substantiated case of abuse) is likely to be a very conservative estimate. Finally, in the absence of professional belief and hard research data indicating the harmful effects of wrongly identifying abuse, the CPS worker also experiences no pangs of conscience.

The above reinforcement contingencies are particularly troublesome when one recalls the intolerably high caseloads carried by CPS investigators. As the American Civil Liberties Union argued in its Illinois lawsuit against strip searches of children without a warrant, "Simple common sense leads to the conclusion that workers in these circumstances will conduct searches as a matter of expedience, whether or not searches relate in any way to the state's protective goals" (cited in Wexler, 1990, p. 113). Similarly, Margolin's (1992) finding that workers are more intent on showing that they have followed agency procedures than in determining whether or not abuse occurred, becomes more understandable. We should not be surprised at such actions, for professionals involved in child abuse cases are, after all, only human. Why should we expect their behavior to transcend the reinforcement contingencies they face? Why should CPS investigators with their awesome powers not be subject to Lord

Acton's dictum, "power tends to corrupt, absolute power absolutely"? In a nation that prides itself on checks and balances, it is worrisome that so few meaningful checks and balances exist in this area.

### *Contingencies for Researchers*

Can research help change the contingencies? It is important not to underestimate the industry that has grown up in the area of child sexual abuse. This industry provides a living for many people, ranging from large numbers of "experts" to publishers who meet the current demand for self-help books for "incest survivors." Also, for a variety of reasons, experts in an area may resist evidence that appears to contradict cherished precepts. It would be naive to believe that there are no vested interests in the scholarly and research communities. Those few who question the dominant ideology of sex abuse research are marginalized by subtly being portrayed as anti-child protection (and, by implication, pro-child molestation). Indeed, as was recently observed on the Family Science Network (an electronic bulletin board), a simple request for research articles on *false memory syndrome* can evoke hostile, ad hominem responses involving the gender and disciplinary affiliation of the person who made the request and those who offered scholarly references. Apparently, only certain possibilities (e.g., *child abuse accommodation syndrome*) consistent with the dominant professional viewpoint can be the subject of scholarly inquiry, even though they have no different epistemological status than those that are rejected (e.g., *false memory syndrome*).

In sum, if professionals are to act more effectively in response to the phenomenon of child abuse, the current contingencies clearly need to be changed. At the level of practice, all those involved in cases of child sexual abuse need to be held more accountable for their professional behaviors and not be granted legal (partial or complete) immunity. Similarly, scholars and researchers need to be reinforced for the quality of their work, however uncomfortable we feel about the questions addressed. Such changes will most likely require changes in the broader culture, but the responsible professional cannot wait for such changes to be effected. Consequently, we turn in the next section to consider whether individual researchers and practitioners can make a difference.

## **CAN INDIVIDUALS MAKE A DIFFERENCE?**

In this article we have offered a serious critique of both practice and research in the professional response to child sexual abuse. However, we do not have the luxury of offering a critique without raising the issue of alternatives. This would be tantamount to sanctioning the continued victimization of children by those adults who are closest to them, or by the professionals who are entrusted with safeguarding their well-being. Neither alternative is acceptable. What is required to facilitate a more effective response to child sexual abuse is a series of initiatives mounted at multiple levels, including professional practice as well as research, legislation, judicial reform, social policy, and public education.

The goal of this article, however, is not to outline comprehensive solutions to the problems we identify, but, rather, to bring an end to our denial and to open discussion on problems with the professional response to child sexual abuse. Nonetheless, we are mindful that in addressing problems with the professional response to child sexual abuse there is the danger of individuals feeling overwhelmed by the enormity of the problems and by a feeling of powerlessness to effect needed changes. Therefore, in the remainder of the article, we consider actions that individual researchers and practitioners can take to advance the successful investigation of child sexual abuse and improve the welfare of children suspected of being victims of sexual abuse. These suggestions are not intended to be exhaustive or sufficient to address fully the problems outlined earlier. Rather, our goal in this section is to empower individuals committed to responsible professional behavior by illustrating the kind of contributions each of us can make to ensure that we are not contributing unwittingly to harming children.

### *Research*

In light of the observations made thus far, it is not surprising to find that some critical questions for advancing our knowledge of child sexual abuse have received little or no attention. Before offering examples, it is worth noting that the very existence of these omissions provides additional support for our concerns regarding the professional response to child sexual abuse. This section briefly highlights some of these questions. Rather than wait for funding initiatives to address such ques-

tions, we believe that individual researchers can begin to investigate them.

*Improve the understanding of the impact of sexual abuse.* The literature on the effects of sexual abuse is prodigious (for reviews see Beitchman, Zucker, Hood, daCosta, & Akman, 1991; Beitchman et al., 1992; Kendall-Tackett et al., 1993). What emerges is that just about any worrisome childhood behavior has been associated with child sexual abuse. It appears that there is no specific syndrome or pattern of symptoms associated with sexual abuse.

The nature of the comparisons made to determine the correlates of abuse and the foci of research efforts will be used to illustrate the blinders worn by researchers. Typically, children who have been abused (usually identified by CPS records) are compared to nonabused children, although comparisons to a clinical group have recently been included. However, we were not able to find a single study that compares abused children to children reported to CPS but whose cases turned out to be unfounded. This comparison is critical in separating the possible impact of abuse from the potential impact of professionals' response to the abuse. The importance of research that disentangles correlates of abuse from correlates of experiences that follow the allegation of abuse is emphasized by the small number of studies documenting the negative impact of court involvement on children (e.g., Goodman et al., 1992; Runyan, Everson, Edelson, Hunter, & Coulter, 1988). In the most authoritative recent review of the impact of child sexual abuse, this critical issue of disentangling effects receives half a sentence (Kendall-Tackett et al., 1993).

Few studies have focused on whether individual children who have been sexually abused are symptomatic at all, as most research has attempted to document symptoms correlated with abuse by examining mean level of symptoms in abused and comparison groups. A small number of investigators have, however, shown that a sizable proportion of children are symptom free (49%, Caffaro-Rouget, Lang, & vanSantem, 1989; 31%, Mannarino & Cohen, 1986; 21%, Conte & Schuerman, 1987). Such findings may reflect many factors, including CPS misclassification of children (a factor that tends not to be mentioned), and the possibility that symptoms vary as a function of the severity of abuse. Again, however, comparatively little attention has been paid to the issue of *abuse severity*, although extant research does show that the frequency and duration of abuse and the presence of penetration (oral, anal, and vaginal) is

associated with increased symptoms (see Kendall-Tackett et al., 1993). The findings are consistent with the view that we need to stop talking about child sexual abuse in general and instead talk about specific activities. It seems unlikely that noncontact abuse (exposure to parents' sexual intercourse), a single incident of fondling with all clothes on, repeated penetration over a long period of time, and so on are equivalent.

Even these few cursory observations show the misleading nature of the widespread assertion that the impact of sexual abuse is serious. Such global claims can potentially lead to harm as "any sweeping generalization is certain to be fallacious . . . undue emphasis on the worst possible prognoses is not always in the victim's best interests . . . excessive and over-hasty intervention may satisfy feelings of outrage at the cost of further damage to the victims" (West, 1991). Like the numbers game, the generalizations found in the literature depict only part of the truth. By lumping together all cases of abuse and failing to examine the impact of our responses to disclosures, we again do a disservice to children most in need of intervention.

*Understanding children's experience of sex abuse investigations.* In view of our efforts to act in children's best interests, one might have expected to find a great deal of research that examined children's experience of child abuse investigations. Such research would have allowed us to ensure that our actions minimized children's distress. For instance, in suspected sexual abuse the need for genital examinations is unquestionable, and the potential stress of such examinations calls for an understanding of children's experience of them. Recommendations made for such examinations emphasize the potential stress for children. For example, a leading expert recommends,

To clarify the boy's definition of the sexual acts, the physician can perform a rectal examination that includes the penetration of the boy's anus by the physician's gloved and lubricated examining finger . . . This allows the boy to compare that sensation with the sensation of abuse. (Levitt, 1990, p. 236)

One can only imagine the outcry at such an approach being used for vaginal examinations of rape victims. For some children, these examinations will comprise the only sexual abuse they experience.

Surprisingly, very little is known about children's experience of genital

examinations, a circumstance that may reflect the fact "It is not uncommon to hear physicians state that children are not upset by current sexual abuse evaluation procedures" (Berson, Herman-Giddens, & Frothingham, 1993, p. 42). However, Money and Lamacz (1987) conclude from their study that "Some children do, indeed, subjectively experience the physical examination . . . as an equivalent of sexual assault" (p. 713). Similarly, Berson et al. (1993) state that their findings from 514 evaluations challenge erroneous beliefs of medical examiners "regarding the sensitivity and gentleness with which examinations are conducted" (p. 43).

The minimal data available suggest that children can experience even this single aspect of the investigation as stressful. Little data exist on the impact of foster care (cf. Runyan, 1993) and the impact of court appearances (cf. Goodman et al., 1992), and no data were found on children's experiences of the interviews to which they are subjected. It is amazing that well-meaning professionals acting in children's interests have chosen to all but ignore children's experience of their actions. Moreover, the earlier noted claims that investigations are benign is quite incorrigible.

*Exorcising questionable foundations for claims of expertise.* An important thread in child abuse research concerns the problems of prosecuting suspected offenders (Howitt, 1992). The generation of large numbers of experts knowledgeable about abuse is therefore not surprising. In view of the consequence of experts' judgments for children, it may be surprising to find a virtual absence of research on the validity of expert judgments. This omission is emphasized by the minimal data that do exist. Ceci and Bruck (1993b) report that they presented to 1,000 experts videotapes of children who had and had not been induced to make errors (including those involving perceptual details) in reporting an experience. The experts were to determine which events reported were accurate and to rate the credibility of the child. The majority of experts were inaccurate, despite showing considerable confidence in their judgments. Most disturbing was the finding that children making the least accurate reports were rated as the most credible!

The need for research on expert judgment is further emphasized by Mason's (1991) analysis of 122 appellate court cases involving child sexual abuse. She found that testimony was frequently internally inconsistent and that contradictory facts were cited as evidence of abuse by differing experts (e.g., consis-

tent accounts of abuse *and* inconsistent accounts of abuse were offered as evidence of abuse). Because the courts tended to accept expert testimony at face value and rarely questioned the credentials of the expert or whether the testimony is accepted in the scientific community, this state of affairs does a disservice to our children. Finally, it is worrisome to know that some forms of expert testimony (e.g., to rehabilitate the credibility of a child witness) can be given by a CPS worker "with six months on the job and knowledge of three or four pertinent articles" (Meyers, 1993, p. 177). It takes a great deal more knowledge of the literature to know that many of the behaviors associated with sexual abuse (e.g., delayed reporting, retraction of allegation, inappropriate knowledge of sexual behavior, inconsistent accounts) are frequently found in nonabused children who have been exposed to suggestive influences (Ceci & Bruck, 1993b).

The purpose of this section was not to document exhaustively research needs. Rather, it was to identify a few examples of omissions that reflect our failure to consider whose interests are best served by the professional response to child sexual abuse. Clearly, there are many more that could be identified. Once identified, researchers can take steps to remedy these lacuna. Many of these omissions are not easy topics to research, owing to the ethical and practical difficulties of conducting studies on them. Although such difficulties have no doubt contributed to the lack of research, they cannot justify continued neglect of these topics. Anything less than rigorous, open-minded research will ultimately result in a disservice to our children, for the most effective response will be informed by such research.

## Practice

Notwithstanding the powerful forces that shape professional behavior, individual practitioners can make a difference if they engage in critical self-scrutiny. Such scrutiny may be uncomfortable, but its importance for assuring the well-being of children should far outweigh its costs. This section therefore offers some guidelines to facilitate such self-scrutiny.

*Know your legal responsibilities.* Citizens have the responsibility to know whether they are *mandated* reporters of suspected child abuse. Mandated reporters are legally required to make reports of suspected child maltreatment. However, one does not have to be a mandated reporter to call the state hotline to report a suspected case of abuse.



In view of the overwhelming number of hotline calls made to CPS agencies, a starting point for each professional is to be thoroughly acquainted with reporting laws. A deep understanding of these laws can ensure that CPS services are used efficiently with minimal effort being used to investigate inappropriate calls. Such understanding is likely to require knowledge of local CPS practice to determine the criteria used to operationalize the language used in reporting laws (e.g., how is *cause to believe* understood?). It is also a good idea to consult with an informed colleague whenever the issue of suspected sex abuse arises.

*Know the limits of your expertise.* Effective professional action in the child sexual abuse area requires specialized training and knowledge. Too many practitioners tend to believe that their general qualifications and license to practice are sufficient credentials for involvement in sexual abuse cases. Most applied disciplines have ethical guidelines that enjoin professionals not to practice outside of their domain of expertise and to regularly update their knowledge through continuing education. It is also important to realize that professionals qualified to offer one form of expert testimony are not necessarily qualified to offer other types of expert testimony (see Meyers, 1992).

*Be informed by the latest research.* Being informed by the latest research is particularly important in the current domain, as major changes are occurring in some areas, with profound implications for practice. This will be illustrated using two examples, research on children's memory and the use of anatomically detailed dolls. Each has important implications for interviewing children in suspected cases of child sexual abuse.

*Children's memory.* Become acquainted with available research on children's memory. As recently as 5 years ago, research on children's memory was dominated by studies that assessed memory following exposure to a trivial incident irrelevant to the child. However, more recent research has begun to examine children's memories for personally relevant events under conditions that more closely approximate those of CPS investigations. The results are dramatic. As they have recently been summarized in an excellent review (Ceci & Bruck, 1993a; see also Ceci & Bruck, 1993b), only the conclusions are briefly described.

First, there are age differences in suggestibility, with preschoolers being most vulnerable to suggestion. This suggestibility occurs even for "crucial, per-

sonally experienced, central events" (Ceci & Bruck, 1993a, p. 432). For example, children can be led to falsely report that they have been kissed while being bathed, and a substantial minority (32% of 3-year-olds, 24% of 5-year-olds) gave false answers when asked questions such as, "Did he touch your private parts" (see Goodman, Rudy, Bottoms, & Aman, 1990). There is some evidence to suggest that suggestibility effects can give rise to very strong illusory beliefs that are resistant to change, especially when the suggestions are strong.

Second, a number of interviewing practices can adversely influence the accuracy of children's statements about events, including repeating the same (especially yes/no) question, introducing misinformation during questioning (especially when it is repeated across interviews), setting an accusatory emotional tone for the interview (with children more likely to fabricate reports when an accusatory tone is set), subjecting children to peer pressure by telling that others have made disclosures, being interviewed by someone of high status (e.g., a uniformed police officer), and introducing stereotypes about the suspect (e.g., "Mary does naughty things," "John is a bad person"). Finally, children's reports can be shaped to conform with interviewer beliefs (biases), and this is most likely to occur when interviewers pursue a single hypothesis about what happened.

Third, inaccurate reporting can occur in a subtle manner when children and adults make errors by mistaking the source of the information they report. Thus, children may inaccurately report as remembered aspects of the event material communicated to them by others (including the interviewer).

Fourth, children sometimes embellish the information that they incorporate into their memories, providing vivid and detailed accounts of events that never occurred.

Fifth, individual differences exist in children's susceptibility to the influences mentioned; some children are extremely resistant to such influences.

Sixth, children sometimes lie when the "motivational structure is tilted toward lying" (Ceci & Bruck, 1993a, p. 433).

Finally, the above observations should not blind us to the fact that even very young children are *capable* of recalling information accurately when interviewed under appropriate conditions.

In sum, it is clear that the simple question of children lying versus telling

the truth is another of the false dichotomies that pervade this area. Children can provide untruthful statements without any attempt to deceive. Indeed, they may adamantly believe in the truthfulness of their statements, even when they are completely fabricated. Reports from children are more likely to be reliable to the extent that they are made by older children, made in a nonthreatening and nonsuggestible atmosphere, do not follow multiple interviews, occur in the absence of exposure to adults invested in a particular outcome (which can result in relentless and suggestive interviewing and sometimes outright coaching), and if the child's original report remains largely consistent over time.

*Anatomically detailed dolls.* Become acquainted with the research on anatomically detailed dolls. The use of anatomically detailed, also known as *anatomically correct* dolls, is widespread among professionals (90%, Boat & Everson, 1988). In some cases, the dolls are the only toys made available to the child. Not surprisingly, their use has been criticized for encouraging children to engage in sexual play. For instance, the novelty of dolls with genitalia may lead a child to insert a finger into a vagina in line with what is known as the *affordance phenomenon*. According to this phenomenon, children will afford themselves of the opportunities provided by novel stimuli and so, for example, may insert their finger in the hole of a doughnut when they are given one. Such exploratory play can have devastating effects when it facilitates an incorrect conclusion regarding the occurrence of sexual abuse.

More important in the present context is the existence of research that questions the use of these dolls for assessment purposes. After reviewing this research, Wolfner, Faust, and Dawes (1993) noted that doll play "cannot be validly used as a component [of an evaluation], however, unless it provides incremental validity, and there is virtually no evidence that it does" (p. 9). Similarly, Skinner and Berry (1993) from their review of the literature note that the "use of dolls in validation interviews fails to meet scientific test criteria . . . [and] should not be used as the basis for expert opinions or conclusions" (p. 418). Yet as Mason's (1991) analysis shows, expert testimony is often based on children's use of such dolls, and professional organizations continue to encourage their use.

These continued practices are particularly disturbing in the light of recent research showing that, for young children, doll use results in *less* accurate re-

ports than assessments that do not use anatomically detailed dolls. For example, DeLoache (in press) showed that 2.5- and 3-year-old children gave fuller and more accurate accounts of where they had been touched by an experimenter without the dolls than with them. These results are consistent with prior research showing no advantage of using a doll in questioning young children (e.g., Goodman & Aman, 1990) and with other emerging studies showing that doll use may impede and/or distort children's statements (e.g., Bruck, Ceci, Francouer, & Barr, in press).

Thus, the informed professional would, at a minimum, cease routine use of anatomically detailed dolls in the knowledge that not only do they fail to provide unique information but may actually provide less information than straightforward, neutral questioning designed to explore various hypotheses about the child's experience. In short, the use of dolls may actually impede our efforts to protect children, yet many professionals persist in using them. Unfortunately, the continued use of flawed procedures in sexual abuse cases is not limited to anatomically detailed dolls; despite their well-known deficiencies, polygraph and phallometric assessments are also widely used (Becker & Quinsey, 1993).

The chasm between research and practice must be bridged in order to serve our children's interests optimally. Unfortunately, at least one well-known case (*State of New Jersey v. Kelly Michaels*, 1993) shows that the value of research has lain more in demonstrating the faulty and abusive nature of interviews than in improving practice. Indeed, the authors of a recent Amicus Brief stated that they "will be permanently disturbed that children were interviewed in such abusive circumstances" (p. 59, Brief on behalf of amicus developmental, social, and psychological researchers, social scientists, and scholars filed in *State of New Jersey v. Kelly Michaels*, 1993). The tragedy is further compounded by the fact that such interviewing makes it impossible to determine whether abuse occurred.

*Keep magnetic records whenever possible.* Keeping video or audio tape records has several advantages. Foremost among these is that such records can contribute to children's well-being. By the time children see a professional, they have been asked to tell their story a mean of 2.3 times (Conte, Sorenson, Fogarty, & Rosa, 1991). They may then go on to be interviewed numerous times by a variety of professionals (e.g., CPS investigator, caseworker, pediatrician, therapist, law enforcement official, and state's

attorney). The existence of magnetic records has the potential to obviate some of this duplication. They may be particularly important for the first professional to interview the child, especially if the child's account should change.

A second advantage of magnetic records is that they allow one to engage in continued self-examination to increase expertise. With such records, the practitioner can watch tapes of his or her behavior, and, after gaining appropriate consent, obtain consultation from colleagues. The need for continuing education in any area of practice is important, but is particularly necessary in an area progressing as fast as this one. As new knowledge emerges, it is important to ensure that such knowledge is translated into appropriate action. Each professional has the potential to do this by examining his or her actions, provided records are kept to make this possible.

Although we offer these initiatives in good faith, it would be naive to believe that they will be embraced enthusiastically. It should be evident that there are powerful forces that shape professional behavior in the area of child sexual abuse. If we are to enhance the welfare of children and families, it is important to acknowledge that even the kinds of steps outlined in this article will require commitment and courage on the part of individual professionals who follow them.

## CONCLUSION

This article presents a perspective that is rarely found in the child maltreatment literature. The goal has been to introduce more balance in this area, without any intention to diminish the reality of the tragedy of child sexual abuse, its prevalence, or the important strides made to deal with this serious societal problem. The hope is that honest examination of professionals' responses to this problem will facilitate more effective action to deal with child sex abuse. Continued failure to examine ourselves merely replaces one form of denial (that sexual abuse of children does not occur) with another (that professionals always act in the best interests of children and do not harm them). Consequently, many painful observations were offered about the professional response to child sexual abuse.

The horror of child sexual abuse propels us to action and to want to be assured that we are doing our best to protect children from such experiences. This is understandable, and there is little doubt that every professional response documented in this article is well-intended. However, good intentions are not

sufficient. They need to be accompanied by effective action. Effective action, in turn, requires us to be brutally honest with ourselves and engage in continual self-examination. It may also require that we spend less time as a field in staking out extreme positions and more time in working to improve the results we achieve. Anything less is a disservice to the children in whose name we act.

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