
The Child -Centered Social Worker and the Sexually Abused Child: Pathway to Healing

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The prosecution of child sexual abuse cases continues to be an area in which there is a strain between the judicial system and the social work profession; the former is predominately interested in the conviction of the accused and the later is primarily interested in the protection of the child's emotional well-being. In an effort to assist the sexually abused child throughout the court process, the authors propose the concept of a child-centered social worker committed to minimizing the potential for system-induced trauma by assisting the sexually abused child through the judicial process and providing clinical treatment as well.

Key words: *child abuse; clinical interventions; judicial system; trauma*

Despite recent studies suggesting that rates of child sexual abuse have decreased markedly (Jones & Finkelhor, 2001), the number of children estimated to be victims of child sexual abuse is formidable. A national estimate suggested that 3.2 children per 1,000 are victimized annually (Sedlak & Broadhurst, 1996). Although every victimized child is not reported to child protection services, the number of children reported has increased dramatically. (Bierker, 1989; Finkelhor, 1979, 1984; Patterson, 1992; Sas, Wolfe, & Gowdey, 1996; Strand, 1994), as has the number of children who could serve as witnesses in court proceedings (Haugaard & Reppucci, 1988). For example, extrapolating data from New York State to the nation, Ceci and deBruyn (1993) estimated that 100,000 children could be involved in family court or criminal justice proceedings (1993).

Social workers have played an important part in the legal process and are attuned to developmental needs of children and their concerns. Moreover, social workers are recognized as experts in the area of child sexual abuse because they work with abused children more regularly than

other professional groups (Mason, 1992). Increasingly, social workers are being called on by the legal system to provide information about the nature of sexual abuse and its impact on children (Wolfe, Sas, & Wilson, 1987). In addition, social workers have become more involved in efforts to educate the child about and facilitate their ability to participate in the courtroom processes (Doueck, Weston, Filbert, Beekhuis, & Redlich, 1997; Lipovsky, 1994).

Often, there may be two different social workers working with the same family, one providing therapy or treatment and the other—typically through the auspices of a victim witness program—helping the child and her family understand the court processes. (Because most victims of sexual abuse and their social workers are female, for the sake of consistency, this articles uses feminine pronouns. Masculine pronouns are used for alleged perpetrators). The victim-witness's social worker often has a case management function in that she is responsible for linkage among the various systems: medical, legal, protective, and therapeutic. Because the victim-witness's social worker may be called into the family situation

long after the abuse has occurred and late in the legal process and because she is constrained by her role to help the child through criminal court proceedings, there can be a gap for the child between the therapeutic role of the clinical social worker and the system advocate role of the child victim social worker (see, for example, Doueck et al., 1997). Through an expansion of traditional clinical practice and an integration of a diversity of social work roles, including networker, broker, educator, and mediator, this gap can be bridged. Assuming an advanced generalist approach, which broadly recognizes that social workers intervene using more sophisticated role assumptions while attending to multiple and complex system demands (Schatz, Jenkins, & Sheafor, 1990), we refer in this article to the social work therapist, who encompasses the expanded role of practice and the advanced generalist approach, as a "child-centered social worker" or CCSW. We review the roles of the child-centered social worker and compare the functions with those of a more traditional clinical social worker.

Literature Review

The short-term and long-term negative effects of the sexual abuse of children are well-documented (Bowers, 1990; Briere, 1992; Linberg & Distad, 1985; Meiselman, 1978; Nelson, 1991; Sgroi, 1982). In addition, the very system set up to investigate and substantiate the abuse and to identify and punish the offender can further traumatize the child (Bauer, 1983; Berliner, 1985; Berliner & Stevens, 1980; Bulkeley, 1981; Conte, 1984b; DeFrancis, 1969; Finkelhor & Browne, 1985; Gagnon, 1965; King, Hunter, & Runyan, 1988; MacFarlane, 1978; Sgroi, 1982; Tedesco & Schnell, 1987). The term, "system-induced trauma" has been used to describe the notion "that traditional investigative and court processes add to the child's psychological scars" (Conte, 1984a, p. 124).

The idea that courtroom processes negatively affect the child has been recognized historically. As early as 1899, when the first juvenile court was created by the Illinois legislature, advocates were concerned about the physical setting in which the child would be placed during judicial proceedings (Platt, 1977). Early children's advocates wanted the court to look more like a parlor or study rather than an adult criminal courtroom. It was their belief that such a physical rearrangement of

the courtroom would lessen the potential trauma a child might experience in the traditional judicial setting (Platt, 1977). More than a hundred years later, many professionals are still advocating for legal changes to protect child victims from additional trauma (Bauer, 1983; Watkins, 1990; Wolfe, Sas, & Wilson, 1987).

In addition, there tends to be a general failure in understanding the broader developmental context of the child, both at the time of the court proceedings and at the time of the abuse. For example, preschoolers cannot understand "intention" and therefore may not identify the perpetrator as "bad" (Kuehnle, 1996). Taken in concert with the fact that children of this age can be easily manipulated through curiosity or fear, they are targets for recanting their accounts. Latency-aged children, while able to distinguish between "good" and "bad" behaviors, feel some level of responsibility for their abuse. Thus, they can be manipulated into worrying about the consequences to the perpetrator (Kuehnle, 1996).

For adolescents a major stressor is the prolonged legal process resulting in extended family preoccupation (Burgess & Holstrom, 1975). Considered along with the seemingly endless number of times children are asked to recount their story, they may appear numb and bitter. The traumatic results of these situations are often manifest in behavior extremes exemplified by acting out (including sexually reactive behaviors) on one end of the continuum and withdrawal on the other; symptoms of anxiety including separation anxiety and attachment disorders; and regressive behaviors.

The worker in a traditional clinical role might expand to role sets that include not only treating the child but also helping the child deal with the legal system in a therapeutic manner. The incorporation of additional roles might include interviewing the child, assessing her mental status, determining her developmental capacities for court, evaluating the level of family functioning in relationship to the allegations, preparing the child for the court process, and making recommendations to the court about testifying methods that would minimize the retraumatization of the child (Strand, 1994). A social worker functioning as a generalist practitioner would need to be flexible with time and willing to go far beyond the confines of an office setting, unconstrained by agency policy or procedures or by theoretical orientations

that adhere to traditional notions of effective clinical treatment.

Furthermore, the integration of roles would include, but not be limited to, advocating for respect of the child's needs with child protection services, prosecuting attorneys, police, professional teams, and other agencies working with the child. With appropriate care, the social worker would need to steer a course that does not contaminate or bias the child's disclosures, her ability to testify, and the legal investigation (Damon, Todd, & MacFarlane, 1987; Weston & Doueck, 1996). Finally, the social worker has to be prepared as a potential expert witness to cite recent literature or research results that increase the court's knowledge of children's sexual abuse.

In short, we believe there needs to be a reconceptualization of the traditional role played by the clinical social worker. The CCSW is one who practices generalist social work practice in a clinical setting and who also assists the child therapeutically during the investigative process and court proceedings.

Child-Centered Social Work Roles

Social work and other helping professions have long recognized the importance of ecological theory in understanding human behavior (Bronfenbrenner, 1979) and having a multisystemic approach to practice (see Hartman, 1970). Ecological theory suggests that human development occurs within a contextual framework consisting of four systems, micro, meso, exo, and macro. However, recently Fraser has suggested that "[a]t some level above the family it becomes difficult to identify higher- and lower- order systems," (1997, p. 5). "What," he asks, "constitutes the school system? Is it the local elementary school or . . . the entire school district?" (p. 5). In addition, because the interaction among risk factors in child maltreatment is complex and difficult to determine (see Lyons, Doueck, & Wodarski, 1996; Tomlison, 1997), it may be advantageous to simply identify the presence or absence of risk and protective factors within systems rather than conceptualizing these factors across a nested hierarchy proposed by ecological theory (Fraser, 1997). Sexual abuse presents an assault on the child; it is a risk factor that cuts across a number of levels. As a result, regardless of one's approach to understanding the impact of sexual abuse, whether the child's context is viewed as a series of nested sys-

tems or whether the social worker assesses the child's vulnerability across systems, a comprehensive approach to intervention is required.

Networker

Networking enhances the spirit of cooperation among systems bringing the fullest resource possibilities to each system (Halley, 1998). Team management skills, which bring people together and reduce the fragmentation of services, are essential to effective networking. Treatment in child sexual abuse cases requires an interdisciplinary multi-pronged approach (Gonzalez-Ramos & Goldstein, 1989; Mouzakitis & Varghese, 1985). Where effective networking is essential the child-centered social worker should be prepared to spend time developing contacts with a variety of other professionals, such as child protection workers, district attorneys, psychiatrists, physicians, and child victim-witness social workers.

Clinicians that maintain networks through repeat contacts with other professionals tend to be better able to collaborate effectively on specific cases (Deisz, Doueck, George, & Levine, 1996). The information provided by the other professionals involved with the family can be useful in developing creative and appropriate interventions for the child and her family.

Broker

As part of the assessment process, child-centered social workers should be prepared to link or refer the child to needed resources. These brokering activities have been conceptualized as traditional social work roles in the literature (Connaway & Gentry, 1988). The role of the broker in social work practice has been recognized for at least 50 years (Hamilton, 1939). Generally the client should be allowed to determine which resources they want. In the case of a child it is up to the social worker to help guide the parents in choosing which resources to obtain on the child's behalf.

To be effective in the role of broker, the child-centered social worker must be familiar with the community resources and the criteria for gaining access to these resources. In addition, it is useful if the social worker has developed a network of contact people to whom clients may be referred.

Brokering involves connecting the client to the community and the community to the child. Key in this role is choosing the strategy that is most empowering to the client and facilitates a

successful outcome. If appropriate supervision for the child is an issue, the social worker can refer the parent to a day care provider or an afterschool program that may have particular expertise or a sensitivity for working with maltreated children. If the perpetrator was the sole financial resource for the family, a referral to social services and food pantries may be necessary. Finally, the child also may need to be connected with an attorney or legal assistance program as well as a courtroom advocate through a group such as CASA.

Support Person

The social worker should ask the district attorney before the court date whether the child will be asked to testify. If it is likely that the case will go to trial and that the child will have to testify in court, the worker should try to be available during those times. In some situations, the social worker is the only support person the child may have, especially when the nonoffending parent is either nonbelieving or sides with the abuser. In addition, courtrooms with their formal rituals and somewhat rigid procedures can be seen as an unfriendly place by some children.

Furthermore, even supportive parents may be excluded from the courtroom if they are also testifying. As a result, it is important for the child to have another person as a friendly presence in the courtroom. The social worker should be prepared to attend the sessions and to serve as that support person. A recent study of a court preparation program in Canada found that the presence of a support person in the courtroom was the most frequent resource allowed for a sexually abused child (Doueck et al., 1997). In some states and in some courtrooms, it may be necessary for the district attorney to state in court why such support is important if the child is going to have an opportunity to provide truthful and accurate testimony; this is especially the case if the defense attorney objects to the presence of the social worker. Finally, if the social worker knows that she may also be called on to testify, she should enlist the help of another professional to provide the needed support for the child.

Especially in criminal court, the alleged abuser is likely to be present and the child may be asked to identify him to the court. In addition, she may be asked to relate the specific details of the abuse during the process of testimony and may be asked to respond to cross-examination in his presence.

If he has threatened to harm the child or her family, or in any other way has intimidated the child, the process of testifying is especially difficult. It is not surprising that many children state giving testimony in the presence of the offender is the most frightening aspect of courtroom testimony (Wolfe, Sas, & Wilson, 1987). Other fears expressed by child witnesses include fears of public speaking, losing self-control on the stand, and of not being believed (Saywitz & Nathanson, 1993). Despite these facts and the availability of alternatives to face-to-face confrontation, most courtroom testifying still occurs in the face-to-face encounter between the child and the accused (Sas, Wolfe, & Gowdey, 1996). Although not all children sustain stress from court proceedings, the presence of a support person has been reported to be somewhat helpful during the process (King, Hunter, & Runyan, 1988).

If the community has a court preparation program, it would be important to involve this resource as early in the process as possible. Regardless, the social worker should ensure that the child has had an opportunity to visit a courtroom and to learn about court processes before actually having to testify. In addition, the child-centered social worker should underscore the importance of her presence in court to the district attorney who may not have an in-depth awareness of the dynamics of sexual abuse.

Educator

Social workers engage in the educator role in two major contexts: with one person who is part of a larger system such as family and with groups of people who constitute a system or represent other systems (Connaway, 1988). In this role, social workers provide opportunities for learning specific social skills and supply information for more effective role performance. Adopting some of the successful strategies used by court preparation programs (Doueck et al., 1997), child-centered social workers can teach children how to enhance their ability to self-manage fears and anxieties through stress management, progressive relaxation and desensitization techniques and to cognitively prepare for the court process. In addition, if the child is old enough and developmentally able, group therapy can serve as a means to allow the child to express her feelings about the court process, to realize that such fears are not necessarily unique, and to practice role-play

opportunities to learn about the various judicial processes (Wolfe et al., 1987).

In the court education process, the social worker must take precautions that the child's testimony is not adversely influenced. It is important that the number of interviews in which the facts of the case are discussed are kept to a minimum (Saywitz & Goodman, 1996), a sometimes tricky business during the course of treatment. It is also essential for the social worker to be experienced in such matters, paying special attention to the manner in which she works with the child so as to avoid leading the child in a particular direction.

Relevant decision makers (that is, attorneys, parents, and child protection workers) may not be as familiar with every aspect of the child's situation as is the social worker. Because each member of the team may have a slightly different agenda and goal in mind, it is important for the social worker, based on a thorough assessment, to educate them about the child's developmental abilities, cognitive processes, and socioemotional state. For example, if the child is in a fragile emotional state, she may not be able to testify completely and accurately, even if she has the capabilities of recalling the incidents in detail.

Although the district attorney may want to proceed with the case, some delay in the proceedings may lead to better testimony if the child has had the opportunity to overcome some of her emotional turmoil. The social worker may need to educate people in the judicial system about the potential for retraumatization if the child is asked to proceed before she is ready and able. Despite the tremendous education efforts that have occurred in the past 10 to 15 years, it is unlikely that the attorneys and judges have the same knowledge in this area as the child-centered social worker. It is her responsibility to educate others on behalf of her client and to be an active participant in any decision about whether a child is ready to testify.

Clinician

The clinical role is the one most practiced by social work practitioners, and it is also one of the most difficult. In addition to providing therapeutic services and supporting the child, the child-centered social worker also may have primary responsibility for counseling the child's family. The social worker should help the family understand

that the child's recovery may be long, painful, and difficult, made more so because some symptoms may show up only later in life as the child grows, matures, and develops (Tomlinson, 1997). With each developmental phase, the child is likely to experience a social, cognitive, behavioral, or other impairment related to the abuse that may be overlooked unless the parent has been adequately prepared to recognize the problems. They should be informed that "support from a nonoffending, caring parent or adult; a family history of skillful conflict management; and high family cohesion" appear to be some of the factors that promote healing (Tomlinson, 1997, p. 63).

Mediator

The mediator's purpose is to assist systems in conflict to reach agreements voluntarily about the issues that form the basis of their conflict (Connaway, 1988), and many courtrooms have in place mediation services. It has been demonstrated that mediation has several benefits when addressing cases of child maltreatment by producing treatment plans sooner; increasing compliance with plans, facilitating a connection with services, and overall making the court experience a little faster than nonmediated cases (Thoennes, 1997). Also, mediation can offer victims hope of real justice and the possibility that their alienation from the system may be substantially reduced.

At the same time it has been noted that the major failure of mediation surfaces when it is imposed by a court and administered without regard to the victim's needs (Wiebe, 1996). In particular, as noted by Geffner, mediation may be inappropriate in all cases of extreme violence. (1992). The CCSW, as a trained professional in understanding the dynamics of child sexual abuse, can be in a pivotal position to assess the potential usefulness of this role.

The mediating role of the CCSW can help settle disputes that may arise between family members or among other members of the professional team. Whenever possible, it is important for the mediator to maintain a neutral stance between the involved parties, always keeping in mind that the major interest is the child's well-being. When the conflict involves members of the child's family, the child would not be considered the only client at this stage and all involved family members or significant others should be included in the intervention process. The sessions may be

arranged to only involve certain individuals to focus on particular issues.

For example, there may be a family disagreement regarding the truthfulness of the child's allegations of sexual abuse or, as previously mentioned, the mother may side with the offender. If the family member feels that the CCSW is siding with the child and not willing to listen to her side of the issue, she will terminate counseling, and may pull the child out of treatment as well. As in other complex practice situations, the social worker should use supervisory or peer professional support to maintain her focus, avoid potentially disruptive anger, and address the issues in a manner that is in the child's best interests.

Expert Witness

Education in the form of expert testimony can also play an important role in some child sexual abuse litigation cases (Bulkley, 1988, 1992). Since the 1980s, social workers have been recognized for their expertise in the areas of child custody disputes and child abuse cases (Mason, 1992). In *Wheat v. State* (1987) the court firmly denied that expertise in child sexual abuse was exclusive to psychologists and psychiatrists. The child-centered social worker must be qualified as an expert and not attempt to testify outside their concentrated expertise (Mason, 1992). The criteria used by a court to qualify as an expert includes: education, training, experience, and acknowledgment of their expertise by peers (Strand, 1994). Acknowledgment of expertise by peers may be proven by having subject-related publications or proof of training by respected experts in the field (Strand, 1994).

The most commonly acceptable use of expert testimony is to impeach defense experts (Lanning, 1996). An expert is able to testify concerning symptoms that the child exhibits to rebut defense allegations that the prosecution has no evidence other than the testimony of a child victim. However, the social worker should present complete and unbiased testimony from a professional perspective, even when the stated information is less than supportive. Experts are not typically allowed to give their opinion regarding the potential guilt or innocence of the accused, but they are allowed to testify about the child's ability to discriminate fact from fantasy (Lanning, 1996). According to some state laws, the social worker cannot present a clinical diagnosis of the child even if it is a direct relationship of the sexual abuse (that is, posttrau-

matic stress disorder (*People v. Jeff*, 1988). The primary advantage of serving as an expert witness is that the child may not have to appear on the stand as a result.

Advocate

Barker (1999) defines advocacy as the "1. act of directly representing or defending others. 2. In social work championing the rights of individuals or communities through direct intervention or through empowerment" (p. 11). Briar (1967) stated that the advocate is the client's supporter, advisor, champion, and representative in "dealings with the court, the police, social agencies and other organizations" (p. 28). Sosin and Caulum (1989) asserted that advocacy is a core activity of social work that sets social workers apart from others in the helping professions.

In addition to educating professionals about the potential trauma in face-to-face confrontation, the social worker may also need to advocate for the child in such situations. A recent study found that seventh to 12th graders reported four times higher stress levels during the testimony phase than the youngest two groups: first to second grade and third to sixth grade based on the Intervention Stressors Inventory that was designed for sexually abused children (Runyan, Hunter, Everson, Whitcomb & DeVos, 1994). Whitcomb et al (1991) also found that children that were physically forced or experienced the threat of force reported a high level of stress at the testimony phase as well. King, Hunter, and Runyan (1988) reported that some researchers stated that eliciting testimony from child victims "was both tortuous and torturous" (p. 717).

For children who are at risk of unusual stress from legal involvement, protective measures, such as closed-circuit television (Cashmore, 1992), testifying behind a screen, or statements in chambers should be advocated for by the CCSW. It is up to a judge to decide whether such adaptive procedures in some way make it difficult for the accused to receive a fair trial. When closed-circuit testimony is used the child is physically isolated from the courtroom and testifies from another room. The closed-circuit television may be set up for one-way or two-way viewing. The judge and attorneys can still question the child and the jury can view the child's emotional reactions to the testimony. This method has the benefit of allowing the child to give her testimony in a

safe environment surrounded by supportive persons including the CCSW.

Case Vignette

The following case vignette and the subsequent discussion illustrate the practice roles played by the child-centered social worker in a clinical setting. The details are broadly based on a number of actual cases. All names and identifying information have been changed to ensure client privacy and to maintain confidentiality.

Julie is a playful and courteous four-year-old. She attends a preschool while her 23-year-old mother, Sandy, works at a local grocery. Sandy is somewhat short in stature and often appears either anxious or depressed. Sandy stated that she had trouble when she was in school and was told she has a learning disability. When asked what that was, she stated she didn't know much about it. Sandy and Julie's father grew up in the same neighborhood and started dating in high school. They were never married and separated when Julie was less than a year old. He still lives in the area and has frequent contact with them, although he provides little financial support. Sandy's parents still live in the neighborhood and Julie visits with them often.

Recently, when Sandy picked up her daughter at the preschool, the director met her at the door and told her that Julie was found in the bathroom taking pretend pictures with her toy camera of a three-year-old girl named Sara. Sara was undressed from the waist down and when a staff person asked Julie what they were playing, she said, "pictures." Neither Julie nor Sara appeared embarrassed or guilty when the staff person saw them, although they acted confused and upset when she said that what they were doing was a "no-no." Julie told the staff person that it was just a game and that she sometimes played the game with her grandpa. The director expressed strong concern about the behavior to Sandy and told her that Julie posed a liability to the program and strongly suggested that Sandy find another program for Julie. The director also advised her to call the police.

When Sandy got home, she became very angry with Julie for "causing a scene" at the preschool because it was going to be difficult to find another program in the neighborhood. She didn't discuss the incident with Julie and forgot the advice to call the police. The next day, she remembered

what the director had told her and called the police. A police officer came to the apartment and asked Julie several questions. Julie appeared to the officer to be cooperative though shy. He drove Sandy and Julie to the children's center where Julie was questioned by a social worker who had expertise in the field of child sexual abuse. The social worker stated to Sandy that although she was unable to determine with certainty that something had actually happened to Julie, she felt there was reasonable cause to suspect that Julie may have been "abused" and would be calling child protection as a result. In addition, the social worker expressed concern about Julie and suggested it might be helpful to have her in counseling. When the child protection worker called Sandy the next day, he told her bring her daughter back to the children's center for additional questioning. The questioning raised additional suspicions that something had happened and the police were able to obtain a warrant to search the grandfather's house. As a result, pictures were found of Julie undressed and the grandfather was arraigned.

Julie started seeing a social worker soon after the original recommendation. Last week, Sandy was told that she needs to bring her daughter back to the children's center to be questioned by the district attorney. The social worker was told to report any further information she obtains in sessions with Julie to child protection and the police. The police told the social worker that Julie would probably have to testify in the courtroom.

Sandy is angry that she has now lost her only babysitter and that her father is angry with her for calling the police. Sandy blames Julie for causing all the trouble. Julie is now quiet and withdrawn in sessions. She told the social worker that she is a bad girl and is scared of going to court and making her grandpa go to jail.

This vignette illustrates the complex problems inherent in a child sexual abuse case. The following discussion focuses on how the child-centered social worker concept might have been useful in the situation.

Discussion

Congruent with the generalist approach to social work practice, the child-centered social worker would act as an advocate by speaking to the district attorney to see if a face-to-face confrontation in court between Julie and her grandfather might

be avoided. Depending on Julie's level of anxiety and in lieu of confrontation, the social worker might suggest the substitution of videotaping Julie's testimony or using some other protective device to facilitate her ability to provide accurate testimony. Given Julie's age and anxiety, it might be best if Julie could avoid testifying. As a result, the social worker might suggest being qualified as an expert witness if it could help Julie avoid testimony. If the district attorney indicates that it will be necessary for Julie to testify and a face to face confrontation will likely occur, the CCSW should help Julie prepare for that event through linking her with a court preparation program, providing courtroom education herself, and by teaching her stress reduction techniques such as relaxation or desensitization. Finally, the social worker might suggest to the district attorney that her presence in the court as a support person might also help Julie's ability to testify.

The social worker might intervene with the preschool by using the roles of educator, mediator, and advocate. She might offer an in-service to the staff regarding how to recognize and respond to "inappropriate behaviors" of children that may indicate possible sexual abuse. The CCSW might mediate between the preschool administration and Sandy if she decides that she wants Julie to continue there. If the staff balks at the idea of Julie's return, the social worker could serve as an advocate by negotiating with the administration, and staff, and if necessary- linking Sandy with legal services to assess her rights in this situation.

As mentioned earlier, children who have been sexually abused may not show symptoms at the time of disclosure. To complicate the situation, child witness programs may terminate services when the court case concludes (Doueck, Weston, Filbert, Beekhuis, & Redlich, 1997). As a result, clinical intervention at the time of disclosure- if the child is not already in treatment- is especially important. Among the factors that seem to be associated with resilience and a child's ability to recover from abuse are "attachment to a supportive adult ... feeling loved and cared for ... a secure, stable ... [and] social support" (Tomlinson, 1996, p. 65). In the role of clinician, the child centered social worker would see Julie in order to help her cope with the impact of her victimization. By supporting Julie and providing her with a safe, stable, and secure therapeutic environment, the social worker would enable Julie through play to "work

through" the impact of the abuse. However, it is recommended that the social worker proceed cautiously in this area. First, for clinical purposes, it is generally unnecessary to have the child recall specific details of her abuse to complete a trauma assessment (Carlson, 1997). Moreover, in a recent review of the trauma research literature, Carlson concluded that, "like adults, children are capable of giving inaccurate or false reports" [and while they may be] "generally able to accurately remember what happens to them, we do not yet have any way to know what proportion of abuse reports by children might be false" (1997, p. 101). As a result, it is critically important for the child centered social worker to follow the child's lead in order to avoid the danger of leading the child to "remember" things that haven't occurred or to embellish upon those incidents that have occurred.

Work with Sandy might include encouraging her to explore her relationship with Julie and how she could be supportive to her. In addition, Sandy might have to explore her ambivalent feelings toward her father, should they exist, or her anger with Julie or her father for the current crisis. Further, Sandy will likely need a secure place to express her frustration, anger, relief or other emotions that result from child protection or the criminal court processes. Sandy should be encouraged- despite her feelings- to support Julie and not blame her for the actions of her father. She should also be encouraged to support Julie throughout the court process, regardless of the outcome. Finally, Sandy might need to be educated about normal child development and what symptoms to look for that might indicate Julie is having some trouble with a new developmental milestone. Continued treatment or follow up with Julie and her mother is especially important once the court processes have concluded to enable them to integrate what has occurred and to move on without feeling "abandoned" by the professionals who may have seemed so concerned when the goal was to prosecute the abuser.

Brokering can be an integral part of this scenario. If the child centered social worker is unable to take on a clinical role, or if she will be called upon as an expert witness, she might need to refer Sandy and Julie to an agency that specializes in the area of sexual abuse. Julie might need to be linked with another day care provider. As Sandy had indicated that she had trouble in school, she

might be referred to an agency that can screen for learning disabilities.

Conclusion

Children who have been sexually abused experience a variety of negative effects as a result of the abuse. Yet, the very system designed to protect children and prosecute abusers can cause additional trauma for the child. As a result, there can be strain between the judicial system and the social work profession, the former predominantly concerned with the prosecution and conviction of the accused and the later primarily interested with the child's emotional well-being. In an effort to assist the sexually abused child throughout the child protection and court process, we propose an expansion of the traditional clinical social worker to include aspects of generalist practice. The goal of the child centered social worker would be to help the child therapeutically while minimizing the potential for the judicial system to have a negative impact on her. We believe that by integrating the roles of broker, mediator, educator, and advocate with the traditional clinical social work role, a child centered social worker will be better situated to help the sexually abused child.

In some ways, the suggestion of a child-centered social worker is consistent with the trend in other professions towards increased specialization. However, it would require agencies to identify and modify policies that restrict workers from having the flexibility needed to perform the functions of the CCSW and for individuals to reconceptualize what it means to be in clinical practice by incorporating generalist skills into their practice. The policy and practice questions raised by the integration of a child-centered social worker within an agency are many. As the role of the CCSW involves networking, collaborating, court time, and movement away from weekly 50-minute sessions, agencies would be forced to re-think resource acquisition and allocation. Specifically, for caseload distribution, professional training and development, service costs and billing dilemmas creative responses must be sought. These responses, to produce the most effective CCSW condition, must be systemic in nature and occur in conjunction with the larger community of service providers and related institutions. The net effect of minimizing the potential for system induced trauma through the child-centered social worker will occur in the context of multiple social

work roles and provide a model of social work with other vulnerable populations. ■

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