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*This study attempts to discover if further traumatization occurs to sexually abused children through societal system interventions. The Traumagenic Model, developed by David Finkelhor, which explains the dynamics of trauma in child sexual abuse, was employed as the theoretical framework to understand how societal system interventions can produce or reinforce the previous trauma from sexual abuse. Ninety sexually abused children ages 9 to 19 were selected from three counties that have contrasting societal system interventions. The results of the study indicated that the number of interviews children experienced and a trusting relationship with a professional were statistically significant predictors of trauma scores. Other major system interventions, testifying and removal of the child from the home, were not statistically correlated to trauma scores. The majority of the children found the system a positive support in assisting them with the stress of the intervention and personal loss.*

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

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***Reflecting society's past*** refusal to accept child sexual abuse as a social problem, there have been few questions and only a minute number of studies on the effects of system intervention on child victims. Fortunately, questions have recently surfaced among experts in the child sexual abuse field as to the psychological and emotional impact of system intervention on the lives of these children; these questions have resulted in new studies (Berliner & Conte, 1995; Goodman et al., 1992; Oates, Lynch, Stern, O'Toole, & Cooney, 1995; Runyon, Everson, Edelsohn, Hunter, & Coulter, 1988; Sas DeZed-wirek, Hurley, Hatch, Malla, & Dick, 1993; Tedesco & Schnell, 1987; Whitcomb, Shapiro, & Stellwagon, 1985).

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 specific goals in the aftermath of child victimization. Sexually abused children are required to participate in several system interventions simultaneously, with each

system having its own demands and expectations. They must psychologically cope with the rigors of this process if societal system intervention is to be successful. Unfortunately, many victimized children—given their age, the developmental effects of traumatization, and the absence of family supports—lack the cognitive, affective, and social resources to navigate through the system interventions.

Studying system intervention is a complex task given the multifarious variables and the difficulty of ferreting out system-induced harm from harm suffered as a result of the child sexual abuse itself. The few researchers who have attempted to explore the impact of societal system interventions have concentrated on the emotional consequences of repeated interviews and testifying. The findings indicate (a) that reducing the number of interviews of children can minimize psychological harm to child sexual abuse victims (Tedesco & Schnell, 1987) and (b) that testifying is not necessarily harmful to sexually abused children if preparation for courtroom events occurs (Goodman et al., 1992; Oates et al., 1995; Runyon et al., 1988; Whitcomb, Goodman, Runyon, & Hoak, 1994).

Tedesco and Schnell (1987) conducted a study examining the impact of specific interventions on child sexual abuse victims and discovered that societal system interventions were not necessarily perceived as psychologically harmful by the respondents. The most significant finding was that children consistently defined the number of investigatory interviews as having the most harmful effect during their interface with the system.

A study by Runyon et al. (1988) examined the effects of legal interventions on 100 sexually abused children in North Carolina in an attempt to learn if sexually abused children's mental health improved in response to the patterns of societal system intervention each child experienced. Their findings indicated that children who testified in juvenile court appeared to benefit from the experience by demonstrating improved mental health, as indicated by standardized testing measures. Further, those children who were still awaiting juvenile court trials at the end of the 5-month testing interval were significantly less likely to show improvement in depression than their counterparts who had completed their system involvement.

Goodman and colleagues' (1992) study of the emotional effects of testifying on sexually abused children ages 4 through 17 years revealed that testifying once was not a predictor of greater internalized stress and anxiety over an extended period of time. However, children who testified more than once were less likely to show improvement in psychological functioning than those who had not testified or who only testified once.

A study by Whitcomb et al. (1994) on the impact of testifying on child sexual abuse victims indicated that testifying did not have a significant

influence on children's mental health. This study supported Goodman and colleagues' (1992) findings that children who testified more than once were discovered to be negatively affected. Both studies found that maternal support was a predictor of improvements in children's functioning in those who testified and those who did not.

The findings from Berliner and Conte's (1995) study of 82 sexually abused children and their parents are consistent with the aforementioned studies. They concluded that testifying in court was not correlated with a negative level of impact. They did find, however, that having to talk with multiple system professionals, having a medical exam, and expecting to testify were associated with more distress for the children.

This article seeks to expand on these studies and further explore whether the investigatory processes, court proceedings, and social service interventions by the societal-mandated authorities in intrafamily child sexual abuse cases affect the level of trauma experienced in child victims after their disclosures.

The exploratory hypothesis for this 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

- more than one investigatory interview of a child by system professionals (Tedesco & Schnell, 1987);
- testifying in criminal or juvenile court or both;
- being removed from the mother or primary caretaker by an action of the juvenile court;
- the inability of professionals involved to establish trust as perceived by the child.

The guiding theory foundational to the author's hypothesis was extrapolated from David Finkelhor's Traumagenic Dynamics Model (Finkelhor & Browne, 1985). Using Finkelhor's model, it was proposed that the three primary societal system interventions (interviews, testifying, removal) are likely to reproduce sexually abused children's previous experiences of powerlessness, stigmatization, and betrayal, thus reactivating previous sexual abuse trauma or initiating new trauma. The system frequently demands that children repeatedly communicate painful material during interviews, confront the perpetrator in court testimony, and be separated from family through removal. Lack of trusting relationships with professionals leaves children particularly vulnerable because they are forced to undergo system stress without the security of an established relationship with an adult operating

within the system. Personal isolation exacerbates fears of the unknown, suppression of feeling, and emotional withdrawal and further serves to undermine self-efficacy. Such intense psychological processes increase the probability of heightened trauma following disclosure for sexually abused children.

## METHOD

### Participants

Ninety children ranging from ages 9 through 19 participated in the study. Each of the children had been involved either with the juvenile or criminal courts due to sexual abuse by an adult household member. All juvenile and criminal court case records involving child sexual abuse from 1990 to 1993 within three different counties in southwestern Michigan were read. Each child's court file was reviewed and data were gathered from the documented legal proceedings, police reports, and social service sections contained in the individual record. If a child was involved in both juvenile and criminal court, both files were reviewed.

The counties were chosen because of the distinct differences in their system interventions. County A has a community protocol that videotapes child victims at the initial disclosure. There is excellent coordination among the mandated professionals. County B uses a designated countywide team approach. Interviews are conducted jointly with law enforcement and child protective services. County C has the least coordinated system. Children are frequently interviewed independently by the various professionals with no well-defined county protocol.

All of the 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. Each child received \$25 for an interview. All the interviews but two were done by the author. Seventy-five percent of the available children from County A participated in the study, compared with 55% who participated from County C. The exact percentage of participants from County B was unknown because personal access was not allowed to County B's criminal court files and therefore the specific number of potential participants was not known.

## Measurement

Three testing instruments were administered during a semistructured interview 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, 1989) was administered to establish a trauma score for each child. It consists of 54 items designed to measure six subscales characteristic of traumas in sexual abuse victims. Its purpose is to assess childhood traumas and is especially sensitive to sexual abuse. Research by Briere has shown that the reliability and validity of the instrument are satisfactory.

The Intervention Stressor Inventory was used to measure 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" (Runyon, Everson, Hunter, DeVos, & Whitcomb, 1993, p. 2). The mathematical weights assigned to each intervention were derived from data obtained from 98 experts in the field of child sexual abuse. The validity and reliability of the instrument have been supported by previous analysis, although it has not been repeatedly tested.

The author also designed an instrument that was an open-ended self-report of what the child recalled about the specific societal system interventions and what effect the different interventions had on him or her. It consisted of 71 questions. For approximately half of the questions, the children chose an answer from three choices (harmful effect, no effect, very helpful) and were then asked to give an explanation for their choice. Questions were constructed to obtain information regarding the child's experience of powerlessness, stigmatization, and betrayal during the three phases of societal system interventions. The questionnaire helped enrich the quantitative data by supplying significant qualitative information.

## RESULTS

### Sample Description

The mean age of the sample participants was 15. There were 81 females (90%) and 81 of the participants were Caucasian (90%). Fifty children (56%)

were living with a nonoffending 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%); of these, 16 (18%) were living independently, 10 (11%) were in foster homes, 4 (4%) were living with relatives, 2 (2%) were in institutional settings, and 2 (2%) were in an adoptive home.

Fathers were the most frequent perpetrators in the sample (36%). There were 20 stepfathers (22%) and 18 perpetrators (18%) who were the mothers' boyfriends. The remaining 20% were siblings, relatives, and other household members.

The mean age when the sexual abuse began was 11. The youngest was age 4, followed by five children whose abuse began at age 5. In contrast, there were two girls whose abuse did not start until they were age 16. The mean age for initial disclosure was 13.

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 47 children (52%) who indicated that the abuse lasted less than 1 year. Thirty-seven children (41%) revealed that the abuse exceeded 1 year. With 57 children (62%), penetration had occurred, and 32 (36%) reported fondling.

### **Hypothesis Testing**

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, and bivariate correlation were the statistical tests employed depending on the type of scale utilized to measure the constructs of interest. The four components of the hypothesis were each analyzed individually and then collectively with the Trauma Symptom Checklist score, the measurement of trauma, to determine if the hypothesis was supported.

The mean number of investigatory interviews per child was 2.5. The mode was three interviews (41%). Twenty-four children (27%) were interviewed twice, and 18 (20%) were interviewed only once. Bivariate and partial correlations were used to analyze the data for the number of interviews and trauma score.

The correlation between number of interviews and trauma scores was .28 ( $p = .007$ ). After determining that the number of interviews was significant, partial correlation coefficients were then computed to discover if the relation between number of interviews and trauma scores might be explained by a

third variable. Several variables were controlled for, including those associated with high likelihood of trauma due to the sexual abuse (age, relationship to perpetrator, length of abuse) as well as system interventions (testifying and removal). None of the variables significantly affected the correlation between number of interviews and trauma score.

Several questions on the author's questionnaire attempted to gain a further understanding of how the children experienced the interview process. Information regarding reason for disclosure, who was first told and why, what the interviewer did during the interview to make it easier or more difficult, and response to having initial interviews videotaped was obtained. Only 29% first disclosed to their mother, and 27% reported the abuse initially to a friend. There were four primary reasons for disclosure: knew it was wrong (22%), did not want the sexual abuse to continue (18%), was angry at the perpetrator (16%), and found someone to trust (14%). Of the 31 children videotaped, 83% found it either helpful or having no effect on them. Eighty-four percent of the total sample indicated that having to divulge details of the sexual abuse was the most difficult. The significance of this response was heightened by the fact that these were spontaneous responses to an open-ended question. In addition, 37% of the children, twice the number of children in the next closest grouping, stated that the initial interview was the most difficult part of all the system interventions.

During the legal intervention process, a total of 30 children testified. They testified in either the criminal or juvenile court (or both). The correlation between trauma and testifying was .03 ( $p = .73$ ). Partial correlations were not run due to the lack of significance in the bivariate correlation. The null hypothesis was supported because testifying did not make a difference in trauma scores.

Despite the lack of a significant correlation, 34% of those who testified still defined it as harmful. In contrast, 48% described testifying as helpful. Fifty-nine percent of the children stated that testifying assisted them in building more trust in professionals.

Testifying was a stressful experience for many of the children. The majority, when asked how testifying affected them, indicated they were either scared or felt as though they were on trial. The most frightening experience for the children in testifying was the presence of the perpetrator in the courtroom. Of the 26 children who testified with the perpetrator in the courtroom, 90% stated that the perpetrator frightened them and they did not want him in the room. Sixty-two percent identified not having the perpetrator in the courtroom as the most important change that could have made testifying easier.



A relationship with a professional appeared to offer security and safety, which minimized the potential feelings of powerlessness created by testifying. 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 people's support as the most helpful intervention when testifying.

The third variable in the hypothesis, removal from the home, was the primary variable in the social service phase. There were 36 children (40%) who had been removed. Chi-square was run and eta revealed 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 who were not.

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. The trauma scores reflected the perception of removal as helpful versus harmful—there was a 20-point differential between mean scores, with those viewing removal as helpful having the lower trauma score. A *t* test was run between the two groups (helpful vs. harmful) with  $t = 1.99, p = .056$ .

Safety from the perpetrator was cited 60% of the time as the reason removal was helpful. Personal safety, including feeling safe at home from verbal attacks by the mother, was a key issue for many of the children. This, however, does not negate the fact that separation from family is very difficult because 70% of those who were removed cited being away from family as the most difficult part of removal.

The fourth primary variable, the impact of a trusting relationship with a professional, was obtained from the investigator's questionnaire and then correlated with the scores from the Trauma Symptom Checklist. There was no preestablished definition for trust, but, rather, each child was asked to indicate if she or he had no trust, some trust, or very much trust in a professional, according to her own definition of trust. The primary reasons given by the children for why trust occurred were a caring attitude by the professional, his or her willingness to listen, and frequency of contacts. Thirty-seven children (41%) indicated that they trusted a professional very much, and 36 participants (40%) indicated that they trusted a professional some. There were 17 children (19%) who did not trust any professionals. Twenty-eight children (32%) said that the counselor was their most trusted person, with 14 children (16%) stating it was their attorney and 10 children (11%) indicating it was their social worker.

The impact of trust on children was clearly demonstrated in the mean scores of the Trauma Symptom Checklist for the three groups. The 37 children who trusted very much had a mean score of 44 ( $SD = 24$ ) compared

with a mean score of 64 ( $SD = 37$ ) for those children who trusted none. The children who were able to trust some had a mean score of 52 ( $SD = 24$ ). The results of the one-way analysis of variance on the three groups yielded  $F = 3.21, p = .04$ . Post hoc comparisons were then run using the Scheffé test, which indicated a significant difference between the trusting very much group and the none group. The Spearman correlation coefficient revealed an association of  $-.24$  between level of trust and trauma score 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 lower trauma scores than those who had not.

Fifty-six percent of the children stated that they were more trusting of other people as an outcome of system intervention. In contrast, 18% felt that they were less trusting because they felt lied to by the professionals. When these responses were run with trauma scores using one-way analysis of variance, a statistically significant difference was observed, with  $F = 3.33, p = .04$ . The more trusting group had a mean score of 49 ( $SD = 27$ ), compared with those who felt that professionals had no effect on their ability to trust in the future, whose mean score was 48 ( $SD = 27$ ). The less trusting group had a mean of 68 ( $SD = 27$ ).

Other system interventions that were viewed as potentially less stressful than the aforementioned primary variables were also explored to discover their ability to affect trauma. Type of court involved, disposition of perpetrator, and medical exams were statistically analyzed as potential trauma inducers. One-way analysis of variance was run on each of the variables with the Trauma Symptom Checklist, but none of these factors proved to be significant. The largest mean difference was between those children who were involved only with juvenile court who had a mean score of 44 ( $SD = 27$ ) and those who were involved with both criminal and juvenile courts who had a mean trauma score of 56 ( $SD = 30$ ). A  $t$  test was performed between the two groups, and the difference was not large enough to be statistically significant.

There were no statistically significant differences between the three counties in the trauma scores obtained, despite the differences in the system interventions. There was a statistical difference in the mean number of interviews, with County A (initial videotaping) having a mean of two interviews compared with County C (the least coordinated protocol), which had a mean of three interviews ( $F = 10.09, p = .0001$ ). There was also a significant difference in testifying, with the initial videotaping county, County A, having a mean of  $.13$  and County B having a mean of  $.67$  ( $F = 5.3, p = .008$ ).

The Intervention Stressor Inventory was also used to compare counties. An analysis of the cumulative total from the Intervention Stressor Inventory

revealed a significant difference among the counties ( $F = 6.95, p = .002$ ). The mean for County A was 191, for County B it was 310, and for County C the mean was 370. From these scores, it would be expected that County A, with the lower stress scores, would have statistically lower trauma scores than the other two counties, but that did not occur.

An analysis was also done between counties on each of the three phases of system intervention—investigatory, court, and social services—with trauma scores. Bivariate correlation was run, and Pearson's  $r$  showed no significant correlations for any of the three phases of system intervention with trauma scores between counties. The highest correlation was .16 in the investigatory phase, with a  $p$  value of .14. The total Intervention Stressor Inventory score was not significant with trauma score because it had an association of only .05, with a probability of .639. The statistical analysis indicated that the Intervention Stressor Inventory was a poor predictor of trauma scores. This finding is consistent with previous research by Runyon (1993). A possible explanation as to why the scores did not correlate with higher trauma scores is that the Intervention Stressor Inventory was constructed from expert opinions and did not accurately reflect what the children themselves perceived as the significant stressors.

## DISCUSSION

The number of interviews was found to be significantly related to elevated trauma as indicated in the Trauma Symptom Checklist scores. The level of association, .28, was significant and was the strongest predictor of trauma score of any of the independent variables. The level of .28 is not extremely powerful, yet it is an important finding with practical implications. Any one system variable cannot be expected to be the dominant factor in the causation of trauma. Societal system interventions are secondary trauma agents and not the primary producers. The sexual abuse and the family dynamics that surround the disclosure are the most significant sources of trauma. Therefore, a correlation of .28 gives substantial weight to the impact of the investigatory interviews on trauma.

Most children feel responsible for their own abuse (Finkelhor & Browne, 1985; Hindman, 1989). Demanding that children continually repeat their abuse stories connects children with painful memories and may reinforce the internalization of guilt and shame experienced in sexual abuse. Potential harmful outcomes are solidification of stigmatization and a dissociation from memories and affect. The ability to develop trust in professionals may be

undermined when children are continually asked questions that they have previously answered.

Trust in a professional was also statistically supported in reducing trauma scores. Despite many of the children's previous experiences of adult betrayal, most expressed a willingness to develop a relationship with system professionals. The relationship may serve to mitigate the impact of previous betrayal and offer sexually abused children new opportunities to feel safe and secure, the necessary building blocks for psychological and emotional recovery. The children in the study clearly delineated the benefits of a trusting relationship—90% who had at least some trust in a professional stated that having a trusted professional was a great help. Only one child indicated it was of no help.

The findings on trust direct system professionals to concentrate on establishing positive caring relationships with children as a key component in any system intervention. Such findings are consistent with the research by Berliner & Conte (1995) in that they concluded that "children really noticed when they were treated in a personal and caring fashion" (p. 383).

Professionals need to be willing to intervene in ways that respect the integrity of children in the eyes of children. Making promises to placate children's fears, which cannot be ensured by the professional, does more harm than good because ultimately trust in the professional is undermined. Gaining a disclosure must be precipitated honestly by explaining what may occur following disclosure and answering children's questions regarding placement, perpetrator incarceration, and potential familial responses. Without this preparation, it is likely that children will experience betrayal when painful and stressful events occur. The establishment of trust as a primary goal of societal system intervention is crucial in minimizing potential trauma to sexually abused children.

The children's responses to questions on testifying provide possible explanations as to why testifying was not statistically significant. Preparation for court testimony, having a trusted person available, and the positive responses of the people within the courtroom were frequent responses given by the children to the question of what made testifying easier.

It is evident that professionals play a significant role in determining the impact of testifying on children. The recognition of how trust affects children provides an opportunity to minimize the potentially traumatic impact of testifying. The results of the study indicate that the courtroom environment can create fear in children. The effects, however, of this environment can be greatly reduced when children have trusting relationships with adults and efforts are made to prepare children for what occurs during testimony. This

explanation would appear consistent with previous studies on testifying (Runyon et al., 1988; Whitcomb et al., 1994).

Removal from the home was not a predictor of higher trauma scores. This finding 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.

The children, in their responses to questions on removal, spoke of mediating factors that influenced how the removal was experienced. Children clearly stated that they felt they should be informed and listened to by system professionals at the time of removal. Seventy-six percent of the removed children indicated that removal could have been easier if professionals had talked to them more, listened to what they had to say about removal, and prepared them better. These responses emphasize the need to empower children through gaining their input and providing explanations for professional action. Further, they dispel the myth that children should not be informed regarding what is happening within professional arenas when it pertains to them.

Of significant interest to the author were the reflections by the children on whether the system interventions had been positive or negative. The children overwhelmingly viewed the system as positive, with 72% indicating that it was more positive than negative. This finding indicates that most system interventions do serve to support sexually abused children. This is especially important to reform-minded professionals who must not cast aside present methods of intervention but, rather, build on existing systems.

Adding further to system support were the responses to the question, "If you had it to do again, would you still disclose?" Eighty-three percent stated that they were glad they told and would tell again. Thirteen percent stated that they were not sure, and only 4% stated they wished they had not told. The reasons cited were family concerns, and only one child stated that it was because the system had betrayed her. When the 14 children who either were uncertain or would not tell again were asked, "If a friend told you that she had a secret about an adult sexually touching her body, would you tell her to tell someone?" all 14 stated that they would advise the friend to tell an adult. These findings support Berliner and Conte's (1995) research, which reported that all but 1 of the 82 children in their study were glad that they had disclosed the sexual abuse.

The necessity of disclosure, despite the aftermath of emotional pain, psychological stress, and personal loss, is undoubtedly evident from the children's responses. This information provides system professionals with a mandate to continue to develop interventions that encourage disclosure and

the right to personal safety. It clearly demonstrates that the system is frequently successful in supporting victimized children following their disclosure.

## CONCLUSION

The challenges that cases of child sexual abuse present to societal systems are enormous and complex. This study, although limited, provides an understanding that sexually abused children are significantly affected by how system professionals intervene. The children in this study communicated the importance that system professionals have in ameliorating or exacerbating trauma.

Protecting the physical, emotional, and psychological well-being of these children demands continued assessment and evaluation by system professionals. It is the responsibility of professionals to continue to develop societal system interventions that are child supportive. This study discovered that reducing the number of investigatory interviews and building trusting relationships, through listening and information sharing, are steps that can be immediately taken by professionals to minimize potential system-induced trauma to children. Developing community protocols that coordinate interventions so that duplication of interviews does not occur is critically important. Training professionals on how to interview sexually abused children, stressing the need to communicate understanding, listening, and patience is another practical step that can be taken.

System action is also necessary to ensure child court preparation and courtroom layout when children testify. Most states have provisions for shielding perpetrators, and the evidence from this study indicates that every effort should be made to employ such methods to reduce further psychological stress to children that courtroom contact with the perpetrator can generate. It is the responsibility of system professionals to take the steps available to reduce psychological stress and potential fear for child victims.

A reexamination of the necessity of family preservation in child sexual abuse cases is certainly warranted. Any policy that compromises not only the physical but the emotional safety of children is contrary to what was communicated by the children in this study.

The need for further examination to expand on the findings of this study is warranted. This study was limited by its sample size, geographical location, and focus on intrafamily sexual abuse. System professionals must continue to search for methods to minimize trauma and positively support children following sexual abuse disclosure.

## REFERENCES

- Berliner, L., & Conte, J. (1995). The effects of disclosure and intervention on sexually abused children. *Child Abuse & Neglect, 19*, 371-384.
- Briere, J. (1989). *Trauma Symptom Checklist for Children*. University of Southern California School of Medicine, Department of Psychiatry.
- Briere, J. (1992). *Child abuse trauma*. Newbury Park, CA: Sage.
- Briere, J., Lanktree, C., & Hernandez, P. (1991, August). *Further data on the Trauma Symptom Checklist for Children: Reliability, validity, and sensitivity to treatment*. Paper presented at the annual meeting of the American Psychological Association, San Francisco, CA.
- Finkelhor, D. (1986). *A sourcebook on child sexual abuse*. Beverly Hills, CA: Sage.
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55*, 530-541.
- Goodman, G., Taub, E., Jones, D., England, P., Port, L., Rudy, L., & Prado, L. (1992). Testifying in criminal court. *Monographs of the Society for Research in Child Development, 57*(No. 5).
- Hindman, J. (1989) *Just before dawn*. Ontario, OR: AlesAndria.
- Oates, R., Lynch, D., Stern, A., O'Toole, B., & Cooney, G. (1995). The criminal justice system and the sexually abused child. *Medical Journal of Australia, 162*, 126-130.
- Runyon, D. K. (1993). The emotional impact of societal intervention into child abuse. In G. Goodman & B. Bottoms (Eds.), *Child victims, child witnesses: Understanding and improving testimony* (pp. 263-278). New York: Guilford.
- Runyon, D. K., Everson, M., Edelson, G., Hunter, W., & Coulter, M. (1988). Impact of legal intervention on sexually abused children. *Journal of Pediatrics, 113*, 647-653.
- Runyon, D. K., Everson, M., Hunter, D., DeVos, E., & Whitcomb, D. (1993). The Intervention Stressors Inventory: A measure of the stress of intervention for sexually abused children. *Child Abuse and Neglect, 18*, 319-329.
- Sas DeZedwirek, L., Hurley, P., Hatch, P., Malla, S., & Dick, T. (1993). *Three years after the verdict: A longitudinal study of the social and psychological adjustment of child witnesses referred to the Child Witness Project*. (Available from the London Family Court Clinic, 254 Pall Mall St., Suite 200, London, Ontario N6A 5P6 Canada)
- Tedesco, J., & Schnell, S. (1987). Children's reactions to sexual abuse investigation and litigation. *Child Abuse and Neglect, 11*, 267-272.
- Whitcomb, D., Goodman, G., Runyon, D., & Hoak, S. (1994). *The emotional effects of testifying on sexually abused children*. Washington, DC: U.S. Department of Justice.
- Whitcomb, D., Shapiro, E., & Stellwagon, L. (1985). *When the victim is a child*. Washington, DC: National Institute of Justice.

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