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Child sexual abuse: A guide for mandatory reporters on detecting and reporting

Jill K. (Vaux) Bryant
University of Northern Iowa

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Child sexual abuse: A guide for mandatory reporters on detecting and reporting

Abstract

School counselors, being mandatory reporters, are required to report the sexual abuse of children. Training is done according to state standards, and additional education may occur during the school counselor's graduate study. It is estimated that 90 % of all sexual abuse allegations are true (MacFarlane & Waterman 1986), but the American Humane Society (1986) reported that many states have substantiation rates lower than 50 % . Mandatory reporters are not supposed to be investigators. However, child protection workers will not or cannot investigate an allegation that does not meet their criteria. This creates a dilemma for both parties. It is possible that substantiation could improve if mandatory reporters were better trained to gather information that would support the child's allegation. It is also possible that more sexual abuse cases would come to the attention of the authorities if mandatory reporters knew what to look for in a victim of sexual abuse. This paper will provide a review of the literature in regard to sexual abuse assessment and reporting. Clear explanations of the legal, developmental, and pragmatic issues regarding child sexual abuse will be provided.

**CHILD SEXUAL ABUSE:
A GUIDE FOR MANDATORY REPORTERS
ON DETECTING AND REPORTING**

A Research Paper

Presented to

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by

Jill K. Bryant

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**Entitled: CHILD SEXUAL ABUSE: A GUIDE FOR MANDATORY
REPORTERS ON DETECTING AND REPORTING**

Terry Kottman

Adviser/Director of Research Paper

Jeffrey Ashby

Second Reader of Research Paper

Michael D. Waggoner
Head, Department of Educational
Administration and Counseling

School counselors, being mandatory reporters, are required to report the sexual abuse of children. Training is done according to state standards, and additional education may occur during the school counselor's graduate study. It is estimated that 90% of all sexual abuse allegations are true (MacFarlane & Waterman 1986), but the American Humane Society (1986) reported that many states have substantiation rates lower than 50%. Mandatory reporters are not supposed to be investigators. However, child protection workers will not or cannot investigate an allegation that does not meet their criteria. This creates a dilemma for both parties. It is possible that substantiation could improve if mandatory reporters were better trained to gather information that would support the child's allegation. It is also possible that more sexual abuse cases would come to the attention of the authorities if mandatory reporters knew what to look for in a victim of sexual abuse. This paper will provide a review of the literature in regard to sexual abuse assessment and reporting. Clear explanations of the legal, developmental, and pragmatic issues regarding child sexual abuse will be provided.

Child Sexual Abuse

Definition

Child sexual abuse has been described in many different ways since the inception of legislation in the 1960's. Sexual abuse is defined by The National

Center on Child Abuse and Neglect as, "contacts or interactions between a child and adult in which the child is used for sexual stimulation of the perpetrator of another person" (U.S. Department of Health, Education, and Welfare, 1980, p. vii). In 1976, Schecter and Roberge (cited in Sidun & Rosehtal, 1987) defined sexual abuse as "the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend and to which they are unable to give informed consent or that violate the social taboos of family roles" (p. 26). Five years later in 1981, Mzarek and Kempe (cited in Sidun & Rosenthal, 1987) interpreted sexual abuse as "the sexual use of a child by an adult for his or her sexual gratification without consideration of the child's psychosocial sexual development" (p.26). Sgroi (1982) explained child sexual abuse as "a sexual act imposed on a child who lacks emotional, maturational, and cognitive development" (p. 9).

Incidence

Professionals writing in the area of sexual abuse believe that it occurs much more frequently than the statistics indicate (Roscoe, 1984). Child sexual abuse figures no longer support the notion that it is a rare or isolated phenomenon (Riordan & Verdel, 1991). The sexual victimization of children is now a major social concern as well as a challenge for professionals.

Recent figures show that 140,000 children are sexually abused each year (Besharov, 1990). Finkelhor (1984) projected that "one out of every five cases of sexual abuse are coming to the attention of professionals" (p. 232). Recent research reports that 20-30% of females and 10% of males will be sexually abused before 18 years of age (Hackbarth, Murphy, & McQuary, 1991; Hibbard, Rouhmann, & Hoekelman, 1987).

Figures from the American Humane Association (1986) show that sexually abused children are predominantly female (77.2%) and are more likely to be white. In most cases, children are sexually abused by someone close to them (Finkelhor, 1984; MacFarlane & Waterman, 1986; Tower, 1984), and 42% of the time the relationship between the victim and the abuser is parental.

Statistics from the American Humane Association (1986) determined that perpetrators of sexual abuse are usually male (82%) with an average age of 32.5 years. According to Finkelhor (1984), many perpetrators of sexual abuse are males who are related to the child by blood, marriage, or a close association with the mother. A notable percentage of sexual abuse perpetrators are often well-educated professionals (Cohen & Phelps, 1985).

The Law

History

Although there is serious speculation that child sexual abuse has been around for a very long time, the laws protecting children have not. The laws now in effect are under frequent review and revision on a state by state basis (Besharov, 1990). A greater public awareness of the problem has put pressure on legislators to improve existing statutes.

The impetus for current child abuse laws was started by a small group of physicians back in the early 1960's (Besharov, 1990). Led by Dr. C. Henry Kempe, these doctors became convinced that the only successful way to break the pattern of indifference towards child abuse would be to mandate reporting of this abuse by certain professionals. A model law was published by the U.S. Children's Bureau. Four years after this model was drafted every state had enacted reporting legislation patterned after the Bureau's model (Besharov, 1990).

The first laws defined mandatory reporters as physicians, and abuse only to serious physical injuries (Besharov, 1990). In the years that followed, this law was expanded. Current legislation requires reporting all forms of suspected child maltreatment. Most professionals serving children are mandated to report suspected child neglect and abuse under the threat of civil

or criminal penalties (Kalichman, 1993; Lumsden, 1992; Myers, 1992; Tower, 1984).

The Federal Child Abuse Prevention and Treatment Act was passed by Congress in 1974 and is known as Public Law 93-247. Child abuse and neglect were defined generally. The definition of sexual abuse was amended in 1984 and reads:

(i) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in any sexually explicit conduct (or any simulation of such conduct) for the purpose of producing any visceral depiction of such conduct, or (ii) the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children under circumstances which indicate that the child's health or welfare is harmed or threatened thereby. (p. 204)

This is the federal government's definition. Each state has adopted a definition of their own, and generally these are more specific (Lumsden, 1992).

Reporting

The process of reporting a suspected case of child sexual abuse involves two important people, the mandatory reporter and the child protection worker.

Child protection agencies fall under different names from state to state. They are generally agencies of the state set up for the purpose of helping individuals and families in need. In the case of sexual abuse, law enforcement individuals may serve as the investigatory component of the process. This too, differs depending on the state in which the abuse has taken place.

According to the federal mandatory reporting law, reasonable suspicion of child sexual abuse is all that is needed to report to child protective services. Mandatory reporters do not have to have proof of abuse. Professionals are granted immunity from civil and criminal liability as long as reports are made in good faith (Besharov, 1990; Kalichman, 1993; Sandberg, Crabbs, & Crabbs, 1988).

Failure to Report

Even with the existence of legislation commanding professionals who work with children to report any suspicions of abuse, noncompliance remains high (Finkelhor & Zellman, 1991). A mandatory reporter who fails to report a case of suspected child abuse is guilty of a misdemeanor in most states (Besharov, 1990; Kalichman, 1993) and is criminally liable. Penalties for this crime include fines ranging from \$100 to \$1,000, as well a imprisonment from 5 days to 1 year in jail, or both.

Tower (1984) asserted that it is better for both moral and legal reasons to report, rather than not report. Notifying a superior of suspicions does not free a professional from personal liability. The very existence of these criminal penalties can help mandatory reporters clarify to children and parents why they must report.

States have specific statutes that establish civil liability for failure to report (Besharov, 1990). Failure to report when a professional suspects abuse can be seen as negligence, malpractice, or violation of a duty to warn. The number of civil suits against mandatory reporters for failure to report is growing (Sandberg et al., 1988).

The Reporting Procedure

Reporting Sexual Abuse

Reports to child protective agencies have increased steadily over the years since passage of state reporting laws (American Humane Association, 1986). Of all reports submitted, the majority of those are made by mandated reporters (Zellman & Antler, 1990)

A professional is mandated to report when the evidence present gives reasonable cause to believe abuse is likely (Myers, 1992). A mandated reporter may not delay a report for therapeutic or other reasons. This immediate reporting requirement is designed to (a) prevent would-be

procrastination or ultimate failure to report, and (b) provide prompt protection for the child (Besharov, 1990). Fundamentally, any delay in reporting, no matter how well-intentioned, leaves a window of opportunity for a child to be victimized further.

The reporting process literally was not meant to be an investigatory one (Sandberg et al., 1988). The primary role of the mandatory reporter is to report, while the job of the child protection service is to do the investigating. The mandatory reporter is not responsible for investigating or proving the allegation. However, child protection agencies often employ screening processes when they receive a report (Besharov, 1990). They may screen out reports for which an investigation would seem unwarranted. Ideally, all cases with reasonable suspicion would be investigated. However, many are not. Realistically mandatory reporters should be prepared to share supporting data in order for their report to make it through the initial screening process. Doing so not only helps the reporting process, it also helps the child who has disclosed and the child protection worker who is about to launch an investigation.

Besharov (1990) stated that the reporting of sexual abuse carries with it extra problems. Most often, medical findings are soft or non-existent. What is left may be uncorroborated statements of children, sometimes very young

children, or in some cases biased parties such as an estranged spouse.

Because in many cases the only evidence is the children's statements, some states have relaxed the rules of evidence in court concerning corroboration, hearsay, and testimony of very young children. Written records of events transpiring at the time of the report are strongly encouraged. These records serve to refresh memories and under some circumstances can be used as evidence to bolster testimony of witnesses.

Reporting practices vary. Sexual abuse can be reported to child protective agencies or law enforcement. In especially serious cases, reports should always be made directly to the police. Once reported, the validation process can take hours or weeks (Tower, 1982).

When a report is investigated, there are three potential outcomes for that report. The report may be (a) substantiated, or founded, which means the maltreatment was found to have occurred; (b) unsubstantiated, or unfounded, meaning the investigator found insufficient information to pursue a charge; or (c) inconclusive, or undetermined, meaning there was not enough factual information to determine if the reported maltreatment occurred (Wells et al., 1989 as cited by Kalichman, 1993).

Problems and Dissatisfaction

The reporting process can be a frustrating and troublesome experience for the mandatory reporter. A study done by Zellman and Antler (1990) indicated that a lot of mandatory reporters are unhappy with child protection services policies and personnel, to the point that they question whether reporting suspected abuse is actually beneficial for the child at all. Some reporters are frustrated by the ambiguous and inconsistent definitions of what constitutes abuse and are unsure when and if they should report (Zellman, 1990).

Finkelhor and Zellman (1991) revealed fundamental problems with the child protection system such as inadequate personnel to investigate, inadequate training for those investigating, and inadequate services offered to those families or children found to be at risk.

A serious number of professionals fail to report suspected sexual abuse (Finkelhor & Zellman, 1991). Figures of noncompliance range from 40% (Besharov, 1990; Zellman & Antler, 1990), to 64% (Finkelhor, 1984).

The decision of noncompliance is not taken lightly by most. However, many professionals choose not to report because of their lack of faith in child protection personnel and the belief that a report will prove harmful to the child (Finkelhor & Zellman, 1991). Still other professionals are reluctant to report because they fear the report will disrupt treatment or feel they could be of

more help to the child than the child protection personnel. This judgment, made out of an honest concern for the welfare of the child, makes the mandatory reporter criminally liable and an adversary to child protection workers.

Sometimes failure to report is the result of ignorance. Helping professionals receive very little training and education in reporting sexual abuse (Faller, 1988). Myers (1992) reported that the U.S. Supreme Court has even observed child abuse to be one of the most difficult crimes to detect and prosecute. Detecting sexual abuse requires special training and knowledge of physical, emotional, and behavioral indicators and characteristics. A lack of this knowledge reduces reporting rates and hinders the ability to detect and recognize sexual abuse (Lumsden, 1992).

If the problems already mentioned are overcome, and a report is made, the next challenge in the system is substantiation. According to Jones and McGraw (1987), 90% of sexual abuse allegations are valid. However, half of these will be judged unfounded by the system, though not necessarily because the abuse did not occur. Rather, the cases come back unfounded because the preponderance of evidence from the investigation did not meet the criteria to be considered a "founded" case, and this criteria is established by each state. As stated earlier, child sexual abuse is difficult to detect and prosecute. One

reason for this may be because of a lack of physical evidence. Physical evidence to corroborate allegations is rare in these cases (Yuille, Hunter, Joffe, & Zaparviuk, 1993). In the event there is physical evidence, it seldom will identify the abuser. Typically, there are only two witnesses in sexual abuse, the victim and the perpetrator.

Data Collection

The lack of physical evidence in sexual abuse cases makes the gathering of other pertinent data even more important, so that the entire burden of proof does not rest upon the shoulders of a child. The process of data collection, and the ability of the reporter to do this, can impact the sexual abuse report. While the actual investigating is done by the child protection personnel, documentation by the reporter of behaviors and indicators both before and after the disclosure occurred can help support an allegation. The mandatory reporter is in a position to observe and document these things. That is why professionals who work with children are mandatory reporters.

Substantiating an allegation of sexual abuse is a complicated process. Such an investigation relies on the collection of reliable information from the victim (Heiman, 1991; Yuille et al., 1993). This data includes initial disclosure statements made to the reporter, as well as questions asked by the child protection investigator. Care must be taken in how information is gathered

and documented, by both the reporter and the child protection investigator.

Myers (1992) reported that current defense counsel strategy takes aim not at the child, but rather at the professionals who treated and interviewed the child.

For that reason, documentation should include the exact wording of the questions asked, as well as the child's response. Exact wording will provide better support for an allegation than would a general account of the disclosure.

Gestures, drawings, or play which accompany the description of abuse can enhance the reliability of the child's statements and should be documented (Heiman, 1992). In addition, mandatory reporters should note and document: (a) physical evidence of the abuse, (b) changes in the child's behavior, (c) more than one victim telling the same story, or (d) the existence of opportunity for the alleged perpetrator to commit the abuse (Myers, 1992).

Characteristics Identifying the Sexually Abused Child

General Characteristics

Virtually no child is ever prepared for the possibility of molestation by a trusted adult. As the child tries to live with the trauma, coping mechanisms are employed. In doing so, changes in the child will manifest themselves.

Current research (Besharov, 1990; Gil, 1991; Hackbarth, Murphy, & McQuary, 1991) has presented a number of general characteristics, which are

often seen in a sexually abused child. Knowledge of these characteristics, along with more specific physical and behavioral symptoms, can help adults identify victims of abuse. These indicators also can be a helpful support during the reporting or investigatory process.

Kaufman and Wohl (1992) discussing Child Sexual Abuse Syndrome, described sexual abuse as an external event which triggers and internal process. This internal process has a range of characteristics and symptoms which are predictable, regardless of other influencing factors.

Many abused children express their distress through their bodies. Significant changes in sleeping pattern, accompanied by a considerable number of nightmares are common in sexually abused children (Kaufman & Wohl, 1992; MacFarlane & Waterman, 1986). Disturbed eating patterns and elimination functions (i.e. enuresis and encopresis) are also common. Other psychosomatic indicators are stomach aches, migraines, skin disorders, and debilitating aches and pains.

School performance may be affected by the sexual abuse. Some children may excel in school, throwing all their energy into their studies (Kaufman & Wohl, 1992). Many other victims find school unmanageable and show serious learning problems (Gil, 1991; Tower, 1984). Some sexually abused children may be expending all of their energies coping with their situation, and

experience difficulty with concentration and motivation in an educational setting.

Emotional maturity is often significantly affected by the act of sexual misuse. Victims may encounter feelings of shame, guilt, fear, and hostility (Cohen & Phelps, 1985), depression, anxiety (Gil, 1991), or suicidal behavior (Riordan & Verdel, 1991). Sexually abused children will often present as pseudo mature, acting much older than their actual ages. They may take on adult-like roles, grown-up language, and relate comfortably to adults or older peers. Self-destructive tendencies are not uncommon in victims of sexual abuse (Kaufman & Wohl, 1992). This may be in reaction to the feelings of guilt and shame or an attempt to counter the feelings of numbness and deadness sometimes present in victims. Sexually abused children may also appear very unsure of themselves. This manifestation may occur because the abuser usually acts as if nothing has happened, and there is no external validation of the internal experience. This contradiction causes abuse victims to doubt their own judgements.

Children who have been sexually abused will externalize or internalize the experience (Friedrich, 1990; Kaufman & Wohl, 1992). Some children choose to identify with the aggressor and externalize the event. Instead of keeping everything inside, they put it out and take it out on the world and those around

them. In a sense, they emulate their perpetrator. Sexual abuse victims who cope by internalizing the experience will expend all of their energies attempting to please the aggressor and others, at the expense of their own gratification. The internalizing child is likely to be withdrawn, anxious, or depressed, handling the trauma by keeping it inside.

Obviously, the presence of these characteristics alone does not prove conclusively the presence of sexual abuse. They are general indicators to be used in conjunction with other data, such as physical indicators, verbal disclosure, evidence from play or art therapy sessions, or specific behavioral indicators.

Specific Indicators

Most mandatory reporters have been introduced to some type of an indicator list during their training. Seldom are these lists explained, and often these lists contain only the most blatant and obvious of symptoms. The search for specific indicators has created a long list of symptoms which can be grouped into three categories of physical, emotional, and behavioral indicators.

Physical or medical evidence only exists in a minority of cases (Besharov, 1990; Kalichman, 1993; Myers, 1992). It is estimated that up to 75% of all sexual abuse cases will present without any physical symptoms, and in substantiated cases of sexual abuse, 40% of these will be lacking in any

physical evidence. This fact only increases the difficulty professionals face when tackling an assessment or diagnosis of sexual abuse (Kaufman & Wohl, 1992). Even when there are visible signs of sexual abuse, they may be hidden and of little value to the professional. Appendix A gives a comprehensive list of the physical indicators that may be present in a sexual abuse victim.

The structure of the current system relies heavily on interviews and verbal reports from the child. Other symptoms do exist that can suggest the sexual abuse of a child has taken place. Some of these indicators are phenomenological in nature. Many emotional symptoms and disorders are present in sexually abused children. These symptoms may present long before and verbal disclosure takes place.

The trauma of sexual abuse, in conjunction with its need for secrecy, interferes with the normal outlets for expression of thought (Burgess, McCausland, & Wolbert, 1981). The defense structure created results in both behavioral and emotional symptoms. Research is now concentrating on these symptoms and how they can be used to assist in sexual abuse assessment procedures. Appendix B contains the current list of emotional indicators frequently found in a victim of sexual abuse.

Recently, behavioral signs of sexual abuse have received more attention in the research (Sink, 1988). Indicators are no longer thought of in medical,

physical, or sexual terms solely. Observation of behaviors is a valuable tool because children communicate more powerfully through their behavior, than through their words (Garbarino & Faculty of the Erikson Institute, 1989).

This poses an additional challenge to the professional. Children may be seen for a presenting problem of enuresis, sleep disorder, or school behavior problems. In some cases, the presenting problem may be a secondary symptom which stems from a previous or ongoing sexual abuse experience (Faller, 1988). Competent professionals must keep this in mind whenever they work with children.

Appendix C contains a comprehensive list of behavioral indicators. It may appear that some of these indicators contradict each other. The reason for this lies in the method used by the child to cope with the trauma. A child who has internalized the experience will display more passive symptoms, while the child who has externalized the trauma will show more aggressive behaviors.

A good knowledge of both general and specific indicators will improve the reporting and assessing skills of any reporter. As stated before, the law does not ask for an investigative process by mandatory reporters. However, a well-documented and thorough evaluation of all aspects that children may use to communicate their abusive situation may lead to better investigations in the future. Researchers are attempting to create a master checklist of the

indicators for sexual abuse like those found for other disorders (Kaufman & Wohl, 1992). Until such a checklist exists, reporters must use the information currently available to help with the detection of child sexual abuse.

Developmental Considerations of the Child Witness

Questioning and the Consistency of Testimony in Children

When a sexual abuse report is made, and an investigation ensues, the burden of proof rests primarily with the child. Investigators and others who become involved in the allegation, often mistakenly expect the child to perform with the verbal and cognitive abilities of an adult witness. The evaluation process may focus solely upon the child's capacity to disclose, at the exclusion of other relevant data (Sink, 1988). Young victims do not possess the vocabulary or knowledge to communicate what has happened to them. When the perpetrator is a family member, the child may be too conflicted to share details of the abuse (Miller, Veltkamp, & Janson, 1987). In addition, the pressure of secrecy, fear, or guilt that often accompanies sexual abuse can inhibit a child's ability to disclose (Conte, 1992; Riordan & Verdel, 1991). The perpetrator may attempt to insure secrecy by bribing the child or threatening them. Sometimes victims are told the abuse is their fault. The methods used to insure the child will keep the secret are powerful. Because the victim is a child, not an grownup, and the abuser is most likely a trusted

adult, it is not easy for the victim to overcome these pressures and disclose.

Lack of knowledge about children's developmental capabilities during questioning leads to errors in judgement and unsubstantiated sexual abuse cases (Benedek & Schetky, 1987). According to Fivush (1993), differences exist between preschool and older children when recalling events. Older children can recall an abundance of information responding to general questions, if the event was recent. Additional cues will be necessary as time passes. Preschoolers need many questions and cues to recall recent and distant experiences. This necessity for more questions does not mean they are less capable of remembering and recalling. One study done with preschool children found their recall to be 90% accurate when asked to recall what "really happened" (Fivush, 1993).

Developmental considerations can contribute to inconsistency in testimony of children. Fivush (1993) reported that school-age children are able to consistently recall central aspects of an event, but peripheral details will fade from memory recall over time. Preschoolers are more inconsistent with their recall. This is due in part to their sensitivity to questions. They have rudimentary structures available for retrieving information on their own. Their cognitions are very concrete and their vocabulary is limited. The way questions are asked or the words used by the reporter or investigator could

realize different responses from children. Young children rely on the structure provided by the adult (i.e. questions) to get the information across. If the external cues or questions are inconsistent, recall will also be inconsistent (De Young, 1986).

The mandatory reporter, as well as the child protection worker, should take care never to ask leading questions (Myers, 1992). Doing so could jeopardize the investigation, as well as future litigation. Direct, specific questions are best, especially with younger victims. A combination of specific and more general questions can be used with older children.

The language children use can support the reliability of their disclosure. Explicit descriptions of sexual behavior or sexual knowledge beyond that which is expected for the developmental stage of the child is a good indicator that some form of sexual misuse has taken place (DeYoung, 1986; Faller, 1988). At the same time, the terminology used by the child should be developmentally appropriate. A child using adult terminology suggests the possibility of coaching by someone else either accidentally or intentionally (Myers, 1992; Sink 1988).

Lying can also be a factor during the disclosure phase. Bussey, Lee, and Grimbeck (1993) reported on studies that have shown for ages 4-12 years, lies about misdeeds are most frequent. Children who feel guilty or at fault for the

abuse may lie to protect themselves or accuse an innocent person to protect the real abuser. Children may also lie about facts of the abuse, minimizing the events or denying some of the events ever happened. Lying can impact not only disclosure, but testimonies and recanting as well. After the initial disclosure, and the investigation that ensues, children often recant some or all of their disclosures. Some children are motivated to lie out of the fear of punishment for initially telling the truth.

Contextual and Phenomenological Cues

Although some sexual abuse victims may be asymptomatic, many children will present with some phenomenological cues when discussing the abuse event (Heiman, 1992). When the professional has an awareness of not one, but multiple criteria that are present in the sexually abused child, they can employ this knowledge in their assessment procedure, documenting supporting knowledge, behaviors, and emotions that accompany the verbal disclosure at the time of the investigation.

According to Heiman (1992), providing details of the abuse across several modalities increases confidence the allegations are true, because it is unlikely a child would be able to display emotions, behaviors, and contextual knowledge unless the events actually occurred. These specific details could be information like the color of the room where the abuse happened, what the

victim or perpetrator was wearing, where other family members were at the time, the time or year or day, or how the child was induced to keep the secret (De Young, 1986; Faller, 1988; Heiman, 1992). Idiosyncratic details also add to credibility. The manner in which children answer questions presented to them can support an allegation. Spontaneity in delivery of the information suggests the testimony is accurate, not fabricated or coached (Myers, 1992).

The child's ability to describe phenomenological experiences consistent with that of other abuse victims needs to be evaluated. Affective responses must be elicited and these feelings should be congruent with the acts being described at the time (De Young, 1986; Myers, 1992). According to Heiman (1992), children who have not had an abusive experience would be lacking in the ability to describe or understand abuse in such a personal way. Only children who have lived with abuse will be able to report affective descriptions consistent with the phenomenological dynamics of an abuse victim. Generally phenomenological indicators include feelings of entrapment, betrayal, and helplessness. Victims generally express emotions of guilt, shame, fear, and a belief that they are different from others or damaged in some way.

In addition to direct interviews, expressive therapeutic techniques may yield significant data to support an allegation (Riordan & Verdel, 1991). Art and play therapy can be used successfully with abused children. Expressive

therapies are excellent for the non-verbal child as well as younger victims and those who find disclosure virtually too painful or difficult to initiate (Miller et al., 1987). Children may be able to communicate or answer questions through art or play therapy, expressing what they need to "say" in a manner that is less threatening to them than direct questioning.

Conclusion

Mandatory reporters, by law, must report their reasonable suspicions of sexual abuse in children to child protection agencies. Many mandatory reporters currently do not put much faith or trust in those agencies. Child protection workers, on the other hand, must follow guidelines and screening procedures. Mandatory reporters may call and report reasonable suspicions only to be told their "suspicions" do not warrant and investigation. Multiple experiences such as this sometimes lead mandatory reporters to a state of learned helplessness or frustration. Many reporters do not know how to assist child protection personnel in recognizing that their reports warrant further investigation.

Would the system be more effective if mandatory reporters were better aware of the indicators, characteristics, and red flags that sexually abused children display? Oftentimes children are attempting to tell someone of their plight in the only way they know how. Unfortunately, not many adults are

aware of the non-verbal communications taking place. Numerous mandatory reporters and investigators have never been trained in how to properly question a child, taking into consideration verbal and developmental capabilities and reaction. A child advocacy team of reporter and child protection worker/investigator would be much more successful if all involved were capable of assessing, questioning, and collecting data in a professional and effective manner. If both mandatory reporters and child protection workers increased their knowledge of sexually abused children chances are that the entire process would become more effective and mandatory reporter dissatisfaction could diminish. If this were the case, the structure and system put into place to help children would operate a little closer to the goals and purpose for which it was intended.

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Appendix A**Physical Indicators of Sexual Abuse**

Sexual

Difficulty walking or sitting
Genital irritations, rashes, or pain
Daytime wetting
Masturbation that causes pain or irritation
Sexually transmitted diseases
Blood-stained underwear
Bruising or swelling of the genital area
Pain in anal, genital, or urinary area
Genital injuries
Pain on urination
Vaginal or penile discharge
Pregnancy
Enuresis
Encopresis
Frequent urination

Other

Injuries to lips
Grasp marks
Stomach aches
Skin disorders
Headaches
Hypochondriasis
Excessive blinking
Hysterical seizures
Unexplained sore throats
Frequent vomiting
Fatigue
Abdominal pain

Appendix B

Emotional Indicators of Sexual Abuse

Excessive fear of being approached or touched by persons of the opposite sex

Fear of going home

Sleep disturbances and/or nightmares

Hyper-alertness

Dissociation

Depression

Exaggerated fears or phobias

Disturbed eating patterns, over or under eating

Separation anxiety

Gender confusion

Clinginess

Suicidal statements or thoughts

Poor self concept

Self-mutilation

Withdrawal into fantasy

Pseudo-mature

Lack of trust, particularly with significant others

Appendix C

Behavioral Symptoms of the Sexually Abused Child

Sexualized Behaviors

Adolescent prostitution

Sexual behaviors unusual for the child's age

Sexual knowledge too sophisticated for the child's age

Seductiveness that is not age appropriate

A history of repeated attempts to engage others in sexual behavior

Excessive preoccupation with genitals

Excessive masturbation, may be in public

Sexually aggressive behaviors

Excessive interest in sexual matters

Pseudo-mature sexually stylized behaviors

Promiscuity

Sexualized play with dolls, frequently undressing dolls

Appendix C continued

Non-Sexualized Behaviors

Acts exceptionally secretive

Unwilling to disrobe in presence of others

Running away from home

Aggressive behaviors

Withdrawn

Regressive behaviors like bedwetting, thumb sucking, baby talk

Attempted suicide

Dramatic changes in behavior or school performance

Unusual accumulations of money or gifts

Poor school performance

A restricted social life, social isolation

Poor peer relationships

Overly compliant

Pseudo-mature behavior

Bouts of crying with no provocation

School absences

Coming to school early, leaving late

Substance abuse

Appendix C continued

Non-Sexualized Behaviors

Hostile physically or sexually aggressive behaviors

Antisocial behavior

Delinquency

Stealing in older children

Repeatedly "putting someone in jail" during play

Building reinforced or "safe" places to keep safe from a threatening figure

Note. Appendix A, B, and C were synthesized from information available from the following:

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