

# APSAC ADVISOR

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

SPECIAL ISSUE

THE COMPLIANT CHILD VICTIM

Guest Editors: Lucy Berliner, & Kenneth V. Lanning

Some have argued that the term *abuse* should not apply in all cases because the nature of victimization does not always involve overt coercion or result in long-term negative consequences. We reject this perspective because regardless of child behavior and outcomes, sexual involvement with children is always an abuse of power and authority. To use value-neutral terms, such as *adult-child sex* or *age-discrepant sexual relationships*, has the effect of obscuring and minimizing the true nature of these acts of violation and tends to undermine the social consensus that they are wrong.

This series of commentaries is intended to stimulate thinking and discussion about sexual abuse cases that involve what we are calling *compliant victims*.

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## CONFRONTING AN UNCOMFORTABLE REALITY

*“2/6/02: A 41-year-old man was arrested at a shopping center on Monday night after a security guard allegedly saw him molesting a teenager in a mall restroom. County police said the man grabbed a 14-year-old boy about 6:00 p.m. Police said the boy was held in the restroom against his will. A security guard on his regular rounds walked into the restroom as the man was molesting the boy. The man was arrested and charged with abduction and forcible sodomy.”*

*“2/8/02: A 14-year-old boy who told police that he was molested in a mall restroom at a shopping center on Monday was charged with filing a false report after police determined that his contact with the stranger was consensual. County police said yesterday that the boy originally reported that he had been held in the restroom against his will and molested. Detectives later learned that the boy was not abducted and agreed to the sexual contact. The man was arrested at the time and now faces charges of unlawful carnal knowledge after police dropped charges of abduction and forcible sodomy.”*

(The above narrative was adapted from articles that appeared in the *Washington Post*.)

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### Introduction: Confronting an Uncomfortable Reality

Lucy Berliner

#### Harborview Center for Sexual Assault and Traumatic Stress

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*Sexual abuse* encompasses a broad range of forms of victimization, all of which are wrong and illegal. The term is used to describe situations that are as varied as sexual touching by a babysitter, sexual penetration by a parent, kidnapping by a stranger, and seduction of a teenager by a teacher. The abuse is most often a single or a few incidents, but can go on for years in some cases. Children can be induced to comply by force, threats, misrepresentation, bribes, exploitation, or simple exertion of adult authority. Not surprisingly, the impact of these experiences varies as well, from no apparent ill effects, to minor and temporary distress, to posttraumatic stress and other psychiatric conditions, and in some instances to very significant disruption of the developmental process and severe functional impairment. Such experiences in childhood are established risk factors for subsequent victimization, relationship difficulties, and psychiatric conditions in adulthood.

Some have argued that the term *abuse* should not apply in all cases because the nature of victimization does not always involve overt coercion or result in long-term negative consequences. We reject this perspective because regardless of child behavior and outcomes, sexual involvement with children is always an abuse of power and authority. To use value-neutral terms, such as *adult-child sex* or *age-discrepant sexual relationships*, has the effect of obscuring and minimizing the true nature of these acts of violation and tends to undermine the social consensus that they are wrong. Potential offenders might very well take from such a position that unless a child actively resists or shows distress, the sexual contact is a minor transgression or even benign. Social support for the children—from families, professionals, and society at large—could be eroded and thus compromise the conditions that are most favorable to child recovery from the effects of sexual abuse.

Child advocates have good reason to oppose efforts to parse sexual abuse cases by whether they are clearly coercive and result in significant harm. Throughout most of history, child victims could expect to be greeted with suspicion when they reported abuse, blamed for their own victimization, and discredited for not reporting right away. Psychological symptoms, when present, were often attributed to sources other than the victimization including family dysfunction,

family and societal reactions to the abuse reports, and system intervention. Although the social context has dramatically changed in recent years, it is still the case that some commentators and academics question whether the attention given to sexual abuse as a social evil is warranted. Child advocates are understandably reluctant to cede in any way the hard-won ground that has meant the difference for thousands if not millions of children and adults victimized as children.

At the same time, the stance that all cases of child victimization are equivalent in being coercive and very harmful has brought with it certain unintended consequences. Problems can arise for investigation, prosecution, treatment, and prevention when it is assumed that the sexual contact is always unwanted, that the children are invariably pressured or forced in some fashion, and that negative outcomes are inevitable. Children are not well served when the true nature of their experiences is denied. They may change or embellish their reports to accommodate perceived expectations. This can jeopardize their credibility and undermine successful prosecution. Sometimes shame may be increased, which is known to be associated with worse outcomes. In other cases, recovery may be interpreted as avoidance or suppression. Parents and therapists may insist on therapy that is unnecessary. Prejudices against or lack of support for victims who do not react in typical or sympathy inducing ways may be inadvertently reinforced.

Within the criminal justice system the potential problems are especially acute. In recent years, child advocates have been extraordinarily effective in persuading citizens and legislatures that sexual offenses against children are heinous. Sentences have been increased and special laws have been passed, such as registration, community notification, and sexually violent predator civil-commitment statutes. There is more political pressure and less flexibility in charging and sentencing practices. Yet, it may not be just to treat all cases of sexual contact with minors in the same way. When the teenager is older and willing, the arbitrariness of age of consent laws becomes clear. Without the possibility of discretion, there may be a return to the bad old days of routine plea-bargaining to much lesser or non-sexual crimes.

## CONFRONTING AN UNCOMFORTABLE REALITY

There are implications for offender treatment as well. The notion of treatment as an alternative or an addition to prison sentences is based on the idea that these individuals suffer from a disorder that is related to their sexual misconduct. However, having sex with a teenager is not evidence of pedophilia nor is it necessarily sexually deviant; it may be more a matter of violating social norms. Important questions arise about whether mental health professionals should be used as agents of social control when their clients do not have mental health conditions. In addition, many treatment programs confront offenders about their lack of appreciation of victim unwillingness or distress. But, the offenders may indeed have an accurate perception of the situation. This does not change the wrongness of the behavior. However, a situation may be created in which making progress in treatment or receiving favorable recommendations to the court is contingent on offenders accommodating therapists' assumptions about victims' experiences and reactions. In effect, manipulation and dissembling of offenders might actually be reinforced in the process. It is also the case that sex offender therapists may recognize that some sexual-abuse situations involve exploitation even if not deviance, but worry that they will be perceived as coddling offenders if they do not insist that offenders adopt the expected posture.

Current prevention strategies rest on the premise that children do not know that sexual contact with teenagers or adults is wrong, that the experiences are noxious and unwanted, and that children are intimidated into silence and are afraid to tell. These underlying assumptions apply in many cases, but what about the situations where such underlying assumptions do not hold? For example, the support for prevention programs has not been extended to allowing frank discussions about normal adolescent sexuality and the consequent vulnerabilities to exploitive adults. As a result, efforts to protect teenagers may be missing the mark.

This series of commentaries is intended to stimulate thinking and discussion about sexual abuse cases that involve what we are calling *compliant victims*. In no way are we implying that such situations should be considered less wrong. We do not endorse the perspective that society has erred by banning all sex by adults with children and adolescents. We affirmatively support laws and social values that seek to protect children and adolescents from adults who would have sexual relationships with them regardless of the circumstances.

We also make a distinction between situations involving prepubescent children, who are not biologically designed for sexual relationships and clearly do not have the capacity under any circumstances to consent to sexual relationships with adolescents or adults, and those involving adolescents. We are taking into account that it is normal for adolescents to have sexual thoughts, feelings, and desires and recognize that they have varying capacities to make informed decisions. Development in individual young people is not a lock-step process that can always be equated with chronological age. Of course, for obvious reasons, situations of adolescents in incest cases are assumed to virtually always be unwanted and harmful.

Our main focus, therefore, is on adolescents victimized by known extrafamilial offenders. We acknowledge degrees of compliance—from reluctantly going along with the sexual contact in order to receive other benefits all the way to active participation in a relationship that is not perceived to be victimization. We believe that an increase in such situations is likely because of the widespread use of the Internet. Adolescents who are not troubled or looking for love in all the wrong places may be susceptible to sexual advances from adults because of normal developmental factors including sexual desires and curiosity, their vulnerability to flattery about their maturity or specialness, or an attraction to risk taking. We hope that by bringing attention to the issues associated with these situations we can help our field do even better by the children.



## Law Enforcement Perspective on the Compliant Child Victim

Kenneth V. Lanning, FBI (Retired)

In this discussion, the term *compliant* will be used to describe those children who cooperate in or “consent” to their sexual victimization. Because children cannot legally consent to having sex with adults, this compliance should not in any way alter the fact that they are victims of serious crimes. The term *compliant* is being used because at this time I cannot think of a better one. For the sake of child victims and professional interveners, it is important to bring out into the open possible reasons for and the complexity and significance of this compliance.

The sexual victimization of children involves varied and diverse dynamics. It can range from one-on-one intrafamilial abuse to multioffender/multivictim extrafamilial sex rings and from stranger abduction of toddlers to prostitution of teenagers. For many child advocates and professionals in the field (i.e., police, prosecutors, social workers, physicians, therapists), the sexual victimization of children means one-on-one intrafamilial sexual abuse. Although they are certainly aware of other forms of sexual victimization of children, when discussing the problem in general, their “default setting” (i.e., that which is assumed without an active change) always seems to be children molested by family members. For the public, however, the “default setting” seems to be stranger abduction. To them, child molesters for the most part are sexually perverted strangers, who physically overpower children and violently force them into sexual activity.

The often forgotten piece in the puzzle of the sexual victimization of children is acquaintance molestation. This seems to be the most difficult manifestation of the problem for society and even professionals to face. People seem more willing to accept a sinister stranger from a different location or a father or stepfather from a different socioeconomic background as a child molester than a clergy member, next-door neighbor, law-enforcement officer, pediatrician, teacher, or volunteer with access to children. Society seems to have a problem dealing with any sexual-victimization case in which the adult offender is not completely “bad” or the child victim is not completely “good.” The idea that child victims could simply behave like human beings and respond to the attention and affection of offenders by voluntarily and repeatedly returning to an offender’s home is a troubling one. For example, it confuses us to see the victims in child pornography giggling or laughing.

### Pitfalls in Understanding the Compliant Child Victim

The sexual victimization of children by family members and by “strangers” can, of course, involve compliant child victims. In my experience, however, this compliance occurs most often in cases involving children sexually victimized by adult acquaintances. In other words, stranger offenders can initially use trickery to lure their child victims, but they tend to control them more through confrontation, threats of force, and physical force. Likewise, intrafamilial offenders tend to control their victims more through their private access and family authority. The concept of child compliance is obviously much harder to define and evaluate when the offender is a parent.

In contrast, acquaintance child molesters, although sometimes violent, tend by necessity to control their victims through the grooming or seduction process. This process not only gains the victim’s initial cooperation, but also decreases the likelihood of disclosure and increases the likelihood of ongoing, repeated access. Moreover, acquaintance offenders with a preference for younger victims (younger than age 12) are more likely to have to spend time seducing the potential victim’s parents or caretakers to gain their trust and confidence. An acquaintance molester who uses violence is easily identified and likely to be quickly reported to law enforcement, but an acquaintance molester who seduces victims can sometimes go unreported for 30 years or more. The greater the skill in selecting and seducing vulnerable victims, the more successful the acquaintance molester. For this discussion, the determination of who is an acquaintance child molester will be based more on the process and dynamics of the child victimization and less on the technical relationship between the offender and child victim. An offender who is a stepfather, for example, might in some cases be an acquaintance molester who used “marriage” just to gain access to children.

One of the unfortunate outcomes of society’s preference for the “stranger-danger” concept has a direct impact on intervention into many acquaintance-sexual-exploitation cases. It is what I call “say no, yell, and tell” guilt. This is the result of societal attitudes and prevention programs that focus only on “unwanted” sexual activity and tell potential child victims to avoid sexual abuse by saying no, yelling, and telling. This technique might work with the stranger lurking behind a tree, but children who are seduced and actively participate in their victimization often feel guilty, blaming themselves because they did not do what they were “supposed” to do. These seduced and, therefore, compliant victims may sometimes feel a need to describe their victimization in more socially acceptable but inaccurate ways that relieve them of this guilt.

Advice to prevent sexual exploitation of children by adult acquaintances is very complex and difficult to implement. How do you warn children about offenders who may be their teachers, coaches, clergy members, or neighbors and whose only distinguishing characteristics are that they will treat the children better than most adults, listen to their problems and concerns, and fill their emotional, physical, and sexual needs? Will parents, society, and professionals understand when the victimization is discovered or disclosed? Hence, much prevention advice simply does not distinguish to which types of sexual victimization it applies. The right to say “no” and “good touch/bad touch” would be applied differently to a stranger, parent, teacher, or physician.

Children at an early age learn to manipulate their environment to get what they want. Almost all children seek attention and affection. Children, especially adolescents, are often interested in and curious about sexuality and sexually explicit material. In today’s world, they will sometimes use their computer and online access to actively seek out such material. They are moving away from the total control of parents and trying to establish new relationships outside the family.

In almost all criminal cases I know of in which adolescents left home to personally meet with an adult they had first met online, they did so voluntarily in the hope that they were going to have sex (not to get help with homework) with someone they felt they knew and who cared about them. In spite of this reality, prevention ma-

terial dealing with online child safety continues to warn only about not talking to strangers and advises children to tell their parents if someone they meet online makes them feel uncomfortable. Is it realistic or even accurate to suggest that someone you regularly communicate with for weeks or months is a "stranger" just because you have not met them in person? Further, ask any adult what was the number one thing on their mind when they were adolescents and the answer is always the same: sex. Yet, parents seem to want to believe their children are asexual and, I suppose, children want to believe their parents are asexual.

Both halves of this problem must be recognized, understood, and addressed if these cases are going to be effectively investigated, prosecuted, and prevented. We must understand that the offenders often are "nice guys" who typically sexually exploit children by befriending and seducing them. Equally important, we must also understand that the child victims are human beings with needs, wants, and desires. Child victims cannot be held to idealistic and superhuman standards of behavior. Their frequent cooperation in their victimization must be viewed as an understandable human characteristic that should have little or no criminal-justice significance.

In theory, the law recognizes the developmental limitations of children and affords them with special protection. The repeated use, however, of terms such as *rape*, *sexual violence*, *assault*, *attack*, *sexually violent predator*, and *unwanted sexual activity*, when discussing or inquiring about the sexual exploitation of children, assumes or implies in the minds of many that all child victims try to resist sexual advances by adults and are then overpowered by coercion, trickery, threats, weapons, or physical force. Although cases with these elements certainly exist, when adults and children have sex, lack of "consent" can exist simply because the child is legally incapable of giving it. Whether or not the child resisted, said no, and was overpowered are, therefore, not necessarily elements in determining if a crime has occurred. Understanding this is especially problematic for the public (i.e., potential jurors) and professionals (i.e., physicians and therapists) who lack specialized training in criminal law and may not rely on strict legal analysis. The sad reality is, nonetheless, that such victim behavior does have significance in the perception of society and in the "real world" of the criminal justice system.

Society's lack of understanding and acceptance of the reality of compliant child victims often results in the following:

1. Victims failing to disclose and even denying their victimization
2. Incomplete, inaccurate, distorted victim disclosures when they do happen
3. Lifetime of victim shame, embarrassment, and guilt
4. Offenders being able to have numerous victims over an extended period of time
5. Ineffective prevention programs that also make the first four problems even worse

This discussion intends to cast some light on the issue and encourage dialogue to address and improve this situation for the benefit of the victims and interveners. Although society has become increasingly more aware of the acquaintance molester and related problems, such as child pornography and the use of computers, a voice still persists that calls the public to focus only on "stranger danger"

and calls many child-abuse professionals to focus only on intrafamilial sexual abuse. This narrow focus often leads to a misperception of the entire spectrum of the sexual victimization of children.

### Mixed Definitions

Referring to the same thing by different names and different things by the same name frequently creates confusion. For example, the same 15-year-old individual can be referred to as a *baby*, *child*, *youth*, *juvenile*, *minor*, *adolescent*, *adult*, or (as in one forensic psychological evaluation) *underage adult*. A father who coerces, a violent abductor, an acquaintance who seduces, a child-pornography collector, or an older boyfriend can all be referred to as a *child molester* or *pedophile*.

Terms such as *sexual exploitation of children and youth* or *sexual exploitation of children and adolescents* imply that a youth or an adolescent is not a child. At what age does a child become a youth or adolescent? If such a person is sexually victimized, is that considered youth molestation or sexual abuse of adolescents?

There clearly can be a conflict between the law and society's viewpoint when it comes to defining a *child*. Many people using the term *sexual abuse of children* have a mental image of children age 12 or younger. The main problem, therefore, is often with the 13- to 17-year-old age group. Those are the child victims who most likely look, act, and have sex drives like adults, but who may or may not be considered children under some laws and by society. Thus, national, cultural, and ethnic variations occur in attitudes about who is a child. Pubescent teenagers can be viable sexual targets of a much larger population of sex offenders. Unlike one-on-one intrafamilial sexual abuse where the victim is most often a young female, in many acquaintance sexual-exploitation cases the victim is a boy between the ages of 10 and 16.

Adolescents are frequently considered and counted by child advocates as children in order to emphasize the large scope of the child-victimization problem. But then, little or nothing that is said or done about addressing the problem seems to apply to the reality of adolescent victims. If adolescents are considered child victims of sexual exploitation, then their needs, interests, and desires must be realistically recognized and understood when addressing the problem.

Legal definitions of who is considered a child or minor vary from state to state and even statute to statute when dealing with adolescent victims. During a prosecution, the definition can even vary from count to count in the same indictment. The age of the child may determine whether certain sexual activity is a misdemeanor or felony and to what degree a felony. To legally determine who is a child, investigators and prosecutors turn to the law. That is, the penal code will legally define who is a child or minor. But they must still deal with their own perceptions as well as those of other professionals, juries, and society as a whole. In general, a *child* will be defined for this discussion as someone who has not yet reached his or her eighteenth birthday. One of the problems in using this broad, but sentimentally appealing, definition is that it lumps together individuals who may be more unlike than alike. In fact, 16-year-olds may be socially and physically more like 26-year-old young adults than like 6-year-old children.

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### Issues About Age of Consent

In the early 1980s, an infamous case involved a judge who sentenced an adult convicted of child molestation to a minimal sentence because the judge felt the 5-year-old victim was "sexually promiscuous." Society and professionals were outraged and demanded that the judge be removed from the bench. The sad reality is that most people were outraged for the wrong reason—because they thought it was impossible for a 5-year-old child to be sexually promiscuous.

Although not typical or probable, it is possible. Of course, this is more likely the *result* of some maltreatment, not the cause. Instead, we should have been outraged because it makes no difference whether or not the 5-year-old child was sexually promiscuous, a fact that in no way lessens the offender's crime or responsibility. If you change the case slightly and make the victim 9 years old, does that make a difference? Most people would probably say no. If you change it again and make the victim 12 years old, many people would still say it makes no difference, but they might want to see a picture of the victim. If you change it again and make the victim 13, 14, 15, or 16 years old, the response of society and the law would vary greatly. For example, those interested in minimizing such sexual activity might emphasize referring to the victims as *minors* rather than as *children*.

In sex crimes, the fundamental legal difference between victimization of an adult and a child is the issue of consent. In cases of sexual activity between adults, with a few rare exceptions, a lack of consent must be established for there to be a crime. In sexual activity between children and adults, a crime can exist even if the child cooperates or "consents." But the reality of age of consent is not so simple.

Age of consent can vary depending on the type of sexual activity and individual involved. At what age can a child do the following: consent to get married; engage in sexual activity; appear in sexually explicit visual images; or leave home to have sex with an unrelated adult without parental permission? Federal case law seems to suggest that the consent of a 14-year-old who crosses state lines after running off and having sex with a 40-year-old man she met on the Internet is a valid defense for the kidnapping charge, but not for the sexual assault charge. At what age can an adolescent consent to have sex with a relative, a teacher, a coach, an employer, or a 21-year-old boyfriend or girlfriend?

In the United States, society and criminal investigators and prosecutors seem to have a preference for sexual victimization cases where the victim, adult, or child, clearly does not consent. Among lack of consent cases, the least preferred are cases where the victim could not consent because of self-induced use of drugs or alcohol. Cases where the victim was just verbally threatened are next, followed by cases where a weapon was displayed. For purposes of ease of proof, the most preferred lack-of-consent cases are those where the victim has visible physical injuries or is, sad to say, dead. Many compliant child victims may inaccurately claim they were asleep, drunk, drugged, or abducted in part to meet these lack of consent criteria and in part to avoid embarrassment.

Sexual-victimization cases in which the child victim is not forced or threatened and cooperates or "consents" are more troubling and harder for society and investigators to deal with. If such victims

were adults, there usually would not even be a crime. Although "consent" is supposed to be irrelevant in child-sexual-victimization cases, there are unspoken preferences in these cases as well. The most preferred are consent cases in which the victim can explain that the cooperation was due to some general fear or ignorance about the nature of the activity. That is, the child was afraid to tell or did not understand what was happening. The next most preferred are cases in which the child was tricked, duped, or indoctrinated. If the offender was an authority figure, this "brainwashing" concept is even more appealing. Next on this preference scale are the cases in which the victim was willing to trade sex for attention and affection. Much less acceptable are cases in which the child willingly traded sex for material rewards (e.g., clothes, shoes, trips) or money (i.e., prostitution). Almost totally unacceptable are cases in which the child engaged in the sexual activity with an adult because the child enjoyed the sex. In fact, it is almost a sacrilege to even mention such a possibility.

These societal and criminal-justice preferences prevail in spite of the fact that almost all human beings trade sex for attention, affection, privileges, gifts, or money. Although any of these reasons for compliance are possible, many seduced child victims inaccurately claim they were afraid, ignorant, or indoctrinated in part to meet these societal preferences for cooperation and in part to avoid embarrassment. Many victims are most concerned over disclosure of, and therefore more likely to deny engaging in, sex for money, bizarre sex acts, homosexual acts in which they were the active participant, and sex with other children.

A young adolescent boy appearing on a television talk show focusing on the topic of sexual victimization of child athletes by their adult coaches was asked by the host why the abuse went on for so long without him telling anyone. The boy, who had apparently been nonviolently seduced by his coach, answered that he was frightened of his coach. Although seemingly inconsistent with the facts, everyone gladly accepted and applauded his answer. What would have been the reaction of the television host and the audience had the boy provided more plausible answers, such as he did not tell because by having sex with the coach he got to play more or because he enjoyed the sex? Such answers are reasonable and perfectly understandable and should not change the fact that the boy was the victim of a crime. Maybe anticipation of society's response and not the molester is what most "frightened" the boy into not telling sooner.

Any of the above scenarios in various combinations are certainly possible. A child might cooperate in some sexual acts and be clearly threatened or forced into others. All are crimes. The offender, the victim, or the intervener may perceive what constitutes compliance differently. Investigators and prosecutors always need to attempt to determine what actually happened, not attempt to confirm their preconceived beliefs about sexual victimization of children.

Most acquaintance-exploitation cases involve seduced or compliant victims. Although applicable statutes and investigative or prospective priorities may vary, individuals investigating sexual-exploitation cases must generally start from the premise that the sexual activity is not the fault of the victim even if the child

- Did not say "no"
- Did not fight
- Actively cooperated
- Initiated the contact
- Did not tell
- Accepted gifts or money
- Enjoyed the sexual activity

Investigators and prosecutors must also remember that many children, especially those victimized through the seduction process, often

- Trade sex for attention, affection, or gifts
- Are confused over their sexuality and feelings
- Are embarrassed and guilt-ridden over their activity
- Describe their victimization in socially acceptable ways
- Minimize their responsibility and maximize the offender's
- Deny or exaggerate their victimization

All these things do not mean the child is not a victim. What they do mean is that children are human beings with human needs. Society, however, seems to prefer to believe that children are pure and innocent. Child abuse conferences often have subtitles such as "Betrayal of Innocence." Bags with children's endearing crayon drawings on them are distributed to attendees to carry handout material. The FBI's national initiative on computer exploitation of children is named "Innocent Images." This preference for idealistic innocence persists in spite of the fact that anyone who has spent time with children, even infants and toddlers, knows they quickly and necessarily learn to manipulate their environment to get what they want.

Many children have only a vague or inaccurate concept of sex. They are often seduced and manipulated by clever offenders and usually do not fully understand or recognize what they are getting into. Even if they do seem to understand, the law is still supposed to protect them from adult sexual partners. Consent should not be an issue with child victims. Sympathy for victims is, however, inversely proportional to their age and sexual development. The dynamics of these "consenting" victim patterns of behavior can be explained to the court by an education expert witness as in *United States v. Romero* (7th Cir. 1999). The ability to make these explanations, however, is being undermined by the fact that children, at an age when they cannot legally choose to have sex with an adult partner, can choose to have an abortion without their parents' permission or be charged as adults when they commit certain crimes. Can the same 15-year-old be both a "child" victim and an "adult" offender in the criminal-justice system?

### Offender-Victim Bond

Because victims of acquaintance exploitation usually have been carefully seduced and often do not realize or believe they are victims, they repeatedly and voluntarily return to the offender. Society and the criminal-justice system have a difficult time understanding this. If a neighbor, teacher, or clergy member molests a boy, why does he "allow" it to continue and not immediately report it? Most likely he may not initially realize or believe he is a victim. Some victims are simply willing to trade sex for attention, affection, and gifts and do not believe they are victims. The sex itself might even be enjoyable, and the offender may be treating them better than anyone else ever has. But, they may come to realize they are victims when the offender ends the relationship. Then they recognize that all the attention, affection, and gifts were just part of a plan to use and exploit them. This may be the final blow for a troubled child who has had a difficult life.

Many of these victims never disclose their victimization. Younger children may believe they did something "wrong" or "bad" and are afraid of getting into trouble. Older children may be more ashamed and embarrassed. Victims not only do not disclose, but they often strongly deny it happened when confronted. In one case, several

boys took the stand and testified concerning the high moral character of the accused molester. When the accused molester changed his plea to guilty, he admitted that the boys who had testified on his behalf were also among his victims.

In my experience, the most common reasons that compliant victims do not disclose include the following: stigma of homosexuality, lack of societal understanding, presence of positive feelings for the offender, embarrassment or fear over their victimization, and the belief they are not really victims. Because most of the offenders are male, the stigma of homosexuality is a serious problem for male victims. Although being seduced by a male child molester does not necessarily make a boy a homosexual, the victims do not understand this. If a victim does disclose, he risks significant ridicule by his peers and lack of acceptance by his family.

These seduced or compliant child victims obviously do sometimes disclose, often because the sexual activity is discovered (e.g., abduction by offender, recovered child pornography, overheard conversations) or suspected (e.g., statements of other victims, association with known sex offender, proactive investigation), after which an intervener confronts them. Others disclose because the offender misjudged them, got too aggressive with them, or is seducing a younger sibling or their close friend. Compliant victims sometimes come forward and report because they are angry with the offender for "dumping" them. They might be jealous that the offender has found a new, younger victim. They sometimes disclose because the abuse has ended, not to end the abuse.

In addition, some compliant victims do not want the perpetrator prosecuted or sent to prison. At sentencing, they may even write a letter to the judge indicating their "consent" in the sexual activity and expressing their love for the defendant. Should such a letter get the same consideration as a letter from a victim requesting harsh punishment?

### Children Never Lie?

The available evidence suggests that children rarely lie about sexual victimization, if a *lie* is defined as a statement deliberately and maliciously intended to deceive. If children in these cases do lie, it may be because factors such as shame or embarrassment over the nature of the victimization increase the likelihood that they misrepresent the sexual activity. Seduced victims sometimes lie to make their victimization more socially acceptable or to please an adult's concept of victimization. Occasionally children lie because they are angry and want to get revenge on somebody. Some children, sadly, lie about sexual victimization to get attention and forgiveness. A few children may even lie to get money or as part of a lawsuit. This can sometimes be influenced by pressure from their parents. Objective investigators must consider and evaluate all these possibilities. It is extremely important to recognize, however, that because children might lie about part of their victimization does not mean that the entire allegation is necessarily a lie and they are not victims. Acquaintance-exploitation cases often involve complex dynamics and numerous incidents that often make it difficult to say an allegation is all true or all false.

An important part of the evaluation and assessment of sexual victimization of children is comparing the consistency of allegations: 1) among *what* multiple victims allege to have happened and 2)

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between *what* is alleged and *who* is suspected of doing it. If a victim describes his or her victimization as involving what clearly sound like the behavior patterns of a certain type of sex offender, then the fact that the alleged offender fits that pattern is corroborative. If he does not, there is an inconsistency that needs to be resolved. The inconsistency could be because the alleged *what* is inaccurate (e.g., distorted account from victim, insufficient details), the suspected *who* has been misevaluated (e.g., incomplete background, erroneous assessment), or the alleged *who* is innocent (e.g., suspect did not commit alleged crime). In my experience, distorted accounts from victims are frequently caused or influenced by various interveners (e.g., therapists, physicians, parents, law enforcement) who are unwilling to nonjudgmentally accept the reality of the nature of the actual molestation of children. Instead, they influence, pressure, or lead the children to describe the victimization in a way that fits their agenda or needs and in the process destroy the prosecutive potential of a valid case.

### Understanding the Seduction Process

Most compliant child victims were courted, groomed, or seduced over time by an adult. True understanding of this process must be incorporated into the intervention of such cases. For example, pediatricians or therapists who discuss only forced or unwanted sexual activity with their patients are potentially missing a significant area of sexual victimization of children. Because a child wanted to have sex with an adult does not mean that it is not abuse and a crime. After understanding the seduction process, the intervener must be able to communicate this understanding to the victim. This is the difficult part.

Interveners need to be careful about asking questions that communicate a judgment about the nature of the victimization (e.g., How scared were you? When did he threaten you? Is it hard to remember such terrible things? Was there a bad touch?). If *why* questions are asked (e.g., Why didn't you immediately tell? Why didn't you resist? Why did you return to the offender? Why are you smiling in this photograph?), every effort should be made to communicate to the victim that any truthful answer is acceptable including "because I enjoyed it."

Interveners must understand and learn to deal with the incomplete and contradictory statements of seduced victims of acquaintance molesters. The dynamics of their victimization must be considered. Any behavior of victims must be understood and evaluated in the context of the entire process. Compliant victims are embarrassed and ashamed of their behavior and correctly believe that society will not understand their victimization. Many younger child victims are most concerned about the response of their parents and often describe their victimization in ways they believe will please their parents. Adolescent victims are typically also concerned about the response of their peers. Victims and their families from higher socioeconomic backgrounds may be even more concerned about the public embarrassment of any disclosure. Interveners who have a stereotyped concept of child-sexual-abuse victims or who are accustomed to interviewing younger children molested within their family will have a difficult time interviewing adolescents seduced by an acquaintance. Many of these victims will be street-wise, troubled, or even delinquent children from dysfunctional homes. Such victims should not be blindly believed, but neither should they be

dismissed just because the accused is a pillar of the community and they are delinquent or troubled. Such allegations should be objectively investigated and evaluated.

Some victims will continue to deny their victimization no matter what the interviewer says or does. Some children deny victimization that the offender has even admitted or other evidence clearly discloses. Some will make admissions but minimize the quality and quantity of the acts. They may minimize their compliance and maximize the offender's involvement by claiming he drugged them, threatened them, had a weapon, or had even abducted them. Of course, some of these allegations may be accurate and should be investigated. They are, however, not typical of acquaintance-exploitation cases. Violence is most likely used to prevent disclosure. Sadistic offenders may also use violence during sex, but this is relatively rare in cases involving seduction. As previously mentioned, these potential inaccuracies in the details of the allegations of seduced victims may explain some of the inconsistencies between the alleged *what* and the suspected *who*.

The intervener must communicate to the victim that he or she is not at fault even though the victim did not say "no," did not fight, did not tell, initiated the sex, or even enjoyed it. When the victim comes to believe that the intervener understands what he experienced, he or she is more likely to talk. Victims often reveal the details little by little, testing the intervener's response. The intervener must recognize and sometimes allow the victim to use face-saving scenarios when disclosing victimization. As stated, such victims might claim they were confused, tricked, asleep, drugged, drunk, or tied up when they were not. Adolescents, who pose special challenges for the interviewer, use these face-saving devices most often. The intervener must accept the fact that even if a victim discloses, the information is likely to be incomplete, minimizing his or her involvement and acts. As stated, some of these victims simply do not believe they were victims.

In the absence of some compelling special circumstance or requirement, the interview of a child possibly seduced by an acquaintance molester should never be conducted in the presence of parents. The presence of the parent increases the likelihood that the child will just deny or give the socially or parentally acceptable version of the victimization. This is especially true of younger victims.

Some victims in acquaintance-child-exploitation cases disclose incomplete and minimized information about the sexual activity that is contradicted by further investigation. This creates significant problems for the investigation and prosecution of such cases. For instance, when the investigator finally gets a victim to disclose the exploitation and abuse, the victim furnishes a version of the victimization that he or she swears is true. Subsequent investigation then uncovers additional victims, child pornography, or computer chat logs and other records—directly conflicting with the first victim's story. A common example of this is that the victim admits the offender sucked his penis, but denies that he sucked the offender's penis. The execution of a search warrant then leads to the seizure of photographs of the victim sucking the offender's penis. Additional victims may also confirm this, but then lie when they vehemently deny that they did the same thing.

The allegations of multiple victims often conflict with each other. Each victim tends to minimize his own behavior and maximize the behavior of other victims or the offender. Some victims continue to



deny the activity even when confronted with the pictures. Today, investigators must be especially careful in computer cases where easily recovered chat logs, records of communication, and visual images may directly contradict the socially acceptable version of events that the victim is now giving. In my experience, the primary reason compliant child victims furnish these false and misleading details about their victimization is their correct recognition that society does not understand or accept the reality of their victimization. This happens so often that distorted and varying details in such cases are almost corroboration for the validity of the victimization.

### Can We Come to Conclusions?

The typical adolescent, especially a boy, is easily sexually aroused, sexually curious, sexually inexperienced, and somewhat rebellious. All these traits combine to make the adolescent one of the easiest victims of sexual seduction. It takes almost nothing to get an adolescent boy sexually aroused. An adolescent boy with emotional and sexual needs is simply no match for an experienced 50-year-old man with an organized plan. Yet, adult offenders who seduce them, and the society that judges them, continue to claim that these victims "consented." The result is a victim who feels responsible for what happened and embarrassed about his actions. Once a victim is seduced, each successive sexual incident becomes easier and quicker. Eventually, the child victim may even take the initiative in the seduction.

Some victims come to realize that the offender has a greater need for this sex than they do, and this gives them great leverage against the offender. The victims can use sex to manipulate the offender or temporarily withhold sex until they get things they want. A few victims even blackmail the offender, especially if he is married or a pillar of the community. Although all of this is unpleasant and inconsistent with our idealistic views about children, when adults and children have "consensual" sex, the adult is always the offender and the child is always the victim. Consent should be an issue only for adult victims.

As has been stated, sympathy for victims is inversely proportional to their age and sexual development. We often focus on adolescent victims when we want volume and impact, but we do little to address the nature of their victimization. We want to view them as innocent children when they are sexually victimized, but then try them as fully accountable adults when they commit a violent crime. The greatest potential to worsen societal attitudes about child victims who comply in their sexual exploitation comes from societal attitudes about child offenders. If increasing numbers of ever younger children are held fully accountable for their criminal behavior and tried in court as adults, it becomes harder and harder to argue that the "consent" of children of the same ages is irrelevant when they engage in sexual activity with adults.

The reality of compliant child victims is subtly and discreetly dealt with everyday in this country by investigators, prosecutors, judges, juries, and others. Some professionals feel that this controversy is best dealt with by overtly pretending that it really does not exist. They believe that to explicitly admit or discuss it would be harmful to child victims. Many would certainly object to the use of a term or label like *compliant child victim*. I believe, however, that this reality must be openly recognized, discussed, and addressed. We cannot continue to hold increasing numbers of ever-younger juveniles accountable as adults for their criminal behavior and simultaneously argue that their consent to engage in sexual behavior does not mat-

ter. I have come to believe the best way to deal with the problem is to change, not fuel, people's unrealistic expectations about the sexual victimization of children. The criminal sexual assault of an adult is, by definition, almost always violent. The criminal sexual assault of a child may or may not be violent. Unfortunately, too many lay people and even professionals hearing terms such as *sexual assault* or *rape* in the sexual victimization of children seek out or expect evidence of physical violence.

In this discussion, I have focused primarily on the problems (e.g., false denials, delayed disclosures, incomplete and inaccurate details, etc.) that compliant child victims present for the criminal justice system. I believe, however, that such victims also present considerable challenges for therapists, physicians, social workers, and other professionals. Awareness and prevention programs that focus on recognizing evil sexual "predators" and "pedophiles" and on advising victims to say no, yell, and tell are not only ineffective in preventing compliant victimization, but they also make the problem worse. Such programs decrease the likelihood of victim disclosure and increase the shame and guilt of victims. In almost every case involving compliant child victims that I have evaluated, true victims have had to distort varying aspects of their victimization in statements to parents, investigators, therapists, physicians, attorneys, and the court. Each subsequent statement often requires increasing deceptions to defend the previous ones. What are the long-term emotional and psychological consequences for child victims who are exposed to prevention and awareness programs that seem to deny the reality of their victimization or who must distort, misrepresent, and lie about what actually happened to them in order to have it accepted as "real" victimization?

For purposes of discussion and dialogue, professionals dealing with the sexual victimization of compliant children need to ask and try to answer questions such as these:

1. *To what extent, if at all, should the "consent" of a "child" to sexual activity with an adult be considered by the criminal justice system? Why?*
2. *As done with juvenile offenders, should the criminal justice system openly determine which victims would be considered "children" based on case specific circumstances and facts rather than only on their date of birth? What facts and circumstances? Who makes the determination?*
3. *Is it better to continue to quietly and discreetly deal with this problem on a case-by-case basis without openly or officially raising the issue? Are there disadvantages for victims to this common strategy?*
4. *To what extent, if at all, should the opinions of a child victim of sexual abuse be considered by the criminal justice system at sentencing? When? Why?*
5. *If the compliance or cooperation of children in their sexual victimization by adults is legally irrelevant, why do so many professionals in the field have difficulty admitting or openly discussing the fact that child victims sometimes are compliant? Does this denial and avoidance make the problems of dealing with compliance by child victims better or worse?*

### A Prosecutor's Perspective on Compliant Child Victims

Paul Stern

Deputy Prosecuting Attorney,  
Snohomish Co., Washington

Ken Lanning has thoughtfully challenged child abuse professionals to address certain uncomfortable truths about a specific class of sexual assault victims. He urges more discussion about how we respond and react to these individuals. To the extent that we, as professionals, need to confront the reality of what he terms compliant victims, I agree completely. However, when it involves the reaction of the criminal justice system, the issues become very much more complicated.

Most child abuse professionals come to their work with a view to protect children. We seek to support, insulate, understand, and when needed, treat maltreated children. Our cause is just; our hearts are pure.

In his discussion, Lanning gently reminds us of a vulnerability these attributes create. One of the lessons we need to have learned from the 1980s is how we gave birth to a backlash movement. In our zeal to get attention, to be heard above the roar of apathy, child abuse professionals on occasion engaged in overstatements and dogmatic pronouncements: "Believe the children"; "Children never lie", and the too frequent unveiling of the best new therapy or treatment that would allow maltreated children to heal. Some professionals announced conclusions before the data had been developed to support their views (only to determine later that, perhaps contrary to what seemed so intuitively logical, the data did not support the announced conclusions). We have too often made public policy based upon public outrage from isolated horrific events, and we have sometimes engaged in careless labeling of all sex offenders as identical due to community fear or media hype.

These actions have come around to hurt us and hurt our credibility. In certain cases, they have come back to hurt the very people we have sought to help. But the actions of the child abuse community—to help, to empathize, to fix, to do something—are heartfelt and a part of who we are.

These same qualities are what, in Lanning's words, confuse us when we "see victims in child pornography giggling or laughing." Child abuse professionals see the victimization, understand the ramifications (which may not become apparent to the victim for years), and react in their protective mode. Lanning suggests we confront this dichotomy at the outset and recognize the willing compliance of the victim.

In a global sense, I agree with him completely. What to me becomes even more confusing is the double standard the criminal justice system has taken with adolescents. Indeed, child abuse professionals might want to protect adolescent victims, even compliant victims, until they have reached the age of lawful consent. They are, after all, minors and our legislatures have deemed them incapable of adequately consenting because of their perceived inability to maturely and insightfully understand the consequences of their actions. Those views might be correct. Yet, these same legislatures are demanding that adolescents of the same age who commit crimes be held to the

standard of adults. In many states, 16- to 17-year-olds who commit certain crimes are automatically to be treated as adults. In certain circumstances, children from 13 years of age can be treated as adults when it comes to crimes they have committed.

Lanning would likely argue that if we can treat a 14-year-old who commits a sexual assault as an adult, then the same 14-year-old, who purposely and knowingly engages in conduct that makes him or her a statutory victim, should be treated differently than an "innocent" victim. And, as a matter of social philosophy, he might be right. Unfortunately, the fair administration of the law sometimes requires bold lines of demarcation. Such bold lines, virtually by definition, result in non-individualizing justice.

One of the goals of a fair criminal justice system is to treat all individuals similarly. Thus, different offenders who commit the same specific crime should be sanctioned identically, without regard to their differences in age, race, income, station in life, marital status, and so on. In the name of equity, the rich and the poor should be treated alike; the doctor and the doorman; the banker and the barista should be treated equally. Only by that equal application of law can we truly strive for a system "of rules, not men."

Sometimes the broad lines of demarcation are indeed somewhat arbitrary. In many states, statements by children recounting abuse against them to another may be admitted at trial under the child hearsay exception. Generally, the law limits these statements to children who are younger than 10 or 12 years of age. There is not necessarily anything magical about the age of 10, however. That certain states have picked age 10, others 12, still others 13, 14, and 16 suggests this line is somewhat arbitrary. Yet a definitive standard must be set.

In a state where the rule is age 10, controversy can exist when a particularly immature, perhaps developmentally delayed 12-year-old makes a statement about being abused that is inadmissible because she was chronologically over age 10. That this individual had a "mental age" or "maturity age" of less than 10 is irrelevant. For if we begin to litigate maturity or developmental ages, we raise the potential of excluding statements of a particularly mature and advanced 8-year-old who has the mental or maturity age of a 12-year-old. The rules are set. Certain injustices will occur. Individualized justice is not possible in a system demanding that one size must fit all.

As indeed it must. The law dictates that children under a specific age cannot consent to certain sexual activity with adults. Although Lanning urges us to recognize that, in some circumstances, children do consent, albeit rationally and maturely, we cannot allow the criminal justice system to individualize defined criminal conduct. We cannot look at each individual compliant victim and determine whether he or she is at a maturity level that should be treated as an adult. Such pre-trial litigation of the victim's maturity level would result in more injustices than it might seek to correct.

Additionally, two specific goals of prosecution are unrelated to victim-oriented thinking:

- 1) to properly label the offender's behavior; and
- 2) to hold the offender accountable for his or her actions.

Usually the goals of pursuing legally provable cases and properly holding offenders accountable with accurate offender labeling are compatible. However, the class of cases Lanning describes can cause

conflict with these goals.

What we, as child abuse professionals can do, as Lanning urges, is not turn a blind eye to the issue of compliant victims. In my community, as in many others, we have drafted community standards that govern when certain cases should be prosecuted. The issues of dealing with compliant victims might appropriately be dealt with in such a forum. The community might decide to treat a certain class of crimes in a specific way, pursuant to various guidelines. But once standards are endorsed, the rules need to be made reasonably inflexible so that all people similarly situated are treated equally.

Even though various jurisdictions have debated how best to deal with cases with consenting victims, the issues raised by Lanning are further complicated by two other trends within the criminal justice system: a) demands for more accountability of sex offenders by increasing sentencing ranges and sentencing consequences, such as registration requirements; and b) shrinking public resources.

Moreover, prosecutors are faced with ever-increasing caseloads and, in all forms of criminal actions, need to make decisions about which cases receive highest priorities. In certain jurisdictions, a decision may be made to give low priority to cases where the adolescent victim has "consented" to sexual activity. Further, the fact that the consequences for conviction of a sexual crime in some jurisdictions have increased so substantially may influence how prosecutors choose to label certain offenders. As states experiment with three-strike-type laws for sex offenses, demand lifetime parole for certain crimes, and embrace the civil commitment of sexually violent predators, the consequences of a sexual assault conviction could be deemed by some to be disproportionate, based upon an offender's conduct with a "consenting" adolescent victim.

These considerations may influence prosecutors to examine compliant victim cases in a different light. Various jurisdictions have reviewed their policies and standards of how to best respond to these cases. The author does not necessarily advocate any particular approach here. However, various jurisdictions have chosen to consider at least one of the following:

- Exempting from prosecution a certain class of cases
- Treating compliant victim cases as misdemeanors not felonies
- Creating pre-trial diversion programs for specific types of sex offenders
- Adopting forms of restorative justice programs

Even when formal alternatives have not been adopted, certainly some prosecutorial charging decisions are likely to be influenced by the compliant victim. As a practical matter, the victim's behavior might get factored in such a manner as to lead a prosecutor to not file criminal charges. In certain circumstances, using the rubrics of "lack of victim cooperation," "limited jury appeal," or "proof problems," these cases might be judged to be not suitable for prosecution under a proof by a reasonable doubt standard.

If communities do elect to adopt standards on how best to deal with compliant victim cases, a variety of issues might appropriately be addressed. The first, of course, is definitional. Lanning begins his article with an admission that the term compliant is a bit troublesome. He noted, "The term compliant is being used because at this time I cannot think of a better one." Obviously this word will mean different things to different people. The fact that Lanning himself

has a hard time defining it for his own use illustrates the problem a community might have in determining just who should be covered under this characterization.

### Here are other issues to consider:

- What age limits should be used for the compliant victim? Are we limiting this discussion to cases involving 14- to 15-year-olds...12-year-olds? What about the sexually promiscuous 5-year-old Lanning described?

- What age limits should be used for the offender? Are there differences if the 14-year-old is involved with a 20-year-old versus a 35-year-old versus a 50-year-old? Where is that line to be drawn?

- Should there be an on-going relationship between the parties, such that some sense of feelings and affection were developed? Are first night date rapes to be treated the same as acts committed in the course of a months-long relationship?

- What are the implications when the offender used various degrees of force? What if alcohol or drugs were used to lower a victim's inhibitions? ... to impact her judgment? ...to incapacitate her?

- What if the sexual acts led to a pregnancy? What if the parties now have a child in common? Does that aggravate the offense or mitigate it?

- What about the criminal history of the offender? What if the offender has prior criminal history? ...prior sexual offenses? ...misdemeanors?

- What if the offender was in a supervisory role toward the victim?

- What if the offender denies the extent of the victim's allegations? Should a full confession to the alleged act be required, or can an offender be permitted alternative prosecution avenues for crimes he denies committing?

- What efforts should be taken to distinguish consenting acts between two people and those of an offender who has acted in a predatory manner, targeting underage females? Should a psychosexual evaluation and an agreement to follow-through with recommended treatment be a requirement of any program?

- Although these policies are to account for cases where the victim "consented" to the sexual acts, does the victim also have to consent to the case being handled in an alternative manner? Does consent to the sexual relationship also mean consent to the less harsh way the case is handed in the criminal justice system?

These are various considerations that might be factored into a community decision to treat compliant victim cases in a specific manner. However, even without the adoption of a formal, alternative approach, in some situations exceptional circumstances may dictate the altering of traditional charging decisions and modify the goal of proper offender labeling. Without formal standards in place, care must be taken to prevent the tail from wagging the dog.

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Thus, we should not define a specific offender's conduct by the specific victim's reaction to it.

As Lanning urges us to be aware of the reality of compliant victims, the criminal justice system must be equally vigilant to not overreact to such seemingly unsympathetic victims. We need to stay reminded of the reasons for the statutory rules in the first place. We recognize that a completely consensual act of sexual contact between two people is nevertheless criminal when there is an imbalance in the relationship, which impacts one person's ability to consent. That factor can be the age difference or the power imbalance, for example, a patient having a sexual relationship with his or her mental health care provider or an inmate having "consensual" sex with a jail guard. So victim consent alone is not always enough to decriminalize behaviors by the offender.

In another context, the current movement is to practically ignore adult victims' wishes when they have also become crime victims. Prosecutors have been urged to adopt blanket "no drop" policies in domestic violence cases, effectively determining that adult women are incapable of deciding for themselves how they want to interact with their domestic partners. Are we adopting here a standard that sexually active 14-year-old girls are more competent decision makers than adult women in a long-term, albeit at times violent, relationship?


Lanning properly asks in what way the wishes of the compliant victim should best be considered. Victims' wishes should always be solicited, considered, and respected. However, they should not be

determinative. Once the offender has been properly labeled and held accountable, victims' input on sanctions to be imposed should be heard.

Sentencing allows the opportunity to consider factors that go outside the strict elements of the offense. In respond to Lanning's question, I would endorse completely the view that the opinions of a child victim of sexual abuse be considered by the criminal justice system at sentencing. Just as we want the sentencing authority to be aware of the damage done, the terrific harm and trauma sustained by some victims, we must also be vigilant to permit victims in compliant cases to articulate their feelings regarding punishment. When those victims articulate feelings of affection and compassion for their "abusers," we need to be strong to avoid our own conflicts. At times our roles as protectors need to move aside and allow the "victims" the respect to offer whatever words and emotions they choose to express.

As a result, we might look at each other as wrong or misguided. After all, our cause is just, our hearts are pure; then again, sometimes the best we can do is to just sit down and listen. Our conflict in these cases may also serve as a reminder that child abuse professionals are there to provide services victims need. These cases can serve as a reminder of the importance to provide support to victims for their sake, not our own; that we provide services because they make the victim feel better, not because it makes us feel better.

The opinions expressed in this section are exclusively those of the author. They do not necessarily represent the views or policies of Mr. Stern's office or employers, nor do they represent the views or policies of APSAC. This article is meant merely to encourage thought and discussion of these issues.




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### A Therapist's Perspective on the Compliant Child Victim

Jon R. Conte, Ph.D.  
University of Washington,  
Seattle, Washington

This issue of the “compliant” child victim of sexual abuse brings into our awareness many difficult and uncomfortable aspects of current social policy and practice in our field. I am going to join this discussion primarily from the perspective of psychotherapy. A few introductory thoughts may set the context for how I see this complex issue.

#### Which Cases Shall We Include?

Shall we include in this discussion only those adolescents who report or behave as compliant victims as Ken Lanning defines them? If so, we really do not know how widespread this phenomenon might be. It might constitute a relatively small proportion of cases or encompass most child sexual abuse situations. Certainly, periodic news stories relate the most extreme versions of these types of cases. A typical media story is that of a young woman who marries the man who abused her when she was a teen, often after he was released from prison. In clinical offices, we encounter, with relative and perhaps increasing frequency, teens who had some role in placing themselves in such compliant situations or in on-going relationships, or who failed to disclose grooming or initial sexualized encounters with older persons.

As Lanning well describes, these are troubling cases and more information about them would be very useful. On the other hand, we always worry in our field that the sensational but rare case will divert attention away from more widespread yet deserving cases. Clearly, there is a lot we do not know about the treatment of children who are sexually abused.

#### Issues of Consent

Lanning also points out that the issue of victim consent is critical in the law as well as in our understanding. As a therapist, I think this subject is particularly complex and have observed that most cases, even those occasionally of stranger assault (rape), involve victims who perceive that they have given some degree of consent. The child who did not say “no” when the back of her head was touched may feel she gave consent to subsequent victimization. The child who did not actively resist may perceive that failure as a form of consent. The child who did not disclose after the first incident may feel he gave consent to the second occurrence. This notion that victims genuinely feel they have given some degree of consent, albeit often an irrational belief, challenges us to define what *consent* actually means in this context.

As a field, we have never been comfortable with the idea that children can consent or believe they can consent to sexual contact with older persons. One of our leading scholars, David Finkelhor (1979), long ago noted that children cannot consent because often they do not understand what it is that they are consenting to and do not have the power to say “no” (the basis of informed consent).

The very idea that children would, could, or should be allowed to consent to sexual contact with older persons is deeply troubling. We rarely allow ourselves to consider this possibility and act (from

assessment through treatment to termination) on the premise that, regardless of the child's behavior, true consent could not have been given. This perspective leads to a therapist stance that the offender is always one hundred percent responsible, that the victim should hate the abuse, and that the victim should feel no responsibility for the abuse. Feelings of self-blame, no loyalty to the offender, and even ambivalence, although widely recognized as common, are generally feelings that are considered pathological. Therefore, a goal of treatment is to assist the victim in evaluating and often rethinking beliefs.

In many cases, it is true that what child victims perceive as consent is really simply a function of offender exploitation of children's youth, inexperience, and dependence and in no way realistically represents informed consent. This is especially the case when the victim clearly did not want or like the sexual contact or was so needy and vulnerable that he or she could not assert real interests. This is always the case with prepubescent children and almost always the case with teenage victims of incest.

There is, however, a difference for some teen compliant victims. Teenagers—because of their age, developmental capacities (e.g., ability to maintain a view independent of and different from the views of adults), and at times their adaptation and reaction to life circumstances—are more able to make informed decisions. This does not mean that their decisions are always well thought out or mature. But the fact is that at a certain arbitrarily defined age, the law presumes teenagers can give informed consent to sexual relationships. There is no societal consensus about what this age is because laws vary from state to state, but we do set an age after which a teenager can engage in sex with a person no matter how much older.

This means, for example, that if the age of consent is 16, then it is perfectly legal for an adolescent and a 50-year-old to have a sexual relationship. Yet, the day before the teenager's sixteenth birthday, this relationship is a crime. Does the capacity to consent change overnight? Should we therapists treat such situations completely differently? Should our views about consent strictly adhere to the law, or should they be based on some individualized assessment of the child and circumstances?

What children can consent to and what they should consent to might be very different things. Most critically, it is not our views that should have the primary influence over the therapy but rather our clients' views, balanced against principles of development, mental health, and freedom as well as balanced with their capacity to make informed judgments about long-term consequences.

One of the biggest problems with this strongly held set of attitudes on the part of therapists concerning children's inability to consent is that it may deny the experience and perception of many victims. Even with very young victims, when it is clear they could not consent, they may feel a sense of responsibility. The reasons for this vary. For some, the idea that they somehow gave consent provides a feeling of control (i.e., attribution of control). For many, it flows from having not said “no,” having gone along with or even initiated the relationship, from having wanted some aspect of the relationship (e.g., the affection, support, or attention), or from some highly personalized thought process (e.g., I am keeping my family together by not telling them what is happening to me because they could not handle it).

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Often the victim's sense that he or she has given permission for the sexual contact flows directly from the manipulations, rationalizations, or other "mind games" that offenders are expert in using. On the other hand, from an objective perspective, it is true that some acts by child victims have contributed to their victimization. By failing to acknowledge that many victims feel they they have in some way given consent for their acts, however, we deny their experience and deprive them of our assistance with troubling thoughts and feelings.

### **Social Construction of Sexual Relationships**

It is often hard for us to remember that modern opposition to adult-child sexual contact is a social construction. Laws against such contact, the elements making such contact a crime, and what kind of crime it represents are all matters of social policy and social construction. Historically, adult-child sex has been allowed or condoned under a variety of circumstances. Even today, in some societies, adults can have sex with or marry children of an age that we might consider unacceptable. With whom and under what circumstances sexual relationships are legitimized is influenced not just by laws but also by community standards, religious tenets, and psychiatric perspectives. For example, the older readers among us will recall a time when same-sex sexual attraction and behavior was considered a diagnosable condition. Most of us no longer feel this is a proper view.

The arguments for why sexual contact between adults and children should be forbidden, against the law, and cause for bringing children into contact with therapists are old and have not been revisited for some time. They partly flow from concerns about the effects of sexual abuse on children, although we also recognize that not all children are negatively affected and those who are affected are not impacted in the same way. Some argue that it is the fact that sexual contact between older persons and children is inherently for the pleasure of the older person that makes it objectionable. Some argue that sex outside of marriage is wrong and thus should be prohibited. Many therapists hold their views about sexual contact between children and older persons from a developmental perspective, which argues that children do not have the capacity to manage, understand, or process sexual contact, especially with developmentally more advanced older persons.

My point here is not to reopen this discussion, although fundamentally I think it bears reopening. Rather, I wish to remind us that these views about the "wrongfulness" of sexual contact between children and older persons are social constructions. Further, I want to suggest that the more our cognition is unconscious, the greater risk there is that we will negatively impact how we view clients, how we approach our work with them, and hence, the extent to which we make it possible or not for the young to express their own attitudes toward their experiences.

More critically, however, I want to remind us that cases of compliant teen victims challenge and trouble our underlying assumptions about childhood and sexuality. To the extent that we are unaware of these fundamental beliefs, and to the degree to which our beliefs are inconsistent with those of our clients, we set up an extremely difficult clinical situation. In subtle and sometimes not so subtle ways, we cut off communication with our clients. And, when we negatively impact their process of identifying, articulating, and potentially revising their own beliefs, we potentially negatively impact the therapeutic relationship.

### **Sexual Object Choices**

I think it is helpful to remember that from a clinical perspective, all sexual object choices are clinical phenomena, as is any aspect of behavior or any psychological process. This is as true for teenagers as it is for adults. Our motivations for seeking out certain kinds of relationships (e.g., the transferences that impact partner selection, the types of sexual behaviors we prefer, interpersonal attraction in general, and many other aspects of who we want to engage with what kinds of behavior) are all matters in part of our histories, psychologies, and opportunities. In varying degrees—given capacity, interest, motivation, and opportunity—the nature of these factors are knowable.

From a clinical perspective, one of the goals for therapy with compliant victims is to engage in a process through which the historical, developmental, and psychological reasons for their apparent object choice become self-evident. It is our fundamental belief as therapists that once such factors become known, clients are in a better position to make more conscious decisions about future behavior. This is the essence of informed choice.

What troubles me personally is that typically the teen compliant victim has no awareness of the bases in her (sometimes his) own life for why a particular sexual relationship has been chosen. It is hardly a choice when one is driven or manipulated into a certain kind of relationship. Although many sexual object choices made by adults might involve elements of manipulation or exploitation about which they have little appreciation, we may approach these choices differently than we do with adolescents.

It is my basic stance that all relationship and sexual object choices are matters of complex interactions among multiple factors, such as motivation, history, attraction, need fulfillment, and so forth. Our approach with adults who make object choices that are hurtful, not satisfying, destructive, or otherwise problematic is to help them to identify factors that underlie their object choices and come to new or renewed decisions about their life. Although we usually have limited information about the object choice factors of adolescent victims, I think our stance should be basically the same as with adult clients.

In fact, some of the factors underlying the object choices of the complaint victim are known. Rebellion and acting out may be reasons for some teens. Attention seeking, support, and nurturance, albeit often sexualized, are reasons for others. Search for lost, idealized, or never-experienced parental relationships may underlie other cases. The desire to be older and seen as more mature than one is can be another factor. The individual reasons are no doubt as varied as there are cases.

My basic point is that clinically our goals should be to help the client understand these factors, not to pass conscious or unconscious judgment on acts that have their origins in historical, developmental, or other psychological processes.

### **Managing Our Own Feelings**

The adult world has determined, for complex reasons (many of which I personally endorse), that adult-child sexual contact is to be avoided. However, these cases involve elements or dynamics that are deeply disturbing and often get confused in our thinking. At the most basic level, they involve an older person and a younger person being sexual. Often the participants are involved at high levels of sexual-

ity, highly frequently, and in nontraditional places (e.g., church sanctuaries, classrooms, or family homes while other family members are in adjacent rooms). These cases also involve issues of “proper” object choice, acting out sexual fantasies, impulse control, sexualization of idealized- and culturally-based views of childhood (e.g., innocence or incest taboos), and other repressed impulses and ideas.

Moreover, many compliant victims have been engaged in developmentally premature, frequent, and highly sexual interactions over time and present with a highly sexually charged demeanor and interactive style. Even when not so sexualized, the fact of their experiences creates in the minds of others a view of these teens as highly sexual. Their very presence in our communities challenges deeply held, albeit irrational, myths that children are nonsexual, that adults do not violate role expectations, and that those in power can be trusted.

The presence of compliant victims can also trigger the vicarious expression of deeply held fantasies, fears, and anxieties. Whether these are about sex with adolescents (as in the *Lolita* books and films) or about other impulses and ideas is a matter of some debate and beyond the scope of this article. However, compliant teens do represent the possibility that defended-against impulses and ideas might be acted out and brought into action. When issues of sex are added, it is not hard to understand why adults and whole communities have to protect themselves from acknowledging the existence of such cases. Faced with this reality, law enforcement or other child protection systems and the public are prone to take immediate, even if often unconscious, action to blame the victim, prosecute the adult person, and push any accompanying feelings back into our own unconscious.

### The Therapeutic Response

The ideas outlined above bring me to comment on our basic stance as therapists when confronted with compliant victims. One of the first questions we should ask is whether to accept these cases in therapy and, if so, what should be the treatment goal.

Children do not usually volunteer for treatment; their parents bring them. In most cases with children, we do not expect them to be able to make decisions about whether they need treatment. However, in the case of a compliant victim, the child, who is the client, may fundamentally disagree with the premise for therapy made by his or her parents or other adults—that what happened was wrong, that there has been harm, and that professional assistance is needed. With all clients of all ages, especially with complaint victim cases, a successful outcome depends upon the formation of an alliance and some agreement about the purpose and goals of treatment. This can be very tricky in these types of cases.

### Managing Counter Transference

It will be no surprise to my many child abuse colleagues that my first recommendation is to be aware of our own powerful counter transferences when it comes to these cases. As outlined previously, I believe strongly that our own feelings, cognitions (beliefs), and fantasies play a critical role in how open and neutral we remain while approaching clients. We must provide the best conditions possible for them to discover their own deeply held and often unconscious ideas about their behavior.

### Clinical Material

All behavior, experience, feeling, belief, and other aspects of living—whether expressed, presented, or hidden from the therapy—constitute the “stuff” out of which therapy takes place. The reactions of others, whether present in the client’s life today or in the past or existing as generalized impressions of “the other” and whether real or expressions of aspects of one’s own superego, are all relevant aspects of clinical process. The therapeutic goal for all clinical material, especially in assessment, is to understand the meaning, origins, and nature of the client’s experience. When the client’s experience is as troubling as that of the compliant victim, extraordinary caution and neutrality are required. The goal is to assist clients in understanding not just the extent to which they were compliant but, more importantly, the nature, developmental and historical foundations, motivations, and dynamics of the “choice” as well as the extent to which the sexual relationship really was in fact a “choice.”

### Neutrality

The therapist has a responsibility to provide a fundamentally different experience from that which the compliant victim has with parents, prosecutors, significant others, and even the older person with whom he or she has been involved. But, the notion of therapeutic neutrality is often misunderstood, especially by our nontherapeutic colleagues.

As Chessick (1993) pointed out, “The great value of neutrality is that it encourages the patient’s free association and expression of many embarrassing and very private thoughts and fantasies” (p. 258). Managing our own counter transference to the client’s experiences, apparent choices, and actions; avoiding imposing or supporting predominate views about their behavior; and noncontingent regard, warmth, and acceptance create the therapeutic conditions in and through which compliant victims can come to understand more fully their own experience.

Even so, some compliant victims may remain emotionally attached to the older person with whom they were sexually involved. Our ability to create a therapy process that allows for such an outcome is the challenge we face. My experience, although as limited as most therapists I suspect, is that usually such a stance allows teens to understand the extent to which their compliance was in fact not a free choice. They are then able to move beyond the experience with greater capacity for free choice in the future.

At its most basic level, our field seems to seek a world in which individuals, children, and adults are not manipulated, coerced, tricked, or unconsciously led to act in ways that are potentially not in their best interests. At least at the beginning of therapy, compliant victims do not agree with our view of their circumstance. How do we apply our ideas about development, history, and psychological processes to help children and youth understand the bases upon which they and others act? How can we facilitate alternative decisions for them about how to behave and be that can make all the difference?

Chessick, Richard. 1993. *A Dictionary for Psycho-Therapists*, New York: Jason Aronson.  
Finkelhor, David. 1927. What’s wrong with sex between adults and children? *American Journal of Orthopsychiatry*, 49(4), 692-697.

## A Prevention View of the Compliant Child Victim Cordelia Anderson, Sensibilities

People want sexual violence prevention to be simple—one video, one theater piece, one big talk that will cover it all and help our children to be safe. Even with increased understanding that sexual violence needs a public health prevention response; even with increased awareness that it takes multiple interactive sessions that are reinforced over time to change behavior; and even with the clear understanding that messages need to be developmentally appropriate and relevant to the audience we're trying to reach—we still tend to avoid the reality of uncomfortable ambiguities and touchy issues.

Lanning presents several challenges to prevention:

### 1) The Limitations of Simple and Over-simplistic Messages

As the person who authored the touch continuum in 1977, which is often incorrectly referred to as “good touch/bad touch,” I’m constantly countering how such oversimplification is not accurate and is not what was originally intended. For example, lack of touch can be on both ends of the continuum, and a great deal of touch is not clearly positive or negative. Touch is confusing for multiple reasons: liking the person but not liking what he or she is doing; when the touch changes from contact that was okay to something uncertain or unwanted; not being used to touch or sure of the giver’s intent; and when the touch feels good but isn’t suppose to.

Lanning points out that the “say no, yell, and go tell” messages not only play into victims’ sense of guilt when they are unable to practice such behaviors, but also do not reach those victims who are seduced by the offender. Such messages ignore the fact that when victims are seduced, they don’t want to say “no” to an offender, they don’t want to yell, and they don’t want to tell.

In defense of prevention efforts, many include multiple messages and teach multiple skills that are not nearly as simplistic as catch phrases would reduce them to. Alternatively, it is prudent to make sure that prevention messages are inclusive of a wide range of sexual behavior problems and sexual harms.

### 2) The Need to Talk About “It”

#### Range of Behaviors

A big part of prevention is talking about “it.” The “it” includes the full range of sexual behaviors from healthy and appropriate to violent, respectfully, as follows:

**HARS > P > MI > B > H > V**

#### Healthy, Appropriate, Respectful, Safe (HARS)

(Behaviors that are expected, encouraged, and helpful in a given setting)

#### Playful: Teasing, Flirting

(Fun, mutual, no harm done, relationship enhancing, problematic only when detracting from tasks)

#### Mutually Inappropriate

(Consensual sexual intimacy or sexual behaviors in an inappropriate time, place, or manner or language agreeable to the participants but not to the organization, such as the school or to bystanders)

#### Sexual Bullying

(Not fun for at least one party, not mutual, harm done, aggressive, harmful to relationships; policies vary)

#### Harassment

(Unwelcome and unwanted sexual words and behaviors and acts harm done, against school policy, against the law; must be reported)

#### Violence

(Words and actions that hurt people; without consent or equality and with coercion; forced, tricked or manipulated; harm done; against school policy, against the law; must be reported)

Bullying, Harassment and Violence are not a game and not a joke. In some cases, it may be “just the way it is,” but it is not the way it needs to be or something those harmed should have to put up with. Sexual bullying is a large portion of the bullying experienced by children. Children may be made fun of because of how they are or aren’t developing, who they have a crush on; not being male in the right “male enough” ways or female in the right “female enough” ways; being perceived as gay/lesbian or gay sensitive or having gay/lesbian/bi-sexual/transgender family members; alleged sexual behaviors or lack thereof; and so forth.

Many youth are not only confused about what is appropriate behavior, but are also confused about what are illegal behaviors. Educational efforts need to help them understand that some behaviors are against the law.

Part of the challenge in getting educators or others to promptly report harmful behaviors and to not over-react to developmentally appropriate behaviors is getting some clarity on what is what. At this point what one person perceives as teasing another may call harassment and another violence. And, when sex is involved, people tend to be even more uncomfortable talking about the behaviors and more confused about an appropriate response or intervention.

### 3) The Need to Revisit How Consent Is Talked About

Lanning points out several problems with the concept of consent including the reality that a child cannot legally consent and the fact that the basis for a crime having occurred is that lack of consent is presumed, yet the age of consent varies from state to state. Many prevention programs use consent, and lack thereof, as part of the definition of sexual violence. Many include the importance of being aware of whether or not both parties truly consent to any given type of sexual contact or sexual behavior. It is prudent for prevention efforts to add “the problem with consent.” That is, what happens when children or youth cannot legally or developmentally consent but firmly believe they are making an informed choice?

### 4) The Need to Broaden Discussions of How and Why Offenders Do What They Do

Many efforts include discussion of how offenders “trick” victims. Prevention efforts need to include discussions around seduction.



Discuss that seduction is one way some offenders “trick”; and this reality is polar opposite from teaching children and youth to be alert only to force, threats, or aggressive coercion. No one likes to realize that they’ve been duped, especially by someone they thought truly cared. But as Lanning points out, no child or youth is a “match for a 50-year-old man with an organized plan.”

Potential questions that can help get youths’ attention and engage them in dialogue include the following:

- What does it mean to trick someone?
- How does it feel when you get tricked?
- What is appealing for some young people about an older person or adult taking an interest in them? ...a sexual interest in them?
- What are your ideas about why an older person/adult would be interested in a sexual relationship with an adolescent or child?
- What are your ideas about what the problem is with such a “relationship”? (laws; one person having more knowledge/power/control; the adult primarily being interested in sex vs. “true love” and likely having a string of children/adolescents who think somehow this person has a special interest in them; the secrecy)
- How can friends help if they know or suspect a friend is “falling in love with” or being duped by an adult who wants to have a sexual relationship with them?
- What makes it hard to get out of a relationship that others tell you is not good for you? What makes it hard even when you start to think it might not be what you originally thought?
- How do you think you might feel if you thought someone really cared about you or loved you, and later you found out that what he or she primarily wanted you (and others) for was sex?
- What do young people need to know about adults who want to have sex with them?

### 5) The Need to Address Barriers to Disclosure or to Understanding

Prevention efforts that are willing to talk about same-sex incidents are also likely to address what Lanning refers to as the “stigma of homosexuality.” This makes it difficult for those harmed or tricked to disclose what happened. Most programs talk about barriers to disclosing, like having mixed feelings about the offender or being embarrassed, ashamed, or fearful. What may be newer for some efforts is including the reality that, in keeping with the offender’s ability to seduce, some children do not see that they’ve been victimized and indeed may have liked or loved the person and the attention and sexual contact. That said, it would take some effort to make sure students (and adults) understand how and why the child or youth is a victim.

### 6) The Need to Proactively Address Sexual Curiosity and Needs of Adolescents and Children

Lanning points out that adolescents have needs and curiosity about sex, are sexually inexperienced and somewhat rebellious, and (especially males) are easily aroused. Although many prevention efforts include developmental information in their professional training, fewer are versed in normal sexual development of children and youth. In responding to a recent survey, several staff at one elementary school did not feel they needed to respond to questions about GLBT (gay, lesbian, bi-sexual, transgender) issues or even sexual violence. As an elementary school, they believed that these issues were not relevant yet. But, well beyond the statistics about child victimization, elementary children are clearly expressing their interest in and questions about sex. Further, many bullying behaviors in elementary school are GLBT- and sex-related. Children talk about sex, they joke about sex; they need adults to talk with in proactive and constructive ways to provide accurate information.

It is normal for an adolescent to be flattered and charmed by an adult who treats them as if they matter; as if they are more mature and knowledgeable than they are; as if they are an adult. It is normal for an adolescent who is struggling to understand his or her own emerging sexuality to look to adults for guidance, limits, and assurances. It is not unusual for an adolescent to have a crush on an adult. It is not unusual for adolescents to be insecure about whether they are “normal,” “attractive,” or “mature.” It is not unusual for youth traversing through the pitfalls of adolescence to want to be viewed as more mature and worldly than they are. It is not unusual for adolescents to put on the wares of a society that packages everything in terms of sex—and then to look like they know more than they do. It is not unusual for an adolescent (or adult for that matter) to have a lot of sex yet to know very little about sexuality or sexual health. It is critical for adults to protect, not exploit children, and to talk with children and youth about the difference between sexual health and sexual exploitation.

### 7) The Need to Be Clear and Consistent About What’s Wrong With Adults or People in Positions of Power Having Sex With Children or Youth

Part of prevention is having a clear and consistent message that it is never okay to trick, coerce, or force anyone into sexual activity. Why? Youth need to be aware that there are laws against such behaviors including, in many states, something called “sex offender registration.” Legalities aside, tricking, conning, or duping someone into having sex is disrespectful and dishonest and can be harmful ultimately for both the victim and the offender. Much like allowing people to drink themselves into oblivion is not helpful, neither is allowing them to harm others for their own power or sexual gratification. Even if a youth “comes on” to an adult, the adult has more power and control and has the choice and the responsibility to say

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Besides the laws, reasons why it is not okay for adults to have sex with children or adolescents include the following:

- It robs children and adolescents of their own sexual development as well as learning and discovering about themselves and relationships in a developmentally appropriate way—with others who are the same or near their same age.
- Emotionally, socially, and sexually healthy adults want to have sex with someone at their own developmental level.
- Adults are supposed to teach, guide, care for, and protect children and adolescents and not use them for their own sexual gratification.

### Changing Trends in Prevention

More programs (e.g., STOP IT NOW!) understand the importance of a public health approach to prevention. I have found it useful to think in terms of the 3 P's: Promotion (positive youth development, assets, and protective factors), Protection (safety and security measures), and Prevention. For prevention, rather than just focusing on how to reduce chances of victimization, it is useful to think of four levels:

#### a) Reducing sexually harmful behaviors —

This means focusing on stopping people from becoming sex offenders. Actions include the following:

- Parents talking to their children about not harming others emotionally, physically, or sexually
- Providing curricula that teach, practice, and reinforce positive social-emotional skills
- Early intervention in behaviors that may not be serious acts of sexual violence but clearly are not okay (e.g., sexual slander and put downs, spreading of sexual rumors, sexual name calling; inappropriate sexual touch)
- Getting help for those who are sexually harming others so they can stop doing sexually destructive acts.

#### b) Reducing chances of sexual victimization —

- Helping boys and girls to understand the full range of sexual exploitation, from behaviors that are clearly violent to those involving “seduction”
- Teaching children and adolescents about their rights and responsibilities
- Teaching curriculum related to social-emotional skill development
- Encouraging those harmed to tell and get the help they need.

#### c) Increasing the capacity of bystanders —

- Helping all to understand our responsibility to help, not harm others; to be part of the solution, not part of the problem through silence or “putting up with” or “going along with”
- Helping bystanders to talk about it, see it, name it, speak up, speak out, and have the courage to act.

#### d) Addressing the sexually toxic society —

- Recognizing ways that the society is sexually toxic
- Developing a discriminating eye and skills not to be co-opted by harmful and destructive messages and socialization
- Speaking out against norms that may be “accepted,” but are sexually harmful to at least some groups of people.

### In Defense of Prevention Efforts

Most of the foregoing issues are not completely new to most people doing sexual violence prevention work. Some have found ways to address all or part of what is being raised, but have not had the means or taken the time to write it up. On the other hand, too many are doing what they've done for years—one or two sessions with simple messages that are liked and approved by the schools or organizations they present to but lacking current research. It is no small task to bridge what we know about what works in prevention, what we are learning about offenders, and the ever-growing limits of prevention budgets and school resources that may disallow time for topics other than core subjects. Much like our message to students, parents, and educators, these issues are complex. But one basic thing we each can do is to keep talking about “it.”



## A Research Perspective on the Compliant Child Victim

William N. Friedrich &  
Stephen P. Whiteside, Mayo Clinic  
and Nicholas J. Talley,  
University of Sydney

Fields of study evolve in the same manner as organisms. Two central principles are operative in this evolutionary process—differentiation and integration. This collection of papers represents a differentiating step. What is being differentiated is an increasingly sophisticated view on the complexity of sexual abuse.

It would have been impossible to raise consciousness and professional and public concern about sexual violence if we had skipped over the first step, which defined sexual abuse as a monolithic negative. It was absolutely imperative that any sexual act against a child or adolescent be viewed as potentially scarring, often with lifetime implications.

However, despite compelling evidence that sexual abuse is associated with a range of adverse outcomes, the empirical literature is also replete with studies that find a variable relationship between features of the abuse and outcome. Some of this variability is due to the problems inherent in obtaining accurate information from victims about the details of the abuse. This is even more difficult with child victims.

But professionals in the field are increasingly aware that sexually abusive acts are extremely variable, victims will vary one from the other, and the supportive contexts of victims are equally variable. Hence, a differentiated perspective on the underlying variability within the term *sexual abuse* is needed.

However, for many reasons, it is very difficult to study so-called compliant victims. For one thing, this is an emotionally charged topic, and the cold reality of empirical research seems to be in another planet relative to victimology. Another reason is that victims would need to be able to have a perspective on their abuse that only comes with self-reflection and the absence of PTSD. That requirement would severely limit the number of subjects in any study. In addition, the researcher would have to be highly trusted for this self-perspective to unfold.

Imagine the following scenario between a trained interviewer (I) and a victim (V). I believe that it would take this level of introspection by the victim and acceptance by the interviewer for it to unfold.

I: You mentioned two different unwanted acts with this 18-year-old boy when you were 15. Both involved his touching your breasts. Please try to remember if he was coercive in any way. Did he threaten you in any manner?

V: (Lengthy Pause) I have been asked if I was sexually abused before. I never answered yes. I guess I answered yes to your questions because you didn't call them abuse. You labeled them unwanted. I'm not sure if I wanted him to touch me. I know I was getting curious about sex at the time. My next boyfriend and I did even more than that, but I wanted that to happen. This is tough to answer.

I: Let's narrow it down to one thing. Do you remember him forcing you?

V: No, he didn't force me. All of a sudden, his hand was there. I froze for a bit. Then I thought, . . . you won't think I'm crazy, will you?

I: No, I won't think you were crazy. You were 15.

V: That's good. (Pause). I thought, this is kind of interesting. It doesn't feel so bad. This is what my friend told me boys do. And then I thought, I don't think I want him to get the idea that I like him, so I moved his hand away. We went to a movie again the next weekend and he tried it. I knew he was going to, but after he did, I moved his hand away, and he never asked me out again.

This depth of detail is not obtained on questionnaires, the most widely used strategy to examine impact of victimization. But this amount of information is needed to judge what actually happened. And the victim would have to be able to be in a position where she could ponder, check back with the interviewer, and then provide some extremely intimate details.

A third reason that it is difficult to study compliance is that victims are often ambivalent in their relationship with the perpetrator. They may blame themselves and then excuse the victim when there is no reason to do so. One person may report compliance at some stage in her life and only later realize a deep resentment about what happened.

### A Possible but Imperfect Solution

We set out to create what may be a criticized solution to the conundrum of how one defines compliant victims when there is no interview data. It is likely that if the victim reports no coercion, and the perpetrator was of a similar age, the act may certainly be considered abusive and unwanted. But, individuals falling into this group may be closer to the compliant end of the severity of abuse continuum than other victims. There are obvious flaws to this definition. The victim may inaccurately report no coercion when in fact there was ample. But given that the sample we had available for our analysis never asked the question of compliance, we settled for a less precise strategy. Our hypothesis was that unwanted sexual acts by a peer would be less associated with sequelae than coercive acts by a nonpeer.

### Study Description

**Participants.** Strengths of this study included the sample size (N = 610 adults), the method of recruitment (random, age, and sex-stratified for a 66.3% response rate), and the origin (community, not clinical). The mean age of the entire sample was 39.9 years. (For a more detailed description of the sample, see Friedrich, Talley, Panser, Zinsmeister, & Fett, 1998.) Subjects completed a reliable and valid abuse-screening device (Friedrich, et al. 1998). They were asked to describe "unwanted" sexual acts (from a total of 12) that had occurred to them prior to age 18. They also provided information on level of coercion and age of perpetrator. A total of seven levels of coercion was possible, ranging from no threats or force to bribes, forceful verbal statements, verbal threats, physical force, weapons, and other.

This latter data enabled us to operationalize "compliance" as the absence of coercion with a similarly aged person (no more than 4 years apart). This group was labeled noncoerced (NC) (N=24). Two other groups were created from this data: a nonabused group (NA)

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(N = 484) and all other sexually abused individuals (SA) (N = 97). The gender breakdown for each of the three groups was as follows: NA (49.4% female), NC (70.8% female), and SA (79.4% female).

**Outcome Measures.** We selected a combination of well-validated outcome measures including 20 items from the Trauma Symptom Checklist (Briere & Runtz, 1989), a 24-item somatic complaint scale (two scores were obtained, often and bothersomeness) (Talley, Zinsmeister, Van Dyke, & Melton, 1991), a 4-item measure of satisfaction with current social support (Moos, Cronkite, Billings, & Finney, 1983), and a 2-item history of alcohol problems (Colligan, Davis, & Morse, 1988). These measures enabled us to assess a range of potential outcomes: those that were more trauma-specific, others that were more somatically focused, as well as the protective factor of social support, and finally, alcohol problems, which are over-represented in samples of victims (Stewart, 1996).

### Results

**Between Group Differences.** Analysis of variance was used to calculate differences across the three groups on each of the five outcome measures. Post-hoc analyses were calculated with least squares-differences. (A table listing mean values for each group is available from the first author.)

Significant differences were noted on 4 of the 5 outcome variables. These were trauma symptoms ( $F(2, 602) = 28.2, p < .001$ ), somatic symptoms-often ( $F(2, 602) = 22.4, p < .001$ ), somatic symptoms-bothersome ( $F(2, 602) = 18.5, p < .001$ ), and social support ( $F(2, 602) = 5.0, p < .01$ ). The groups did not differ on alcohol problems ( $F(2, 602) = 1.8, p > .10$ ). Post-hoc analyses identified significant differences between NA and SA on all variables except alcohol problems. No post-hoc differences were found between the NA and NC groups. Post-hoc analyses between NC and SA found significant differences for trauma symptoms, somatic symptoms-often, and somatic symptoms-bothersome, but not for social support or alcohol problems. The SA group reported more symptoms on all scales except alcohol problems.

**Gender Differences.** Women made up 49.4% of the NA group, 70.8% of the NC group, and 79.4% of the SA group. Because Rind, Tromovitch, & Bauserman (1998) report that women endorse more symptoms than do men, multivariate analysis of variance (MANOVA) was used to determine if gender accounted for the differences in reported symptoms. Although women reported significantly more symptoms than men did on both of the somatic symptom measures, they reported fewer symptoms on alcohol problems. The interaction between sex and group was not significant for any outcome measure, and when sex was entered into a MANOVA as a covariate, the effect of abuse group remained significant. Thus, separate analyses were not conducted for men and women.

### Summary and Discussion

Before we summarize these results, it is important to restate the fact that we have no data on the actual "compliance" of these women and men. Rather, they are best described as a group of adults who in retrospect do not recall that any coercion was used as part of the unwanted acts they experienced. Nor are we reporting anything new about the role of force and coercion. Sexual abuse accompanied by force has typically been found to be related to more overt behavioral symptoms in sexually abused adults (Springs & Friedrich, 1992). However, the combination of "no coercion and similar-age"

is not a variable that has been studied.

Our results with a sample of adults support the relationship between coercive sexual abuse and significantly more physical and psychological symptoms. On the other hand, a subgroup of individuals with unwanted sexual experiences perpetrated by a similarly aged peer without coercion were not associated with elevations in trauma-related or somatic symptoms relative to a nonabused, community sample. In addition, social support, an important moderator variable, did not differ between individuals with noncoercive contact and those without a history of sexual abuse.

There are flaws to this study, over and above the definition of *noncoercive*. The sample was older, largely Caucasian, and reasonably well educated. In addition, it may be that gynecologic symptoms or sexual behavior items, if examined separately from the rest of the scales, would have shown differences between the NC and the NA groups.

Another flaw is that our definition of *noncoercive* was arbitrary. We used the data to identify unwanted sexual experiences that would be as close to "compliant" as possible. Some of the reported acts could very well be experimentation between peers that in retrospect was unwanted and thus abusive. However, other acts may have evolved from a sibling context and eventually led to molestation of long duration.

Nevertheless, it is heartening that the results do suggest that it is unlikely that unwanted, but noncoercive acts from a similarly aged peer are associated with significant and persisting trauma-related and somatic symptoms. This is a testament to resilience.

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## MESSAGE FROM THE PRESIDENT

Dear Colleagues,  
As a nonprofit organization, APSAC depends on the support of members and friends to continue its mission of ensuring that everyone affected by child abuse and neglect receives the best possible professional response. Revenue from membership dues covers less than 40 percent of our annual operating budget – the balance comes from the Colloquium and other training registrations, publications, and the generous support of donors who believe in the work we are doing together.

A big **THANK YOU** to the following members and supporters who have made generous financial contributions in the past twelve months:

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All gifts will be greatly appreciated.

*Jon R. Conte*  
President

# APSAC: HELP CONTINUE THE MISSION

Several years ago, a number of colleagues—social workers, psychologists, attorneys, physicians, nurses, researchers, law enforcement officers, and protective services administrators—started talking when they met at conferences of their desire for a professional society designed to meet their needs as professionals in the field of child maltreatment. This new society would give professionals from all of the different disciplines who respond to child maltreatment a common forum for addressing the difficult problems they face in their work. It would encourage research in this young field to build a knowledge base on which professionals can confidently practice, and would disseminate that research in a usable form to all professionals working in the field. This association would serve as a vehicle for approaching difficult policy and practice questions that require an interdisciplinary response, and as a “home base” for all professionals whose main concern was how best to help those affected by child maltreatment.

In 1987, these leaders founded the American Professional Society on the Abuse of Children (APSAC). In the intervening years, thousands of professionals from all 50 states and around the world have joined, and APSAC has made steady progress towards realizing its founders' goals.

It has created the *APSAC Advisor*, a highly-regarded quarterly news journal that delivers current information from leading experts in immediately useful form. It has established *Child Maltreatment*, a quarterly, peer-reviewed, interdisciplinary, policy- and practice-oriented journal that addresses all aspects of child maltreatment.

And APSAC has . . .

- submitted *amicus* briefs to the U.S. Supreme Court in cases with important implications for child abuse practice;
- published guidelines for practice on critically important aspects of practice;
- provided outstanding professional education in institutes, colloquiums, and intensive clinics;
- published books and monographs
- fostered the development of a nationwide network of chapters through which interdisciplinary professionals address issues with local import;
- issued fact sheets and letters to editors to promote accurate public awareness of the complexities of child maltreatment.

APSAC addresses all facets of the professional response to child maltreatment: prevention, assessment, intervention, and treatment. Its members and Board of Directors represent all of the major disciplines responding to child abuse and neglect, including mental health, law, medicine, child protective services, and law enforcement. Its publications and training cover all aspects of child maltreatment, including emotional neglect and other forms of neglect, psychological maltreatment, and physical and sexual abuse. Most important, all of APSAC's products are solidly based on the latest empirical research. They are designed to promote the best possible professional practice by making the latest knowledge widely available and comprehensible in a practical context.

Finally, all of APSAC's products reflect the central wealth of APSAC, which is the unstinting labor of volunteers. The authors, editors, researchers, and teachers whose names are on APSAC's publications and programs have donated their work. All proceeds from these products directly benefit APSAC. These and hundreds of other busy professionals — Board members, Advisory Board members, state chapter leaders, and others — who have given so freely of their scarce and valuable time have made APSAC a living, breathing force for all professionals in the field of child maltreatment.

Much more remains to be done. To achieve APSAC's mission, there can be no bystanders: Your active participation is required. Please join the interdisciplinary professional organization that focuses all of its energy on improving America's response to child maltreatment.



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### **SEXUAL ABUSE**

#### **Ethnic Group Differences in Adjustment Following Sexual Abuse Discovery Examined**

This study explored ethnic group differences in abuse characteristics, appraisal processes, primary caregiver support, and adjustment following sexual abuse discovery. 130 sexually abused children (aged 8-15 yrs) from Black, White, and Hispanic families completed interviews within 8 weeks of abuse discovery and at 1-yr follow-up. Results show that Hispanic Ss reported longer duration of abuse by a parent figure and were more often living with the perpetrator. White Ss reported more internal attributions for the abuse. For White Ss, but not for Hispanic or Black Ss, high abuse severity predicted higher levels of shame and a pessimistic attributional style. For Hispanic Ss only, high abuse severity was related to lower levels of satisfaction with primary caregiver support. Results highlight the importance of understanding the role of ethnicity when examining outcomes associated with sexual abuse.

Feiring, C., Coates, D.L., & Taska, L.S. (2001). Ethnic status, stigmatization, support, and symptoms development following sexual abuse. *Journal of Interpersonal Violence, 16*(12), 1307-1329.

#### **Variations in Sexual Abuse Experience Linked With Acute and Long-term Outcomes**

Examined short- and long-term maladaptive outcomes (e.g., aggressive behavior, depression, dissociation, and low self-esteem) in a sample of 158 sexually abused females and a comparison group. Outcomes were assessed at two time points, entry into the study and approximately seven years later. Findings address two specific questions: (1) whether subgroups or profiles, based on the specific characteristics of the sexual abuse experienced, can be identified in this sample of abused females; and (2) whether these profile groups predict different patterns of adverse short- or long-term outcomes. Results indicate that differences in the abuse experience are shown to be important to understanding both acute and long-term behavior problems and adjustment.

Trickett, P.K., Noll, J.G., Reiffman, A., & Putnam, F.W. (2001). Variants of intrafamilial sexual abuse experience: Implications for short- and long-term development. *Development & Psychopathology, 13*(4), 1001-1019.

#### **Mental Health Consequences of CSA and Multiple Trauma Exposure Explored**

Exposure to multiple traumas as mediators of the relationship between childhood sexual abuse and negative adult mental health outcomes was examined. Participants were 174 women interviewed in the third wave of a longitudinal study of the consequences of child sexual abuse. Child sexual abuse victims reported a lifetime history of more exposure to various traumas and higher levels of mental health symptoms. Exposure to traumas in both childhood and adulthood mediated the relationship between child sexual abuse and psychological distress in adulthood.

Banyard, V.L., Williams, L.M., & Siegel, J.A. (2001). The long-term mental health consequences of child sexual abuse: An exploratory study of the impact of multiple traumas in a sample of women. *Journal of Traumatic Stress, 14*(4), 697-715.

#### **Childhood Sexual Abuse Prevention Programs: Strengths and Challenges**

Examined data from 87 child sexual abuse prevention programs to

explore how these programs function in their community contexts. Prevention leaders indicated that program continuance is affected by factors such as adequate and secure funding, competing agendas, and community collaboration. This study also documents that programs are responding to challenges in the literature to improve prevention program components.

Plummer, C.A. (2001). Prevention of child sexual abuse: A survey of 87 programs. *Violence & Victims, 16*(5), 575-588.

### **PHYSICAL ABUSE**

#### **Potential Mediators of Physical Abuse and Children's Social and Affective Status Examined**

This study examined a model explaining the association between physical abuse of children and children's social and affective status. Participants included 100 physically abused children (aged 9-12 yrs) and 100 case-matched classmate nonabused comparison children. Children's social expectations regarding peers, and 2 social behaviors (i.e., aggressive behavior and prosocial behavior) were found to mediate between abuse and positive and negative social status, as well as between abuse and positive and negative reciprocity. Social expectations and withdrawn behavior mediated between abuse and positive social status, but only where withdrawn behavior was a function of social expectations. Social expectations were generally found to mediate between abuse and internalizing problems. Peer rejection added to social expectations in producing internalizing problems.

Salzinger, S., Feldman, R.S., Ng-Mak, D.S., Mojica, E., & Stockhammer, T.F. (2001). The effect of physical abuse on children's social and affective status: A model of cognitive and behavioral processes explaining the association. *Development & Psychopathology, 13*(4), 805-825.

#### **Study Found Physical Abuse and Lifetime Psychopathology Vary by Gender**

The authors assessed lifetime psychopathology in a general population sample and compared the rates of 5 psychiatric disorder categories between those who reported a childhood history of either physical or sexual abuse and those who did not. Those reporting a history of childhood physical abuse had significantly higher lifetime rates of anxiety disorders, alcohol abuse/dependence, and antisocial behavior and were more likely to have one or more disorders than those without such a history. Women, but not men, with a history of physical abuse had significantly higher lifetime rates of major depression and illicit drug abuse/dependence than did women with no such history. The relationship between a childhood history of physical abuse and lifetime psychopathology varied significantly by gender for all categories except for anxiety disorders.

MacMillan, H.L., Fleming, J.E., Streiner, D.L., Lin, E., Boyle, M.H., Jamieson, E., Duku, E.K., Walsh, C.A., Wong, M.Y., & Beardslee, W.R. (2001). Childhood abuse and lifetime psychopathology in a community sample. *American Journal of Psychiatry, 158*(11), 1878-1883.

#### **Differential Pathways to Disruptive and Delinquent Behavior Among Maltreated Boys**

Data from a longitudinal, inner-city community sample were used to examine the prevalence of child maltreatment in 506 males and to relate this to disruptive and delinquent child behavior. By age 18 yrs, almost one fourth of the families had been referred to Children and Youth Services (CYS). Investigation by the CYS resulted in substantiated maltreatment of 10% of the Ss, mostly for physical abuse and neglect.

Maltreatment was related to the boys progressing on 3 pathways



in disruptive and delinquent behavior: authority conflict pathway, overt pathway, and covert pathway. Victims were more likely to have engaged in behaviors characteristic of the authority conflict and the overt pathways but less strongly engaged in behaviors associated with the covert pathway. Victims were also more likely to have a referral to juvenile court.

Stouthamer-Loeber, M., Loeber, R., Homish, D.L., & Wei, E. (2001). Maltreatment of boys and the development of disruptive and delinquent behavior. *Development & Psychopathology*, 13(4), 941-955.

**OTHER ISSUES IN  
CHILD MALTREATMENT**

**Regular Supervision Improves the Quality of  
Investigative Interviews**

This study examined the use of focused and open-ended prompts in forensic interviews conducted by eight trained investigative interviewers in the months preceding and immediately following termination of regular supervision and intensive individual feedback. A matched group of 74 alleged victims of sexual abuse (aged 4-12 years) were interviewed using the National Institute of Child Health and Human Development investigative interview guide by a group of experienced forensic interviewers pre- and post- completion of the supervision and feedback phase. After the supervision ended, interviewers used fewer open-ended prompts and relied more heavily on option-posing and suggestive prompts, which are less likely to elicit accurate information. These results suggest that ongoing supervision and feedback may be necessary to maintain desirable interview practices.

Lamb, M.E., Sternberg, K.J., Orbach, Y., Esplin, P.W., & Mitchell, S. (2002). Is ongoing feedback necessary to maintain the quality of investigative interviews with allegedly abused children? *Applied Developmental Science*, 6(1), 35-41.

**Child Abuse Research Recruitment and  
Maintenance Strategies Explored**

This article delineates the results of strategies used in a longitudinal study of child abuse. Participants included a group of abused children (aged 7-11 yrs) and their mothers and a matched comparison group of nonabused children and their mothers. Consent rates were lower for abusing families than for nonabusing comparison families. Among abusing families, those in the sexual abuse group were more difficult to recruit than those in the physical abuse or neglect groups. Retention over time was highly successful as a result of considerable efforts to maintain contact with respondents.

Kinard, E. M. (2001). Recruiting participants for child abuse research: What does it take? *Journal of Family Violence*, 16(3), 219-236.

**Psychometric Properties of a Childhood Trauma  
Measure Examined in a Community Sample**

This article explored the factor structure and reliability of the Childhood Trauma Questionnaire (CTQ) in a community sample of adults aged 18-65 yrs and calculated normative data. Consistent with previous literature, a 5-factor model best described the CTQ, with a hierarchical model also providing excellent fit. Additionally, the CTQ demonstrated acceptable internal consistency. Overall, findings suggest that the CTQ is appropriate for use in a community sample.

Scher, C.D., Stein, M.B., Asmundson, G.J.G., McCreary, D.R., & Forde, D.R. (2001). The Childhood Trauma Questionnaire in a community sample: Psychometric properties and normative data. *Journal of Traumatic Stress*, 14(4), 843-857.

**Impact of Maltreatment and Symptomatology on  
Neuroendocrine Functioning Investigated**

Cortisol regulation was investigated in a sample of school-aged maltreated (n=167) and demographically comparable low-income nonmaltreated (n=204) boys and girls in the context of a day camp research program. Maltreated children with clinical-level internalizing problems were distinguished by higher morning, afternoon, and average daily cortisol levels across the week of camp attendance. In contrast, nonmaltreated boys with clinical-level externalizing problems emerged as distinct in terms of low levels of morning and average daily levels of cortisol. Maltreated children with comorbid clinical-level internalizing and externalizing problems were less likely to show the expected diurnal decrease in cortisol.

Cicchetti, D., & Rogosch, F.A. (2001). The impact of child maltreatment and psychopathology on neuroendocrine functioning. *Development & Psychopathology*, 13(4), 783-804.

**Study Examines Buffering Effects of Vagal  
Tone on Interparental Conflict**

Physiological regulation, as indexed by baseline vagal tone and delta vagal tone, was examined as a moderator in the relations between exposure to verbal and physical parental marital conflict and children's adjustment and physical health. Higher vagal tone was posited to serve a protective function for children exposed to higher levels of marital conflict. 75 children (aged 8-12-yrs) and their mothers completed measures of parental conflict, and children's adjustment and physical health. Results indicate that higher vagal tone buffered children against increased externalizing, internalizing, and health problems related to exposure to more frequent marital conflict, especially verbal conflict. Further, higher levels of delta vagal tone protected boys against externalizing problems associated with verbal conflict, and health problems associated with physical conflict.

El-Sheikh, M., Harger, J., & Whitson, S.M. (2001). Exposure to interparental conflict and children's adjustment and physical health: The moderating role of vagal tone. *Child Development*, 72(6), 1617-1636.

**Psychologists' Understanding and Opinions of  
Mandated Child Abuse Laws Examined**

A sample of licensed psychologists were surveyed and reported being relatively well-informed about mandated child abuse reporting laws. However, their performance on a knowledge measure suggests knowledge deficits and a tendency to overreport. Legal considerations encourage reporting, whereas beliefs that one can provide client treatment deter reporting. Opinions of the laws were generally favorable, with some concerns about child protection systems and the impact of reporting on the therapeutic alliance. Practice and policy implications are discussed.

Renninger, S.M., Veach, P.M., & Bagdade, P. (2002). Psychologists' knowledge, opinions, and decision-making processes regarding child abuse and neglect reporting laws. *Professional Psychology: Research & Practice*, 33(1), 19-23.

*The purpose of Journal Highlights is to inform readers of current research on various aspects of child maltreatment. APSAC members are invited to contribute to Journal Highlights by sending a copy of current articles (preferably published within the past 6 months) along with a two-or three-sentence review to Ernestine C. Briggs, Ph.D., Duke University Medical Center, Trauma Evaluation, Research and Treatment Program, Center for Child and Family Health – North Carolina, 3518 Westgate Drive, Suite 100, Durham, NC 27707 (Fax: 919 419-9353).*

**Thomas Birch, JD****HOUSE SET TO VOTE ON CAPTA REAUTHORIZATION BILL**

In April, the U.S. House of Representatives is expected to vote on legislation to amend the Child Abuse Prevention and Treatment Act (CAPTA) and extend its authority through 2007. On March 20, 2002, the House Committee on Education and the Workforce approved by voice vote H.R. 3839, the Keeping Children and Families Safe Act of 2002, which reauthorizes CAPTA for 5 more years.

Many of the amendments incorporated into H.R.3839 were proposed by advocates from the child protection and child maltreatment prevention field. For example, the bill reported for House floor action includes new provisions to encourage linkages between child protective services and health care and developmental services for abused and neglected children. The legislation also brings focus to the CAPTA basic state grants for improving the child protective services infrastructure and emphasizes the prevention focus of the Title II community-based grants. Research grants highlight funding for longitudinal studies and evaluations of best practices for achieving improvements in child protective services.

Rep. Peter Hoekstra (R-MI), the chair of the House subcommittee with jurisdiction over CAPTA who introduced the legislation, included a provision in H.R.3839 that would require states to develop procedures for CPS workers to advise, "at the initial time of contact with the individual subject to a child abuse and neglect investigation," about the complaint. Hoekstra explained that the provision "addresses a growing concern over parents being falsely accused of child abuse and neglect and the aggressiveness of social workers in their child abuse investigations."

The House Committee on Education and the Workforce, in its deliberations on the bill, also adopted an amendment proposed by Rep. Jim Greenwood (R-PA) adding to the CAPTA eligibility state grants requirements that the states have policies and procedures for addressing the needs of infants born drug-addicted or with fetal alcohol syndrome. The new provision would require a hospital to notify CPS about the infant's condition – not to be "construed to create a definition...of what constitutes child abuse" and not to require prosecution – and would require a plan of care for the mother and infant. This plan would include health and mental health services, social services, parenting services, and substance abuse treatment for the mother and referral for the infant to early intervention services, funded under part C of the Individuals with Disabilities Education Act for evaluation.

H.R.3839 authorizes funding for CAPTA's discretionary grants and basic state grants combined at a level of \$120 million for 2003 and "such sums as necessary" through 2007. Title II is authorized at \$80 million the first year and such sums thereafter.

The Senate has not yet begun developing its version of legislation to reauthorize CAPTA. A bill based upon the House-passed measure is expected to be introduced in the Senate in the late spring of 2002.

**BUSH BUDGET ON CHILD WELFARE FOR 2003**

President Bush sent his \$2.13 trillion budget proposal to Congress on February 4 with significant increases for spending on the military and homeland security. The budget for the Department of Health and Human Services goes up by 9 percent, among the highest percentage increases of Cabinet-level agencies, with most of the funding going for bioterrorism protection in the budgets of the National Institutes of Health and the Centers for Disease Control and Prevention. Of the total \$489 billion, all but \$60 billion is dedicated to mandatory spending programs like Medicare and Medicaid. The remainder goes to fund discretionary programs such as those in child welfare, most of which are tagged at level funding in the President's proposal.

For 2002, appropriations legislation passed late last year included slight increases for the Child Abuse Prevention and Treatment Act (CAPTA) programs and for other child welfare services. CAPTA's basic state grants were increased by almost \$1 million to \$22.013 million, and the Title II community-based family resource and support prevention grants grew by slightly more than half a million dollars to \$33.417 million in the current year. Congress could not restrain itself again this year from adding more than \$7 million in money earmarked for pet programs back home, leaving about \$19 million for competitive grants from the \$26 million total for discretionary CAPTA funding in 2002.

An important exception to the administration's spending freeze on child welfare programs is the funding for the Safe and Stable Families Program. President Bush in his budget keeps the promise he made at a mid-January White House bill-signing ceremony for the Safe and Stable Families legislation with the fully authorized \$200 million in appropriated funds for the program, representing a 33 percent increase over current funding. (The actual budget increase amounts to \$130 million above 2002 appropriations for the program, proposing a total of \$505 million in 2003.)

Discretionary spending for research and demonstration grants funded by the Child Abuse Prevention and Treatment Act (CAPTA) also gets a boost in the Bush budget. In 2002, the R&D money is funded at \$26.150 million, with \$7 million of that earmarked for special projects identified by legislators in Congress. For 2003, President Bush proposes raising the R&D funds to \$26.351 million, including \$200,000 to support the 4<sup>th</sup> National Incidence Study, and eliminating all earmarks, leaving all the discretionary funds available for competitive grants, which would make for a 37 percent increase in CAPTA grant spending.

Curiously, the CAPTA-earmarked funding was spared this year by the Bush administration budget cutters who went after some 1,612 special projects sponsored by legislators to the tune of almost \$1 billion in the 2002 Labor-HHS-Education appropriations bill. Last year, when President Bush proposed his budget for CAPTA, he specifically cut out \$15 million in earmarked spending that lawmakers had added into the 2001 budget for CAPTA.

President Bush is asking Congress to fund several of his special initiatives which did not get money in 2002. The education and training vouchers for young people aging out of foster care authorized by the new Safe and Stable Families legislation receives \$60 million in the administration's budget. Likewise, the President's proposed program to support mentoring services for children of parents in prison would get \$25 million. The Bush budget also asks Congress to appropriate \$20 million for a new Responsible Fatherhood and Healthy Marriages Program for grants to faith-based and community organizations to assist noncustodial fathers in becoming more involved in the lives of their children, and for grants to provide young pregnant women and parenting women with access to maternity group homes.

### HOUSE PASSES MANDATORY LIFE SENTENCE FOR REPEAT CHILD SEX OFFENDERS

On March 15, 2002, the House of Representatives approved a bill to provide life imprisonment for repeat offenders who commit sex offenses against children. The Two Strikes and You're Out Child Protection Act, H.R.2146, introduced in June 2001 by Rep. Mark Green (R-WI) would amend the federal criminal code to provide for mandatory life imprisonment (unless a death sentence is imposed) of a person convicted of a federal sex offense in which a minor is the victim, if the person has a prior sex conviction in which a minor was the victim. The bill passed the House by a vote of 382-34 (with only Democrats voting no).

Opposition to the bill was led on the House floor by Rep. Robert Scott (D-VA), who is the ranking Democrat on the House Crime Subcommittee on which Green also sits. Scott called the bill "a perfect example of what the Judicial Conference of the United States Courts describes as the type of legislation that 'severely distorts and damages the Federal sentencing system and undermines the sentencing guideline regimen established by Congress to promote fairness and proportionality in our sentencing system.'"

Scott pointed out that under the bill, the mandatory minimum penalty for second offense of consensual touching by an 18-year-old of his 14-year-old girlfriend is life imprisonment without parole, the same penalty for a sexual offense against a child which results in the child's death.

"An older sexual predator may well deserve life without parole for even attempted consensual touching," Scott said, "but no rational sentencing scheme would treat an 18-year-old attempting to touch a 14-year-old girlfriend in the same manner. All it takes for these kinds of cases to end up in court is a determined parent and equally determined teens, and, bam, life without parole for what children refer to as 'petting'."

Going further, Scott pointed out that the bill applies only where there is federal jurisdiction — those on Native American reservations, national parks, and U.S. maritime jurisdiction. "Therefore," Scott explained, "none of the cases, virtually none of the cases that will be referred to by the supporters of the bill will be affected by the bill because those are State cases.... It is unfair that Native Americans will be subjected to such a grossly disproportionate impact from the draconian legislation just because they live on a reservation."

An amendment offered by Scott to allow tribal governments to opt out of the provision of the bill was defeated on the House floor. Scott concluded his remarks saying, "The problem with this bill is the problem of mandatory sentences in general. They eliminate reason and discretion in order to promote the politics of tough on crime. There is no study or data or other reasoned basis for this bill. The entire reason is its title, the baseball phrase 'two strikes and you're out'."

### BUSH SIGNS SAFE AND STABLE FAMILIES BILL

At a White House bill-signing ceremony on January 17, President Bush signed H.R.2873, the Promoting Safe and Stable Families Amendments of 2001, in the presence of members of Congress, HHS Secretary Tommy Thompson and other agency officials, adopted children and their families, child advocates, and others. In his address, following welcoming remarks by First Lady Laura Bush, the President said, "Promoting strong families was my firm commitment when I was the governor of Texas, and promoting strong families remains a priority for me as your President."

The President called the bill reauthorizing the Safe and Stable Families Program, which includes support for child abuse prevention, family preservation, and adoption services, "a really good piece of legislation." He said that "this bill, sponsored by Democrats and Republicans, is a meaningful, real piece of legislation that's going to change people's lives."

In a preview of his FY2003 budget proposal, Bush said that he would ask Congress to fund the Safe and Stable Families Program at the fully authorized level, \$505 million. In 2002, the program stands at \$375 million.



**ACTING EDITOR-IN-CHIEF**

C. Terry Hendrix, MA  
32214 Oakshore Dr.  
Westlake Village, CA  
818-597-4867

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603-862-2761



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**APSAC Membership****Toby Smith**

Membership Manager  
2449 Beacon Street  
N. Charleston, SC 29405  
843-744-6901 Fax: 843-744-7188  
email: gethsemani@comcast.com

**APSAC Publications****Terry Hendrix, MA**

Publications Manager  
32214 Oakshore Drive  
Westlake Village, CA 91361-3810  
818-597-4867 FAX: 818-597-4879  
email: CTHendrix@aol.com

**APSAC Continuing Education****Tricia Williams, JD**

Operations Manager  
PO BOX 26901, CHO 3B3406  
Oklahoma City, OK 73190  
405-271-8202 FAX: 405-271-2931  
email: tricia-williams@ouhsc.edu



American Professional Society  
on the Abuse of Children  
PO BOX 26901, CHO 3B3406  
Oklahoma City, OK 73190

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