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NEW RESEARCH THE IMPACT OF TESTIFYING ON CHILD SEXUAL ABUSE VICTIMS

—by Debra Whitcomb, Desmond K.

Runyan, Edward De Vos, Wanda M. Hunter,
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and Cabell Cropper

How can child sexual abuse cases be prosecuted most effectively without imposing additional trauma on the child victims? The Child Victim as Witness Research and Development Program was designed to answer this question.

This three-year study, funded by the Office of Juvenile Justice and Delinquency Prevention, involved a collaboration of Education Development Center, Inc., the University of North Carolina at Chapel Hill, and the American Prosecutors Research Institute. Four jurisdictions participated: Erie County (Buffalo), New York; Polk County (Des Moines), Iowa; Ramsey County (St. Paul), Minnesota; and San Diego, California.

Factors related to acceptance for prosecution

A first question asked was what determined whether a sexual abuse case would be accepted for prosecution. Preliminary findings from the review of case records reveal that in these communities most cases referred for prosecution involved more severe abuse, as measured by the type of abusive acts, number of incidents, and duration of abuse.

Prosecutors were less likely to accept cases involving victims of pre-school age than school-aged or teenaged victims. Cases involving white perpetrators were more likely to be prosecuted than cases involving black or Hispanic perpetrators, and cases involving biological fathers and mothers' boy-friends were less likely to be prosecuted than cases involving perpetrators in any other relationship to the child victim.

Alleged oral-genital contact was significantly related to greater odds of acceptance, but alleged penetration was not. This finding may reflect prosecutors' expectation that juries would not believe allegations of penetration without medical evidence, which is usually lacking. Juries may not have such expectations about allegations of oral-genital contact.

The existence of a perpetrator confession, physical evidence, and "fresh complaints" made by the victims were highly related to acceptance for prosecution. Perpetrators' reports of alcohol use during incidents were also related to significantly greater odds of acceptance for prosecution. Furthermore, a history of alcohol abuse by the perpetrator is reported in a large proportion of prosecuted cases. It is unclear, however,

whether alcohol abuse is a factor that is considered in the decision to prosecute, or whether it is detected after a case has been accepted, either as a result of more intensive investigation or as a possible defense tactic. **Effects of the adjudication process on child psychological status**

In order to evaluate the impact of case processing on the psychological well-being of child victims, two interviews were conducted with children in a prospective sample. The first interview occurred shortly after the case was referred for prosecution; the second occurred between seven and nine months later. A battery of instruments was selected to capture the four dimensions of the traumatic dynamics of child sexual abuse (Finkelhor and Browne, 1984): traumatic sexualization, betrayal, powerlessness, and stigmatization. At the follow-up interview, in addition to the administration of psychological tests, data were obtained about all court-related experiences, therapy, and residence changes that had occurred since the child was first interviewed. In general, all sexually abused children (aged 4 to 17 years) reported to the prosecutors' offices in the four study counties over a 16- to 18-month period ending on December 15, 1989, were eligible for inclusion. Ultimately, 256 children completed both interviews.

Although the act of testifying itself was not found to have a significant effect on children's mental health, analyses revealed a significant adverse effect among older children who testified more than once or who experienced lengthy or harsh cross-examination.

Preliminary findings from analyses of child interview data suggest that sexually abused children were highly distressed at the time of the initial interview, regardless of whether the perpetrators were intrafamilial or extrafamilial. Intrafamilial victims tended to experience abuse for a longer period of time by someone in a close relationship, whereas extrafamilial victims tended to experience more threats and use of force. Despite these differences, study findings suggest that the child victims were equally traumatized.

Older children and children with more educated mothers (a proxy for higher socioeconomic status) were more likely to testify. Older children were also more likely to experience harsh cross-examination.

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STATE CHAPTER NEWS

State chapters continue to blossom. The Northern New England Professional Society on the Abuse of Children (NNEPSAC) was recognized as a state chapter in March. NNEPSAC unites APSAC members in Vermont, New Hampshire, and Maine. Officers are Ann Bastille, President (NH), Ramona Belanger, Vice President (NH), Sally McIntyre, Treasurer (ME), and Alan Rosenfeld, JD, Secretary (VT).

NNEPSAC, Oklahoma (OPSAC) and Texas (TPSAC) are among the state chapters planning Fall conferences. Washington (WPSAC) has taken off, in one of its early sessions meeting with six of the state's key lawmakers to discuss children's issues. Among WPSAC's committees is the Public/Professional Education and Media Rela-

tions committee, which is developing a state-wide media plan which will include training for members on working with the media.

The Illinois (IPSAC) and Massachusetts chapters (MAPSAC) have several dynamic committees and task forces as well. One of the most innovative is Massachusetts's working group on child sexual abuse victims who have contracted AIDS as a result of abuse. MAPSAC has received a small grant from the Massachusetts AIDS Action Committee to explore this issue and to develop guidelines for professionals, parents, and victims. MAPSAC would like to hear from APSAC members who are working on this issue. Please call Sue White or Janet Fine at 617-666-2101.

NEW RESEARCH, continued from page 2

Although the act of testifying itself was not found to have a significant effect on children's mental health, as measured before and after the adjudication process, *analyses revealed a significant adverse effect among older children who testified more than once or who experienced lengthy or harsh cross-examination.* At the same time, parental reports for younger children suggest that testifying was far less stressful for them and may, in fact, have been helpful.

In sum, preliminary results suggest that it may not be testifying itself, but the harshness of the testifying experience, that is harmful to children.

Capacity for systematic change

Another component of the study involved working with multidisciplinary teams in the participating communities to identify and implement new policies or practices designed to remedy perceived problems in the response to child sexual abuse cases. Not surprisingly, the four communities employed very different approaches.

In sum, preliminary results suggest that it may not be testifying itself, but the harshness of the testifying experience, that is harmful to children.

To determine whether variations in practice have any impact on children's experience of the adjudication process, the Intervention Stressors Inventory (ISI) was developed. A national, interdisciplinary sample of child abuse experts was asked to assign relative weightings of perceived stress to specific elements of the process (here summarized as interviews, adjudication, testi-

mony, and social services intervention), and moderating factors that may exacerbate or lessen that stress. These expert weights were then applied to parents' and children's self-reports of their actual experiences in the system at the time of the follow-up interview.

Mean ISI stress scores for children who entered the study during its first six months were compared to the scores for children who entered during the latter half of the study period. This comparison revealed significant reductions in the stress associated with the interview and adjudication components of the scale, a non-significant reduction for the testimony component, and no difference for the social services intervention component. This finding suggests that the four communities did, in fact, implement changes in policy or practice meant to alleviate stress during investigative interviews and the adjudication process. Additional analyses will determine whether these observed changes had the intended beneficial effects on the children's psychological well-being.

The Final Report on the Child Victim as Witness Research and Development Program will be available from the Juvenile Justice Clearinghouse at 1-800-638-8736. For more information, please contact Debra Whitcomb, Project Director, Education Development Center, Inc., 55 Chapel St., Newton MA 02160. 617-969-7100 x451. FAX: 617-244-3436.

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