

**Societal System Intervention Trauma  
to Child Sexual Abuse Victims  
Following Disclosure**

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Statement of the Research Problem

The investigation and subsequent interventions in child sexual abuse cases involve a variety of societal systems. The key designated systems for this process are, child protective services, law enforcement, and the juvenile and criminal courts. Each system is mandated by society to achieve differing goals in the aftermath of child victimization. Consequently, children are required to participate in several systems simultaneously, each having their own demands and expectations. Children are forced to psychologically cope with the rigors of this process if societal intervention is to be successful. Unfortunately, many victimized children given their age, arrested development, and the absence of family supports, lack the cognitive and affective resources to navigate through the system interventions.

Some experts have indicted system interventions as psychologically harmful to children, especially child testimony (Weiss, Berg, 1982; Berliner & Barbierie, 1984). Such experts believe that most of what directs present practices are theoretical speculations and past methods of intervention (Tedesco & Schnell, 1987). Studying societal system intervention is an enormous task given the multifarious variables and the difficulty of ferreting out system induced harm from harm suffered from the sexual abuse itself. Very few researchers have attempted to explore the impact of societal system interventions (Ryan, Hunter, Everson, Whitcomb, & DeVos, 1992; Newberger, 1987; Tedesco & Schnell, 1987).

The purpose of this study was to learn if the investigatory processes, court proceedings, and social service interventions by the societal mandated authorities in intrafamily child sexual abuse cases increase the level of trauma experienced in child victims following disclosures.

Research Questions

The exploratory hypothesis for this postscriptive survey study was that certain types of societal system interventions during the investigation, court procedures and social services phases, further traumatize sexually abused children. The types of interventions that were projected to elevate trauma were:

- 1) more than one investigatory interview of a child by system professionals (Tedesco & Schnell, 1987).
- 2) testifying in criminal and/or juvenile court (Weiss & Berg, 1982).
- 3) being removed from the mother or primary caretaker by an action of the juvenile court.
- 4) the inability of professionals involved to establish trust as perceived by the child.

The first three tenets of the hypothesis were chosen because they each represented the primary intervention within the three phases of societal system involvement in child sexual abuse cases. The fourth, lack of trust in professionals, was included because of the significance that trust was believed to have on trauma during each of the three phases.

The theory supporting the author's hypothesis was derived from David Finkelhor's Traumagenic Dynamics Model (Finkelhor & Browne, 1985). Using Finkelhor's model, it was proposed that social system interventions are likely to reproduce sexually abused children's previous experiences of powerlessness, stigmatization, and betrayal and thereby activate previous sexual abuse trauma or initiate new trauma. Coupled with Finkelhor's model were several assumptions regarding societal systems and their potential impact on sexually abused children that were gathered from the author's professional expertise and child sexual abuse literature that served to support the presenter's hypothesis. These were:

- 1) Systems are created and defined by adults who determine its functioning and whose foundation is based on protecting the rights of adults.
- 2) Each specific system views achievement of its own goal as primary and in the best interest of the child.
- 3) Systems usually function with cross purposes and coordination between systems is often poor.
- 4) Physical safety is the primary goal with little awareness as to the potential emotional trauma.
- 5) System interventions often convey blame to the child, "Why didn't you tell when it happened?"
- 6) Systems are quick to condemn both parents, negating the importance of their role to the child.

## Methodology

### Participants

The criteria for gathering the sample for the study were:

- 1) Sexually abused by an adult household member.
- 2) The abuse took place between 1990-1993.
- 3) Age at time of abuse disclosure had to be between 8 and 16 years.
- 4) The Juvenile or Criminal Court had to be involved.
- 5) The child had to be from either St. Joseph, Kalamazoo, or Kent County, Michigan.

All the court records from each of the three counties were reviewed by the presenter. The total population of sexually abused children who met the criteria within each county were sent letters requesting their participation in the study. Letters were also sent to the parents/guardians. If no response was received to the initial letter, it was followed up with a second letter and a personal contact was attempted. Upon completion of the interview the child received \$25.00 for his/her time.

Ninety children ranging from ages 9-19 years participated in the study. There were thirty children from each county. Approximately 62% of the children that were sent letters were interviewed for the study. All but two of the interviews were done by the presenter.

### Measurement:

Three testing instrument were administered during a semi-structured interview in order to measure the level of trauma and to determine the amount of societal system intervention stress experienced by each child. The Trauma Symptom Checklist for children (Briere, 1992) was administered to establish a trauma score for each child. Its purpose is to assess childhood trauma and is especially sensitive to sexual abuse (Briere, 1992).

The Intervention Stressor Inventory measured the probable level of stress that the investigatory, legal, and social service interventions produced. Its purpose is to "establish relative weights for the different experiences likely to be encountered by children in the process of intervention following report of child sexual abuse" (Whitcomb, et.al., 1992, pg.2).

The presenter also designed an instrument that was an open ended self report of what children recalled about the specific societal system interventions and their effects following disclosure. Further, it served to obtain information regarding the child's experience of powerlessness, stigmatization, and betrayal, during the three phases of societal interventions.

## Results

The mean age of the sample was fifteen. There were eighty-one females (90%) and eight-one of the participants were Caucasian (90%). Fifty children (56%) were living with a non-offending parent without the perpetrator in the home at the time of the interview. Thirty-four of the children were no longer living with a parent (38%).

Fathers were the most frequent perpetrators in the sample with thirty two (36%). There were twenty stepfathers (22%) and eighteen perpetrators (18%) who were the mothers' boyfriends. The mean age when the sexual abuse began was eleven. The mean age for initial disclosure was thirteen. Forty-eight children (53%) had more than five incidents of sexual abuse prior to disclosure. Thirty-five (39%) children had less than five but more than one incident. There were forty-seven children (52%) who indicated that the abuse lasted less than one year. Thirty-seven children (41%) revealed that the abuse exceeded one year. With fifty-seven children (62%) penetration had occurred and with thirty-two (36%), fondling.

The hypothesis that societal system intervention exacerbates trauma in child sexual abuse victims was tested by examining the primary events within each of the three previously defined phases of system intervention. Chi square, one way analysis of variance, bivariate correlation, and regression, were the statistical tests used depending on the type of data determined for the variable. A statistical significance level of .05 was employed. The four tenants of the hypothesis were analyzed individually and then together as a compiled model with the Trauma Symptom Checklist score, the measurement of trauma, in order to determine if the hypothesis was supported.

The mean number of investigatory interview per child was 2.5. The mode was three interviews with thirty-seven children (41%). Bivariate and partial correlations were used to analyze the data for number of interviews and trauma score. The correlation between number of interviews and trauma scores yielded a p value of .007 with the level of association being .28. After determining that the number of interview was significant, partial correlation coefficients were then computed to discover if there was spurious or interactional relationship with another variable. The interval level variables controlled for included age, age at disclosure, year of disclosure, and testifying. No variables significantly affected the correlation between number of interviews and trauma scores.

During the legal phase, thirty children testified in either the criminal and/or juvenile court. The correlation between trauma and testifying was .03 with  $p = .73$ . Partial correlations were not run due to the lack of significance in the bivariate correlation. The null hypothesis was supported, as testifying did not make a difference in elevating trauma scores.

The third variable in the hypothesis, removal from the home, was the primary variable in the social service phase. Thirty-six children (40%) were removed from the home. Chi square was run and Eta yielded an association of only .002 between removal and trauma score. The analysis supported the null hypothesis that there was no significant difference in trauma

scores between those children who were removed and those that were not.

The final variable that comprised the hypothesis was the impact of a trusting relationship on trauma scores. Thirty-seven children (41%) indicated that they trusted a professional "very much" and thirty-six participants (40%) indicated that they trusted a professional "some." There were seventeen children (19%) who did not trust any professionals.

The impact of trust on children was clearly demonstrated in the differences between the mean scores of the Trauma Symptom Checklist of the three groups. The results of the one way analysis of variance on the three groups yielded,  $F = 3.21$ ,  $p = .04$ . Post hoc tests were then run using Scheffe which indicated a significant difference between the trusting "very much" group and the "none" group. The Spearman correlation coefficient revealed an association value of  $-.24$  and it was significant at the  $.02$  probability level. The statistical tests supported the hypothesis that children who had established trust with a professional had a likelihood of significantly lower trauma scores than those that did not.

A model was constructed that consisted of the four primary independent variables. Multiple regression was used to analyze the model. The overall multiple R was  $.35$  with the F for the model being statistically significant at  $.02$ . Number of interview ( $t = 2.4$ ,  $p = .01$ ) and trusting relationship ( $t = -2.0$ ,  $p = .04$ ) continued to be statistically significant which revealed that each contributed uniquely in predicting trauma scores.

The Intervention Stressor Inventory was run with trauma scores using bivariate correlations and Pearson's R. There was no significant correlations for any of the three phases, with the highest correlation being  $.16$  in the investigatory phase with a p value of  $.14$ . The statistical analysis indicated that the Intervention Stressor Inventory was a poor predictor of trauma scores. A possible explanation for this finding is that the questionnaire was comprised from expert opinions and did not accurately reflect what the children themselves perceived as the significant stressors.

The number of interviews had an association of  $.28$  which was statistically significant and the strongest of any of the independent variables with trauma score. The level of  $.28$  is not extremely powerful, yet in this study it is an important finding and gains strength when the numerous variables regarding the experience of sexual abuse itself and the societal system intervention are considered. Any one system variable cannot be expected to be the dominate factor in the causation of trauma. Societal system interventions are secondary trauma agents and not the primary agents. The sexual abuse and the family dynamics that surround the disclosure are the most powerful variables of trauma. Therefore, a correlation of  $.28$  gives substantial weight to the impact of the investigatory interviews on trauma.

Several questions on the investigator's questionnaire attempted to gain a further understanding of how the children experienced the interview process. The most dramatic finding was the children's reports of the most difficult part of the investigatory interview. Eighty-four percent of the total sample indicated that having to "tell the details" of the sexual abuse was the

most difficult. In addition thirty-seven percent of the children, two times the number of children in the next closes grouping, stated that the 'initial interview" was the most difficult part of all the system interventions. Such a significant response by the children should be a directive to professionals that gaining the child's secret must be pursued with the utmost sensitivity, respect, and support if fear is to be dispelled and the possibility of further trauma minimized.

The importance of the statistically significant finding on the part trust plays was reinforced by several of the children's responses on the presenter's questionnaire. Ninety percent of the children who had some trust in a professional stated that having a trusted professional was a "great help." Fifty-six percent of the children stated that they were more trusting of other people as an outcome of system intervention. The findings on trust direct professionals to concentrate on establishing and maintaining positive relationships with children as a key component in any system intervention. The establishment of trust as a primary goal of societal system intervention is crucial to the support of sexually abused children.

The children's responses to questions on testifying provide explanation as to why testifying was not statistically significant. Preparation for court testimony, having a trusted person available, and positive feedback from the people within the courtroom all appeared to serve as key factors in empowering children. Over 96% of the children stated that having a trusted person with them when they testified was helpful. The children confirmed the importance of these relationships when they identified "professional peoples support" as the most helpful intervention when testifying.

The most frightening experience in testifying was the presence of the perpetrator in the courtroom. Of the twenty-six children who testified with the perpetrator in the courtroom, 90% stated that the "perpetrator scared them and they didn't want him in the room." The finding that removal from the home was not a predictor of higher trauma scores appeared to be directly related to the lack of support experienced by the children in their families. Forty-eight percent of the children sought support from someone other than their primary caretaker because of the failure of the mother to believe about the sexual abuse. Forty-one percent of the children who were removed stated that the removal was helpful and another 24% felt it had no effect on them.

Safety from the perpetrator was cited 60% of the time as the reason removal was helpful. The safety gained appeared to outweigh the temporary loss of significant others. This is an important awareness for professional who are under the mandate to keep families together. It may be more harmful to leave children in their home according to children who have been removed. However, 76% of the removed children indicated that removal could have been made easier if professionals would have talked to them more, listened to what they had to say about removal, and prepared them better.

To determine how the children felt about their disclosure following system intervention each was asked if they would tell again knowing all that the system had exposed them to. A surprising finding was that 83% were glad they told and would tell again. The 17% who were unsure were asked if a friend were to approach them with a secret about touching would they

encourage the friend to tell. All 17% emphatically stated they would tell their friends to tell so that they could be safe.

The findings from the study served to support the use of Finkelhor's theory in understanding the potential trauma induced from system intervention. Those children who experienced the system as supportive and developed a trusting relationship were more likely to receive lower trauma scores than those who felt betrayed and powerless by system professionals.

### Utility for Social Work Practice

The history of child welfare reform has previously been spearheaded by social workers advocating for the needs of children. Social workers today are significantly involved in all phases of system intervention with sexually abused children. They are also the profession most likely to have the most extensive and intense contact following disclosure. The roles of child protective services, court liaisons, and counselors are primarily filled by social workers who are charged with protecting children through thorough assessment and cautious decision making.

The education and philosophy of the social work profession is predicated on a systems approach to human growth and development. The amelioration of trauma due to systems interventions in child sexual abuse demands, as the study indicates, a holistic approach that considers not only the physical safety of children but also their emotional and psychological well being. To employ such an approach throughout the various systems demands that social workers assume a leadership role in educating other professionals to initiate and maintain system interventions that support the total well being of children. No other profession is better equipped or more actively involved than to advocate for system change. Ultimately, the task of moving from an adult reactive system to a child responsive system lies with the ability of social workers to educate, challenge, and then coordinate, system protocols that meet the needs of sexually abused children.

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