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THE IATROGENIC EFFECTS OF INTERVENTION WITH SEXUAL ABUSE VICTIMS FROM A RETROSPECTIVE POSITION

A Thesis Submitted to

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ABSTRACT

The following qualitative study explored self-reported iatrogenic effects of intervention with data collected through semi-structured interviews. This small clinical sample consisted of four female adult "survivors" between the age of 34 and 47 who had experienced childhood sexual abuse perpetrated by at least one caregiver. The findings indicated significant iatrogenic effects particularly for the victims who disclosed in childhood that included a strong theme of betrayal by the systems that were supposed to protect them. One woman continued to be sexually abused, while another woman was returned to the home where she had been physically abused, following no intervention and/or protection by child protection services. Although other services such as police, crown attorney, medical and therapeutic systems were involved in some of these situations, the survivors perceived these as inadequate and leading to s strong distrust of intervention. In contrast, those survivors who disclosed again in adulthood reported a significantly improved experience with less iatrogenic effects. The iatrogenic effects of intervention require further research with a larger and diversified sample in order to identify current iatrogenic effects of each intervention for children and survivors.

ENONCE

L'étude qualitative suivante explore les éffets néfastes de l'intervention tels que rapportés durant des entrevues semi-structurées. Cet échantillon clinique restreint consiste de quatre (4) femmes adultes "survivantes" âgées entre 34 et 47 ans et qui ont été victimes d'abus sexuel par au moins une figure parentale. Les résultats indiquent des effets néfastes importants surtout pour les victimes ayant dénoncé l'abus lors de leur enfance et qui ont ressenti un fort sentiment de trahison par les systemes qui devaient les proteger. Une des femmes continua d'être abusée, alors qu'une autre fut retournée dans le milieu familial au sein duquel elle avait été abusée physiquement, sans qu'il n'y ait d'intervention et/ou de protection de la part des services pour la protection de la jeunesse. Bien que d'autres services tels que la police, l'avocat de la couronne et les systemes médicaux et thérapeutiques étaient impliqués dans certains cas, les survivantes ont perçu ces ressouces comme étant insuffisantes, ce qui les rendit méfiantes à l'égard des systemes d'intervention. Les survivantes ayant dénoncé de nouveau l'abus une fois devenues adultes ont décrit l'expérience de façon plus positive et avec moins d'éffets néfastes. Les éffets néfastes de l'intervention en ce qui a trait à l'abus sexuel des enfants nécessite de plus amples recherches diversifiées afin d'identifier les éffets néfastes actuels de chaque intervention auprès des enfants et survivants.

PREFACE

The process of writing this thesis was particularly onerous and I learned a great deal about myself in the process. No one tops me when it comes to procrastination!

The original intent and design of this study changed many times for a variety of reasons. For example, although I began with the goal of having six participants and attained this, two of the participants were subsequently removed from the data collection, through no fault to them (my sincere apologies, 'Dorie and Janet'). The experiences of these participants were primarily related to involvement with therapeutic interventions. When the focus of the research shifted as a result of the majority of the iatrogenic effects being related to the child protection and criminal justice systems, the contributions of these two participants were excluded, leaving a total of four participants.

In addition, it became apparent that the scope of the study was too broad and all encompassing which created significant difficulties in the analysis of the impact of interventions.

In retrospect, I should have limited the focus of this study to the iatrogenic effects of intervention by the two primary systems instead of trying to cover every aspect.

This preface is intended only to provide the reader with insight into the research process. It is hoped that my humility is appreciated.

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I would like to acknowledge all of the people who have contributed in one way or another in helping me through school over the past couple of years, and those who gave their time and effort towards helping me complete this thesis.

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CHAPTER ONE

1.0 INTRODUCTION

Are interventions in child sexual abuse cases helpful or harmful? Having worked in child welfare settings for the past 15 years, and observing some of the ramifications that interventions have had on child sexual abuse victims and their families, this author has chosen to research this area. Although, child sexual abuse has become a recognized form of child abuse, there is little research on the impact of interventions. To comprehend why there is such limited empirical evidence, it is important to understand that the acknowledgement of child abuse, in general, is relatively quite recent. With more awareness and mandatory reporting laws that specifically identify sexual abuse, came a great increase in the number of cases seen by child welfare services and subsequently other services. This ultimately resulted in more interventions and as a result, more iatrogenisis in some cases. Public awareness of child sexual abuse has increased significantly only in the last 25 years. This social problem has been brought to the forefront through a variety of means and is no longer the "secret" it was.

Three significant catalysts have increased public and professional awareness of child sexual abuse. First was the recognition of child abuse by professionals and the public as a social problem throughout the 1950's and 1960's. (Thompson-Cooper, 2001) This catalyst was further advanced by the contributions of Kempe and his associates (1962) who identified 'The Battered Child Syndrome'. At that time, it appeared that the medical community had begun to openly acknowledge child abuse as a prevalent problem. Kempe's work and the increased recognition of the public and professionals, led to increased writing and research into the area of child abuse. That research, however, did not include child sexual abuse. As late as the mid-1970's there was scant literature available on the sexual abuse of children which in 1977, Kempe publicly described as a "hidden pediatric problem and a neglected area" (Myers, Diedrich, Lee, McClanahan & Stern, 1999, p. 202). From the mid 1970's onward professional writing began to reflect a change in how child sexual

abuse was perceived. Both the literature and the research on the subject became more prevalent.

The second catalyst that led to public and professional awareness was the rapid introduction of the 'mandatory reporting laws' in the 1960's. These laws were introduced initially in the United States and in 1965, Ontario was the first Canadian province to adopt such reporting. Falconer & Swift (1983) state that, "these amendments [to child welfare legislation] require persons having knowledge of the neglect, abandonment, desertion, or physical ill-treatment of a child to report the matter to the appropriate authorities" (p. 13). By 1979, Quebec and forty-two American states included sexual abuse/molestation within the definition of child abuse. (Fraser, 1979, cited in Thompson-Cooper, 2001) Child sexual abuse was not included in Ontario until 1984, in the Child & Family Services Act.

Finally, the third catalyst which led to increased awareness was feminist theory which helped to raise the profile of child sexual abuse by advocating the rights of women and children as well as validating for women that abuse is 'not' okay. As a result, the number of individuals reporting their history of abuse has significantly increased. (Westbury & Tutty, 1999)

The true extent of sexual abuse is unknown. As Finkelor (1987) suggests, the rates of clear sexual abuse vary from 6 to 62% (cited in Beitchman, Zucker, Hood, DaCosta, Akman & Cassavia, 1992). However, upon further review, Finkelhor (1994b) these estimates changed again upon reviewing international studies from 19 countries. Those findings indicated 7 to 36% of women had histories of childhood sexual abuse (cited in Westbury & Tutty, 1999). Part of the reason for the discrepancy in the statistics regarding sexual abuse, may be how sexual abuse is defined. According to Turner (1993) the definition given by Greenwald, Leitenbert, Cado & Tarren, 1990 and Knight, (1990) is the most comprehensive. That definition will also be used for this study, as it encompasses all of the possible components identified under the Child & Family Services Act (also known as CFSA, 1984), the Criminal Code of Canada and from the literature. The definition is as follows:

> The term sexual abuse applies to both rape (assault by a non-family) and incest (assault by a family member or close relative), with the broadest definition of sexual abuse being any kind of unwanted sexual contact. Sexual

> abuse of a child may take the form of fondling, masturbation, exhibitionism, or intercourse that occurs between a child and someone in a position of power or authority who is at least five years older than the child (cited in Turner, 1993, p. 110).

Although the three aforementioned catalysts have prompted an increase in the reporting of sexual abuse of children, there are numerous factors that dissuade victims from disclosing. Incest, for example, is chief amongst social taboos, inspiring strong feelings of horror and revulsion from society at large. Conte & Berliner (1981) highlight how children are at a disadvantage when they disclose to adults because they are either not believed, blamed for the abuse or their allegations are dismissed. Gentry (1978) adds reactions of anger, repugnance, uneasy fascination and feelings of guilt by association, as further dissuading factors.

These 'feelings' and 'reactions' have also been observed in the individuals working with incest victims and their families. (Giaretto, Giaretto & Sgroi, 1977) Professionals can experience difficulties in remaining objective in child sexual abuse cases. This is substantiated in Cooper's (1990) findings in which she postulates that "the interventions in child sexual abuse appear to be based more on emotional grounds than rational grounds and are often abusive to the families and to the victims." (p. 1113)

Finally, it should be noted that the limited amount of literature available prior to the mid-1970's appears biased, with the victims and/or the non-offending parent being blamed for the abuse. As identified by Reid (1995) "The professional writing about sexual abuse reflects four major themes: (a) children are responsible for their own molestation, (b) mothers are to blame, (c) child sexual abuse is rare, and (d) sexual abuse does no harm" (cited in Myers et al., 1999, p. 202).

The iatrogenic effects of intervention in child sexual abuse literature, appear to be specifically addressed by only a minority of researchers. Cooper & Cormier (1990) and Thompson-Cooper (2001) define iatrogenisis as the negative effects of professional intervention on victims and their families following the disclosure of sexual abuse. Other literature refers to this as re-victimization (Tedesco & Schnell, 1987) or secondary victimization. Underwager and Wakefield (1991) state: "secondary victimization may occur when children are subjected to repeated

interviews, questionable techniques adopted in the absence of factual knowledge, intrusive physical examinations, inappropriate reactions and overreactions by adults, ill-advised sexual abuse therapy, or removal from home and friends" (p. 6).

Some of the primary sources of iatrogenisis within the child sexual abuse intervention systems (e.g. child protection and criminal justice systems, medical services) that have been identified in the literature include: possible removal from the family home for the victims and sometimes for their siblings (Underwager & Wakefield, 1991; Gomes-Swartz, Horowitz & Cardarelli, 1990); repeated questioning from various professionals (Tedesco & Schnell, 1987); multiple issues related to criminal prosecution of perpetrators; and intrusive medical examinations (Berliner & Conte, 1995; Cooper, 1990).

The need for empirical research in this subject is imperative. Walters (1975) believes that much of the psychological damage to victims occurred as a result of how the abuse disclosure is handled by social workers, law enforcement, school officials and medical personnel (cited in Thompson-Cooper, 2001). Finkelor (1984) concurred and professed the vital need to investigate the different types of interventions and their effects. Most recently, McFarlane (1992) identified the lack of available data on the effects of intervention as one of the greatest gaps in this field (cited in Thompson-Cooper, 2001).

Ultimately there are four possible degrees of intervention. There can be over-intervention, under-intervention, no intervention or the intervening practice can be appropriate. Thus it is important to examine the various intervention systems such as child protection services and the criminal justice system, in order to identify what research has shown regarding the iatrogenic effects of these interventions.

Most children who disclose abuse do so in the hopes it will stop. However, an intervening agency usually has wider objectives and this can result in conflict, feelings of betrayal of trust, and powerlessness on the part of the child. Clinical reports indicate that victims often regret disclosing their experiences to various interventions however there is very little empirical data to support this. The London Family Court Clinic (1993) longitudinal study of child victims and their parents (N= 61 children -79% females and 21 % males) and (N=parents of 73 children) is one of

the very few studies who have interviewed children and their parents about direct experiences with some interventions. The London Family Court Clinic sample was recruited from children referred for court preparation and therefore tended to focus only on the pre and post criminal justice effects, therefore the majority of the iatrogenic effects related specifically to the children's resistance to police being contacted, opposition to charges being laid on the perpetrator and the impact of court attendance.

The purpose of the current research is to describe the iatrogenic effects of the child protection and criminal justice interventions experienced by female survivors of child sexual abuse, recalled in adulthood, retrospectively. In addition, this research will: 1) provide a safe forum that will enable the voices of the survivors of child sexual abuse to be heard; 2) gather additional qualitative data that can contribute to the information base on iatrogenic effects that presently exists and 3) provide data that may improve service delivery and clinical practice to victims of child sexual abuse. A unique aspect of this research is that there are no studies, to my knowledge, that report victim's perceptions of the interventions and their helpfulness or non-helpfulness.

1.1 METHODOLOGY

This is an exploratory, qualitative study. The objective is to thoroughly explore the experiences that child sexual abuse survivors had with professional interventions as children and/or as adults. The primary goal is to gather data that addresses these survivors' perceptions about the impact that these interventions have had on them and their recommendations for improvements.

1.2 SELECTION CRITERIA

The selection criteria for this study is that each survivor was a female over the age of eighteen who had experienced childhood sexual abuse perpetrated by an adult caregiver, who had disclosed either as a child/adolescent or as an adult. Additionally, the survivor was required to have been involved with a minimum of two professional interventions, either as children and/or adults.

1.3 SAMPLE SELECTION

The research participants were selected from the Family Violence Treatment Coalition (hereafter known as "FVTC"). The FVTC a is treatment center, funded by thirteen community service agencies that provides group and/or individual counseling, to clients of the member agencies, within Northumberland County, in Ontario. The FVTC currently runs a variety of treatment groups that include: Men Learning to Live without Violence, Child Witness to Violence with a concurrent mother's group and Sexual Abuse Survivor's groups. Individual counseling is offered only for those individuals who are not ready for group therapy or are on waiting lists for the groups. The FVTC was available for further treatment for those research respondents no longer in treatment who might require it following the research interviews.

The coordinator of FVTC agreed to act as the researcher's contact person. She provided a copy of the letter, to the Advisory Committee, consisting of six previous group members, and two current Sexual Abuse Survivor's groups, consisting of approximately five members per group (see Appendix A). Three survivors responded as a direct result of the letter. Two of these respondents were former group members and the third woman was a friend of a former group member. These women advised the Coordinator of their interest and authorized the Coordinator to give the researcher their names and telephone numbers to be contacted for further information.

Due to the limited response from the letters of recruitment, approval was obtained from the group members and leaders of two current Sexual Abuse Survivor's groups to attend two of their meetings to try to obtain more participants. Consequently, five more participants expressed an interest in being a part of this study. Two of these survivors provided the researcher directly with their names and telephone numbers in order to schedule a time to meet. The remaining three survivors followed up with the Coordinator of the program after having further time to consider their participation.

The researcher was unable to locate one of these survivors and significant difficulties in scheduling mutually agreeable times resulted in another survivor not

being able to participate in the study. The data from two survivors who experienced only therapeutic involvements were removed when the scope of the thesis became too complex. Ultimately a sample of four women was obtained, all survivors were former or current members of the Sexual Abuse Survivor's group.

1.4 PROCEDURE AND DATA COLLECTION

I met with each of these survivors for approximately one and one half-hours. The interviews occurred at three different offices, usually the location where the survivor attends or attended group meetings. One survivor requested an alternative location and this was arranged. Approval was obtained from the management of each of the three different locations to use the resource after regular working hours to allow for privacy and confidentiality.

The survivors were very co-operative and readily shared their experiences. During the face to face contact, each survivor was told again the nature and purpose of the study in detail and provided with the opportunity to ask any further questions. The survivors were assured that the information they shared, would remain confidential, and consent forms were signed (see Appendix B). All the survivors were advised of their right to withdraw from the study at any time.

The method of data collection was the use of a semi structured interviewing format with the assistance of an interviewing guide (Appendix C). With the permission of the survivors, the interviews were audio-taped, and transcribed by this researcher and two assistants. These transcribed interviews were then coded and analyzed for the emerging themes.

1.5 LIMITATIONS

This study has several major limitations. The small sample size does not allow for generalizing the results within the general population. There would also be some difficulty in generalizing the results within the Family Violence Treatment Coalition as the participants in this study were only a small number of the individuals served through the Sexual Abuse Survivor's group over the past eleven years. Furthermore this study was based on adult women who sought treatment as adults and thus represent those survivors who are most affected by their abuse and other factors that were present in their lives such as family violence and dysfunctional mothers.

According to the literature, the majority of sexual abuse victims do not require treatment as adults. (Browne & Finkelhor, 1986) The selection criteria may also bias the outcome of the study due to the requirement that the participants had experienced a minimum of two professional interventions. There was no use of inter-rater reliability in the coding of the themes identified and there were no comparison groups used. Finally, the interviews focused on the self-report of the survivors and no tests were administered for any form of validation.

In Chapter Two a review of the literature will address the effects of the mandatory reporting laws and the possible iatrogenic effects that this may have on child sexual abuse victims. Additionally, the opposing views on the mandatory reporting laws will be explored. That will be followed by a discussion about the types of disclosure, barriers to disclosure and the impact of disclosure. Each of the key intervention systems, their history, major changes in them and the impact that these can or may have on sexual abuse victims and survivors of childhood sexual abuse will be described.

Chapter Three will review the findings with examples provided by the survivor's experiences. For organizational purposes these findings will be discussed under the following headings: General findings; Specific Findings; Findings - Child Protection Services; Findings - Criminal Justice System – childhood disclosures; and Findings – Criminal Justice System – adult disclosures.

Finally, in Chapter Four, the findings and themes that emerged will be discussed, including this study's limitations and areas for further research.

CHAPTER TWO

2.0 LITERATURE REVIEW - MANDATORY REPORTING LAWS & THEIR IMPACT

The current change in societal attitudes is significant. Children have the right to be protected from abuse and neglect although there have been laws in existence 'to protect' children for over a hundred years in Canada. (Falconer & Swift, 1983) Children's rights began to be recognized in the late 1950's and early 1960's.

Early laws reflected the different values and needs of children at that time. For example, in Upper Canada in 1799, an Act for the Education and Support of Orphans or Children Deserted by their Parents[1] was passed to meet the needs of the multitude of destitute and homeless children. According to Falconer & Swift (1983) this was the first legislation in Canada to acknowledge public responsibility for such children. These laws, however, did not serve to protect children from abuse and neglect. In general, at that time, children remained 'the property' of their parents and there was no protection from abuse and neglect. Over the next hundred years piecemeal attempts were made as various conditions arose. For example, in 1874 the Act Respecting Industrial Schools made the first attempt at defining a neglected child. In 1888, principles discussing the state's right to evaluate children's environments and a provision to remove children, if necessary, paved the way for the first child welfare legislation.

In 1893, the Act for the Prevention of Cruelty to and Better Protection of Children was an attempt to address the needs of abused, neglected and delinquent children. All of the provinces with the exception of Quebec, followed Ontario's example, using the Ontario laws as a uniform basis. Quebec was the last province in 1944 to institute child protection laws; however these laws differed somewhat from the rest of the provinces to reflect the cultural and religious ideation in Quebec. (Falconer & Swift, 1983)

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[1]**Act for the Education and Support of Orphans or Children Deserted by their Parents.** This law served a dual purpose of providing homeless children with a place to live while also supplying labor to help developing countries.

In the early 1960's, child abuse began to become accepted as a serious social problem. Consequently, new legislation was needed. Thompson-Cooper, Fugere & Cormier (1993) state:

> a key piece of legislation in the identification of child abuse as a social problem was the mandatory reporting law, first passed in 1963 in the United States, which made it mandatory for citizens and professionals to report suspected cases of child abuse to official agencies." (p. 557)

By the late 1960's the mandatory reporting laws encompassed all the states and many of the provinces in Canada. The inception of these laws resulted in more case findings but they again raised many concerns about the state's intrusion in family and professional matters. Wexler (1985) cautioned that the ambiguity and lack of clear definition and expectations could easily lead to intentional and unintentional abuses. (cited in Fattah, 1994) Wexler's concerns are borne out in incidents such as the 'Cleveland Scandal'[2] in England, the 'Orkney Crisis'[3] in Scotland and the 'McMartin Day Care'[4] scandal in the United States. These are examples of over-intervention and unintentional abuses by the intervening agencies. While there

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[2]The 'Cleveland Scandal' resulted in 121 children, over a five month period, being removed from their parents home and subjected to highly intrusive and questionable medical examinations, repeated questioning by police and social workers. Subsequently it was found that the reliance on medical data at the time was highly questionable. (Cooper & Cormier, 1990; HMSO 1988 Report of the Inquiry into Child Abuse in Cleveland 1987). Goldman & Padayachi (2000) stated that 98 of these children appeared not to have been abused and were returned home.

[3]The 'Orkney Crisis' occurred due to police and social workers removing 9 children in the early hours of the morning and placing them in various locations. These children too, were subjected to repeated 'interrogations' and intrusive medical examinations, along with being isolated from their families and not knowing what was occurring. (Black, 1992)

[4]In the McMartin day care scandal in the United States, hundreds of preschool children were alleged to have been the victims of serious sexual abuse allegations. The McMartin case was reported to have been the most extensive and expensive criminal trial, in the U.S. (Time, 1990) resulting in few convictions by only one offender. The use of therapists to interview the children in these cases created further issues and resulted in a great deal of criticism with regard to the credibility of young children, based upon the interviewing techniques used. (Bybee & Mowbray, 1993)

were some confirmed cases of sexual abuse, many innocent families were subjected to highly invasive procedures and consequently suffered from iatrogenisis as a result of the interventions. Wexler, (1985) stated that:

> the sweeping provision and the low standards of proof required under the new bills are largely responsible for what has been described by one commentator as an invasion of latter day child savers who sometimes destroy children in order to save them. (cited in Fattah, 1994, p. 137)

In contrast, through the 'Mount Cashel'[5] scandals in Canada, it was discovered that institutionalized children were in fact subjected to both physical and sexual abuse by the religious brothers and lay staff. Regardless of the substantiation of these allegations, there were multiple iatrogenic effects reported from the interventions. Also, the Executive Summary stated that the victims of the Mount Cashel scandals experienced a lack of support with regard to the various systems that intervened to investigate, treat, and compensate them for the abuse they experienced. There was also a belief that the provincial government leading the investigations presented a conflict of interest and was more interested in protecting the province from liability.

In the last decade there have been examples of inadequate intervention by Canadian child protection agencies. These resulted in several major inquiries into the deaths of children under the supervision of child protection agencies, for example, the 'Gove Inquiry'[6] in British Columbia and the 'Child Mortality Task

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[5]An Executive Summary on The Needs of Victims of Institutional Child Abuse: A review by the Institute for Human Resource Development (Nfld.) for the Law Commission of Canada (October 1998) interviewed 20 survivors in high-profile institutional child abuse cases from various residential institutions.

[6]Executive Summary, Report of the Gove Inquiry into Child Protection by The Honourable Judge Thomas J. Gove Commissioner, 1995. The Inquiry found "that the inadequacies of the ministry's child protection system and the provision of child protective services by ministry social workers, contributed to Matthew's suffering and death." (p. 13) The report specifically addressed social workers confusion and belief that family unity was given a priority over the safety and well-being of the child. Furthermore, the lack of professional social work training and limited training in child protection work did not equip the social workers with the information necessary to make such important case decisions.

Force' in Ontario. Of particular importance was what appeared to be the cover-up of the inadequacies of the British Columbia child protection services. (Gove, 1995) The investigations into the deaths of 'Matthew' and the 'invisible ones' revealed the need for a massive overhaul of child protection services and legislation. This was true in both British Columbia and Ontario.

Each of these inquiries resulted in increased public awareness and critical attention to the agencies involved in the investigation and assessment of abuses to children and their families. Additionally they documented the inadequacies of policies, laws and services that were designed to protect children. As a result of the documented concerns, in Ontario, a panel of eight experts was charged with the task of examining the Child & Family Services Act in order to determine whether changes were required in order to better protect children. That panel, chaired by Judge Mary Jane Hatton, submitted a report, Protecting Vulnerable Children, on March 3, 1998. After reviewing relevant court decisions, recent research and practices in other locations, the report recommended multiple changes to the CFSA as well as the recommendations by the Child Mortality Task Force, and Coroners' inquests. Many of the recommendations from that report were implemented in the Child & Family Services Act, R.S.O. 1990, c. C-11, as amended, which was proclaimed law in April 2000.

The CFSA is the legislation currently governing child protection services in Ontario. Of specific interest, the legislation addressed some of the reported limitations of the mandatory reporting laws and subsequently resulted in increased specification directed at the previously perceived limitations. These include such responsibilities as: prompt reporting of suspicions or information where a child may be in need of protection; concerns being reported by the individual, who observed or to whom the information was provided; and the need to report concerns even if that person has previously made a report to child protection authorities with respect to a specific concern. (Reporting Child Abuse & Neglect, 2000)

There can be a significant cost to anyone reporting incidents of child abuse. The referral source is often cast in a negative light, from the teacher who is viewed with suspicion by parents to the clinician who compromises the trust of clients.

Thompson-Cooper et al. (1993) state "these laws have fundamentally altered relationships between clinicians and families in need of help and have resulted in a dramatic increase in the number of cases assessed and treated by child welfare agencies" (p. 557). As noted by Zellman and Bell (1990), other professionals have also addressed the concern that the mandatory reporting law deters reporting. They believe that families and children will not seek assistance knowing that the clinician must report any suspected abuse to the authorities. On the other hand, while there is some validity to that concern, most professionals working with families advise the clients upfront of their legal obligation, and the client makes their own decision as to whether or not they will seek assistance.

Fraser (1978) with respect to the mandatory reporting laws observed that " no other type of legislation has so quickly gained acceptance, has been so widely proclaimed as panacea, and has been so often amended and rewritten in such a short time." (cited in Thompson-Cooper et al., 1993, p. 558) The observation is valid both in Canada and the United States. During all of the amendments, there have been attempts to clarify areas by: substituting changes to the definitions of abuse; including additional and more specific forms such as emotional abuse and neglect; and specifying expectations as to who is to report.

Hence it is not particularly surprising that professionals have expressed reservations about reporting abuse due to their concerns about the ability of child protection agencies to respond effectively to child abuse. For example, Finkelhor, Gomes-Schwartz, & Horowitz (1984) question the ability of child protection agencies to respond sensitively and competently to the influx of allegations of child abuse experienced since the implementation of the mandatory reporting laws. This criticism may also be applicable to each of the subsequent historical changes to the child welfare legislation.

The failure of professionals to report abuse may be seen as another possible iatrogenic effect if it results in a lack of services to children who have been abused. Gomes-Schwartz & Horowitz (1984) in their study of professionals (N=790) in the Boston area found that Boston professionals reported about 64% of cases. The findings suggested that the two highest professions for non-reporting were mental

health professionals and the criminal justice system. It would also be fair to say that these two professions are also among the most likely recipients to receive reports of child abuse allegations, which has major implications regarding the detection and services for children and their families. It was optimistic to note that the rate of reporting was believed to be higher, when the professionals receiving the allegations had more confidence in the accuracy and effectiveness of child abuse investigations. Two legitimate reasons for not disclosing included the fact that the victim wasn't considered a child at the time of disclosure and the allegations had previously been reported by others.

Zellman & Bell (1990) conducted a study that explored reasons for professionals' failure to report. Their study (N=1,196) consisted of mailed surveys to mandated reporters in 15 states, and followed up with semi-structured field interviews in child protective agencies in six states. Their findings of this study indicated that:

> The most commonly endorsed reason for failure to report was lack of sufficient evidence that abuse or neglect occurred. More than 1/6 of respondents accorded great importance to the following reasons for failure to report: the situation resolved itself; the report would have disrupted treatment; the belief that the respondents could help clients better themselves...[Furthermore] they found that consistent reporting was more likely to occur when reporters view CPS [child protective services] agencies fairly positively and believe that neither they nor the children they report are likely to suffer as a result of the reports...[Finally] Child abuse knowledge and training increased the likelihood of consistent reporting (p. iv).

Platt (1996b) concurs and cites that information from the UK suggests that a number of professionals are making the decision not to refer child abuse cases for similar reasons as outlined by Zellman and Bell (1990). The result of the failure to report by professionals is ultimately the denial of services to children who may be in need of protection. On the other end of the continuum are children and families who are traumatized unnecessarily due to an investigation into false allegations. Consequently, Platt recommends that child protection workers need to be adequately trained, confident in their professional judgment and supported by their agencies, to prevent the unnecessary traumatization caused by investigations required under the mandatory reporting laws.

A major criticism of the mandatory reporting laws pertains to the resources that are tied up while investigating all the complaints, many of which will be unfounded. Trocme (1994) in the Ontario Incidence Study of Reported Child Abuse & Neglect found that:

> an estimated 46,683 child maltreatment investigations were undertaken in Ontario in 1993. Twenty-seven percent of cases were substantiated; thirty percent were suspected, and forty-two percent were unfounded. Although the relatively large proportion of unfounded cases may surprise some, it is consistent with American substantiation rates. Rates of substantiation vary by form of maltreatment. Of substantiated cases, 36 percent involved neglect, 34 percent involved physical abuse, 28 percent involved sexual abuse and 8 percent involved emotional maltreatment. (Trocme cautioned that) since the data was collected at the time of the mandatory 21-day period for filing reports, the substantiation rate may increase later with further follow-up (p. 3-4).

This means that an estimated 235,272 hours are spent on unsubstantiated cases. If you calculate 19,606 unsubstantiated cases (42%) by the government's prescribed 12 hour investigation per case, this translates to 140 full-time professionals working a 35 hour week for 48 weeks of the year on cases where no abuse is found.

Those families in which the complaints proved unfounded are essentially intruded upon for nothing. For some families the investigation may be resolved quickly; however other cases will require more indepth probing that may humiliate and traumatize the family members, create suspicion and in some cases destroy an already dysfunctional family. Finally, an even more detrimental position may be for those families where there is suspected maltreatment but not enough evidence to substantiate or refute those suspicions.

For those cases that are substantiated, the overburdened resources for treatment are dwindling and/or collapsing. Downsizing of services has become the norm. Professionals are left asking, how do we do more with less?

Current child welfare legisation makes it mandatory to investigate every allegation identified as child abuse. This was a recommendation supported in both the Gove Inquiry and the Child Mortality Task Force. This means even when there has been a history of repeated unsubstantiated allegations, investigations are still carried out.

Fraser (1978) states

> these laws have outlived their usefulness and certainly it can be argued that professionals are getting bogged down in procedures that tie up resources. He urges removal of mandatory reporting laws, stating that the emphasis must now be on prevention. Solnit, 1980 perhaps rather cynically, has suggested that these laws were not designed for the protection of children but rather to safeguard the conscience of society and the legal vulnerability of adults (cited in Thompson-Cooper et al, 1993, p. 560).

It can be argued that by the sheer volume of reported abuse allegations, the reporting laws are fulfilling their objective. There are still an unknown number of cases going unreported. It may be potentially advantageous to keep the spotlight on reporting abuse in the public eye, to ensure funding support doesn't evaporate. An example of this was seen in Ontario, in the early 1990's. Great emphasis was placed on prevention programming and supportive services to families however programs decreased as funding became unavailable. It wasn't until the Child Mortality Task Force inquiries that focus was again placed on the need to revise child protection laws and mandatory reporting laws. With that came funding and subsequently, there was money for hiring and training of staff within the child welfare system; and new procedures such as the eligibility spectrum and risk assessment models were made mandatory. In 2000, the amended Child & Family Services Act made some significant changes to the laws governing the protection of children including further specificity in the mandatory reporting laws.

In view of the concerns expressed, it is not surprising that some professionals are advocating for flexible reporting laws or in some cases believe that the mandatory laws have outlived their usefulness. Thompson-Cooper and associates (1993) expressed concerns about the mandatory reporting laws and felt that the only benefit of these laws was that they advanced public awareness of child abuse. Similarly, Platt (1996b) raised a compelling argument in that although Kempe and others educated professionals and the public about 'child abuse', their focus was on individual victims rather than the predisposing social factors or conditions which led to abuse. Platt's primary concern was that professional intervention was focused on

individual victims rather than changing the social context which perpetuated abuse. Thus, child abuse would continue because no social change was being affected.

2.1 DISCLOSURE OF SEXUAL ABUSE

Disclosure of sexual abuse is a major event that impacts significantly on the victim and usually brings the problem to the attention of professionals. Consequently the potential for iatrogenic effects of disclosure created by interventions, are substantial. In this section, child and adult disclosures, types of disclosure, various phases of disclosure and the difficulties that various forms of disclosure may encounter will be described.

Types of disclosure

Sgroi (1982) suggests that disclosure by the individual is either accidental or purposeful. Accidental disclosure occurs when external circumstances result in the 'secret' inadvertently being discovered. This type of disclosure may result from observations of premature sexual behavior, knowledge exhibited by a child or sexual activity being witnessed by another individual. Other forms of accidental disclosure may result if a child exhibits specific physical injuries, contracts a sexually transmitted disease and/or is pregnant. Sgroi suggests that accidental disclosure is most common and this finding was corroborated in Sorensen & Snow's (1991) study where 74% of the disclosures were accidental (N=116).

Purposeful disclosures occur when a child decides to tell someone about the abuse, perhaps in the hope of stopping this abuse. Sauzier (1989) found that 55% of the reports of child sexual abuse in her study (N= 156) were purposeful disclosures. (cited in Sorenson & Snow, 1991, p. 4) Thompson-Cooper (2001) similarly reported that the majority of victims initiated disclosure in her study (N=96 - British sample) and (N=95 - Quebec sample)

Tentative and active disclosure

Morrison et al (1997) state " the difficulty children experience in talking about having been abused is shown by the faltering and incomplete manner of their disclosure" (cited in Palmer et al., p. 262). Sorenson & Snow (1991) identify this as a tentative phase of disclosure and found 78% of the disclosures in their study (N= 116) were of this type. The implications of this for professionals are major,

particularly as these authors found that only seven percent of the children moved "directly to active disclosure" (p. 9). This suggests a great responsibility on professionals to be very attentive and skillful in helping the child to disclose further. These authors defined active disclosure as "a detailed, coherent, first-person account of the abuse" (p. 11).

Phases of disclosure

Sorenson & Snow (1991) identified four definable phases, of disclosure. The first phase was identified as children denying the abuse when questioned by an adult in a position of authority or a concerned parent. In their study almost three-quarters of the children initially denied the abuse. The second phase of the disclosure process was defined as children "tentatively" or "actively" disclosing the abuse. Recanting of the abuse was the third phase of the disclosure process (22% of the children in the study recanted). The fourth and final phase occurred when the children re-affirmed their original allegation of abuse.

Implications for professionals

Sorenson & Snow (1991) address the expectation of professionals for children to provide coherent, detailed and complete accounts of their abuse. If children deny, recant or give vague statements while they are being interviewed their credibility may be severely diminished due to professionals "failing to recognize a child in tentative disclosure" (Sorenson & Snow, 1991). Therefore it is essential that child protection workers, police, crown attorney's, judges, medical and mental health staff are up to date on the literature and research with respect to disclosure, how children disclose and the iatrogenic effects that may result due to ignorance on the part of the intervening systems. Thus in order to prevent iatrogenic effects as a consequence of the interviewing process the skills and sensitivity of the interviewer at this juncture are particularly critical. (Woods & Garven, 2000)

Disclosure of child sexual abuse is a very individual event, which may occur in childhood or adulthood, or not at all. In addition to the factors already discussed, disclosure can depend on a myriad of factors including: the individual's developmental level, emotional state, current situation and understanding or perception of events and their consequences. It is also possible that some individuals

are so traumatized by the abuse that they repress the incident and/or may never report the abuse. Thus, professionals need to be well educated and aware of ways to enhance conditions that may facilitate disclosure. (Palmer, Brown, Rae-Grant & Loughlin, 1999)

Arata (1998) found that the severity of the abuse and the length of time the abuse was endured influenced the decision to disclose, which implies the need for education of children and encouragement to disclose earlier.

Conditions that may facilitate disclosure

Sorenson & Snow (1991) found that " the conditions/motivations that contributed to disclosure by children were educational awareness through school programs (24%); timeliness (everything fell into place) (22%); proximity to perpetrator (departure or arrival) (10%); peer influence (teens) (10%); and other (10%) (cited in Palmer et al., 1999, p. 262-263).

Conditions that may inhibit disclosure

Palmer et al. (1999) focused their research on the reasons for individuals disclosing or not disclosing abuse. A self-administered questionnaire was completed by (N = 384) adults reporting childhood experiences of physical, sexual and/or emotional abuse in childhood committed by a parent. Thirty-two percent of that sample reported telling at least one individual while the abuse was occurring. The individuals that those subjects selected to tell were as follows: "nonabusive parent (41%), another relative (32%), a neighbour or friend (16%), a professional (8%), and others (3%)" (p. 269).

> Two hundred and sixty-two of the respondents in this study did not disclose for the following reasons: "fear of the abuser (85%), fear of negative reactions from other family members (80%), fear that no one would believe them (72%), belief that they deserved the abuse (62%), and lack of awareness that the abuse was wrong or unusual (52%) (Palmer et al., 1999, p. 269).

Similar findings were reported by the London Family Court Clinic (1993) who studied child victims of sexual abuse referred to the Child Witness Project for court preparation (N = 126). They found that children often delay in telling about the abuse because of significant fears that they will not be believed or that they will be rejected by the family and/or harmed by the offender. Embarrassment was also

considered to be a strong factor expressed by the children. Another reason suggested for a child not disclosing is a fear that disclosure will break up the family. (London Family Court Clinic, 1993)

Palmer et al, (1999) caution some children may feel that they have told someone either directly or through their behavior. If there is no response or an unsatisfactory response to these clues or statements, children tend to perceive that no one is listening, no one cares and/or no one can stop what is occurring. Consequently, James (1989) and Roberts and Taylor (1993) state that "children are affected adversely when confidants do not support them. If professionals (or caregivers) do not pursue the child's tentative disclosures or take action against the perpetrator, the child is likely to conclude that nothing can be done" (cited in Palmer et al., 1999, p. 264). Wyatt and Newcomb (1990) found that "victims were less likely to disclose child sexual abuse the more closely related they were to the perpetrator" (cited in Arata, 1998, p. 5). Finally, the consequences, or more specifically, the fears that they will be blamed and/or possibly removed from the family environment, also impacts significantly on disclosure.
Browne (1991) theorizes that, "deciding whether or not to disclose incest may be primarily dependant on what the perpetrator has said or alternately on a child's relationship to the perpetrator rather than the fear of lack of support" (cited in Lamb & Edgar-Smith, 1994, p. 18).

Lamb & Edgar-Smith (1994) state that there is the expectation that the abuse will be suspended as a consequence of disclosure by both the victims and the adults (professionals). This perception may be over simplified and would likely be related to the results of the child's disclosure and the outcome of the subsequent investigation. Thompson-Cooper (2001) identified a limited number of cases whereby abuse reoccurred or continued. Lamb and Edgar-Smith speculate that the limited number of children disclosing in childhood may indicate that the, "More astute children anticipate unsupportive reactions and [ultimately] put themselves at further risk [by a decision not to disclose]" (p. 18). If we consider the imbalance of power in most child-adult relationships generally, it should not be surprising that

Finkelhor (1979) and Sauzier (1989) suggest, " The majority of children never disclose until adulthood if at all" (cited in Lamb & Edgar-Smith, 1994, p. 327).

Adult survivors and disclosure

Literature on adult survivors' descriptions of childhood disclosures offers an interesting perspective on how they viewed the disclosing experience. Palmer et al.(1999) cautioned that "Survivors' memories may not always accurately reflect events; nevertheless, they represent a potential influence on survivors' self-concepts and their interpersonal relationships" (p. 260). Loftus & Christianson (1989) state that "recent research on memories shows great potential for bias, but there is better memory for traumatic events over neutral events even after a long retention interval" (cited in Lamb & Edgar-Smith, 1994, p. 17). Their earlier work however centers upon memory as a witness to a traumatic event rather than someone who experienced the event. (cited in Lamb & Edgar-Smith, 1994, p. 18). This will be important to consider when drawing conclusions from the present research.

The findings of a study by Lamb & Edgar-Smith (1994) who investigated the relationship between disclosure as a child and adult outcome (N = 60) were unclear as to whether disclosure helped the survivor to heal.

Long-term effects of sexual abuse and links between these and adult adjustment

Browne & Finkelhor (1984) summarize some of the long-term effects that have been identified in adult women who experienced sexual abuse as children. "Depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, [with] a tendency towards re-victimization and substance abuse" (p. 162). Empirical studies have also identified that the adult survivors of child sexual abuse have difficulty in trusting others) and experience various forms of sexual maladjustment. (Briere, 1984 and Meiselman, 1978, cited in Browne & Finkelhor, 1984) In summarizing the impact of sexual abuse from clinical and nonclinical studies, Browne and Finkelhor reported the findings with respect to the trauma of child sexual abuse to be as follows:

> In the immediate aftermath of sexual abuse from one-fifth to two-fifths of abused children seen by clinicians manifest noticeable disturbance. (Tufts, 1984) When studied as adults, victims as a group demonstrate more than

> their non-victimized counterparts (about twice as much), but less than one-fifth evidence serious psychopathology (p. 164).

Finally, Browne & Finkelhor (1984) comment that while the findings on the initial and long term effects are optimistic in that there is some hope that all will not experience severe long term effects, the potential mental health impairment implies that the risk should be taken seriously.

Arata (1998) examined the effects of disclosure on the current mental health of female survivors of child sexual abuse and identified characteristics of abuse that were associated with disclosure (N = 204). One of the significant findings was the link between non-disclosure in childhood and re-victimization as an adult. "Seventy-four percent of women reporting victimization had not disclosed their [childhood] victimization compared with 26 % who had disclosed" (p. 12). Such a characteristic elevates one of the possible risk factors and further implies a benefit of disclosing in childhood. Arata hypothesizes that:

> Even without formal intervention, the process of childhood disclosure may help alter behaviour, thoughts and feelings about the abuse. Children who disclose may have more opportunities to learn that the abuse is not their fault and through interventions, formal and/or informal prevent the negative effects of abuse from being incorporated into their personality structure. Another anticipated benefit is a reduction in re-victimization. (p. 6)

Also related to adult functioning is the possible limitations in parenting for women who were sexually victimized as children. Browne & Finkelhor (1986) suggest that child sexual abuse victims report having continued difficulties in relating to their parents and "difficulty in parenting and responding to their own children" (p. 70). In an empirical study by Goodwin, McCarthy & Divasta (1981) found that " 24% of mothers in the child abusing families they studied reported incest experiences in their childhoods, compared with 3% of a nonabusive control group" (p. 157). Finkelhor (1984) and Goodwin, McCarthy and Divasta, (1981) suggest that the unavailability, either emotional or physical absence, of the mother figure contributes to potential victimization of the mother's own children or the intergenerational transmission of sexual abuse.

Lamb & Edgar-Smith's (1994) findings indicate that: "Childhood disclosures are perceived, in retrospect, as less helpful than adult disclosures" (p. 17). This is a curious and interesting assertion when one considers that disclosure during childhood may stop the abuse from continuing. The authors suggest that such a finding may be attributed to the tendency of adults to disclose to friends versus the inclination of children to disclose to family or young friends. The reaction of the individual hearing the disclosure has a huge bearing on whether the experience will be viewed positively or not. It should be noted that only 33% of Lamb and Edgar-Smith's sample of (N = 60) disclosed in childhood. These authors state:

> Adulthood disclosures may be more positive for the victims because the abuse has stopped and less action is required from the recipients for the abuse. In addition, adults may have a better ability to discern who will be supportive in their reactions to the abuse and who is the appropriate person to whom to disclose the abuse (p. 18).

Benefits of disclosure

Harvey, Orbuch, Chawalisz, & Garwood (1991) explored adult child sexual abuse survivors' written descriptions regarding disclosures, coping and current functioning. They found that disclosing soon after the abuse and disclosure that is met with positive reaction were related to better coping and fewer current negative symptoms (cited in Arata, 1998).

Testa, Miller, Downs & Panek's (1992) findings agreed that a supportive reaction following disclosure led to better adjustment. These authors also reported that higher self-esteem was found among child sexual abuse victims who had disclosed (cited in Arata, 1998).

Terr(1990) reports that "disclosure is therapeutic for children because it changes secretiveness to openness, shame to self-satisfaction, confusion to understanding, and numbness to expression" (cited in Palmer et al., 1999, p. 263). Pennebaker (1985) suggests that there may be intrinisic therapeutic benefit from disclosure, regardless of whether intervention occurs. If abuse is disclosed in childhood, it is not longer a 'secret' and therefore, negative effects resulting from keeping the 'secret' may be prevented (cited in Arata, 1998).

In spite of the difficulties surrounding childhood disclosure the findings of Testa, Miller, Downs and Panek, (1992) indicate that the benefit to self-esteem in adulthood stems from a supportive reaction following childhood disclosure. It is therefore imperative that professionals get it right and understand the long-term effects of an unsuccessful disclosure.

Based on their clinical experiences professionals tend to assume that children who do not disclose the abuse are most likely to suffer greater distress and possible long term effects. Two studies however contest this theory. In a self-rated sense of trauma study, Finkelhor (1979) found that trauma was unrelated to telling or not telling in a multivariate analysis. Bagely and Ramsey (1985) found that when they controlled for other factors, there was no association between not telling and such long term effects as "depression, suicidal ideation, psychiatric consultation and self esteem" (cited in Browne & Finkelhor, 1986, p. 75). Tufts (1984) found that the least anxiety and hostility was found in children who had taken a long time to disclose (cited in Finkelhor, 1986, p. 75).

A contemporary review of the research by Rind, Tromovitch & Bauserman (1998) emphasizes that contrary to the popular literature, many individuals have suffered minimal harm from child sexual abuse. These authors attribute the continued negative perception of child sexual abuse to researchers and clinicians focusing primarily on clinical and legal samples, (those most adversely effected) in addition to the overly inclusive definition of sexual abuse. It is also their belief that other factors or variables such as family environment are not adequately explored in the research and may impact more heavily on victims than research indicates to date.

Browne and Finkelhor (1986) state that, "one of the most imposing challenges for researchers is to explore the sources of trauma in sexual abuse" (p. 177). While Henry (1997) addresses the difficulties in extricating harm that is the result of the sexual abuse from harm that is system-induced. This leads to addressing the iatrogenic effects of specific interventions such as child protection services, police and criminal justice systems and medical and mental health services as documented in the literature and research.

2.2 CHILD PROTECTION SERVICES

Child protection agencies are often one of the first formal agencies to become involved with children and their families following a disclosure of sexual abuse, primarily due to the legal requirements of the mandatory reporting laws. In Canada, the provincial governments are responsible for ensuring the protection of children. In Ontario, this responsibility has been designated to the approximately 50 Children's Aid Societies[7](hereafter known as CAS).

The primary functions of child protective services as set out in the Child & Family Services Act (CFSA) are to: investigate allegations or complaints that indicate a child may be 'in need of protection'; protect those children; provide counseling, guidance and other services to assist parents in remediating the situation; and to provide care for those children who have been placed. (OACAS, 2000) Following an investigation, the worker in consultation with the supervisor upon review of the facts in the case make a determination of whether or not the child 'is in need of protection'. In order to determine a child in need of protection two components are necessary: "a) ... requires that harm or risk of harm be verified through an investigation by a CAS and, b) ...the harm must be caused by or resulting from something done or not done by the child's caregiver." (CFSA, Sect. 72 (1)) Under these circumstances, the job requirements and protection of children make following up complaints and allegations a priority, within 12 hours or up to 7 days, dependent on the information received, and the direction of the supervisor.

All children under 16 years of age must be interviewed, regardless if the complaint pertained to them or not, in order to assess the safety of each child in the environment. If the child or children are found to be 'in need of protection' there are a number of interventions that can take place, generally occurring on a scale from least intrusive to most intrusive that reflect the severity of the safety needs of the child. For example, the CAS can work on a 'voluntary' basis with the client.

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[7]**Children's Aid Societies (CAS)** may also be called Family and Children's Services (F&CS) depending on the location. These are the mandated child protective service agencies in Ontario. Until approximately 1998, there were 54 such agencies, however since that time several have amalgamated, thus decreasing the number of agencies.

If numerous factors indicate the need for more intensive involvement, generally the parents are brought before the Child Welfare court and are subjected to a supervision order, with specific conditions in order to reduce the risk to the child. More intrusive measures often involve the more serious concerns and situations in which the caregiver does not take adequate measures to protect the child(ren). In cases where child sexual abuse has been verified, there are a number of options available. If the non-offending parent will protect the child(ren), the perpetrator may be permitted to remain in the family home, under strict conditions, generally that he/she are not to be left unsupervised with the child(ren). If the safety of the child(ren) is in question the perpetrator may be required to leave the home, either through a criminal recognizance order and/or with the agreement of the non-offending caregiver. If this is not possible, then it is likely that the child and possibly the child's siblings, if it is determined that they too are 'at risk', may be removed from the home to 'a place of safety'.

Further attempts are made to engage the caregivers and remediate the situation that resulted in the child(ren) being 'at risk'. Depending upon the age of the child(ren), current guidelines indicate that for children under the age of six, a permanency plan must be formulated within 12 months, while the period for a permanency plan is extended for older children to 24 months. In each of these scenarios, a further six month period of care may be granted by the court, only if there is a plan in place that would likely result in the return of the child within that time frame.

In Ontario, the mandatory reporting laws with respect to sexual abuse were only introduced under the Child & Family Services Act in 1984. These initiatives and other changes were likely in response to the Badgley Report, an extensive study undertaken in 1980 to research the incidence and prevalence of child sexual abuse in Canada. (Sullivan, 1992) This was followed by substantial changes to the Criminal Code particularly with respect to sexual assaults (See 2.3 for further detail).

Another change was reflected in the establishment of protocols between police and child protection services in the mid 1980's, specifying expected responses and clarification of roles. These protocols anticipate that any report to police that

identify a caregiver or someone in a position of authority over a child as the offender will advise the requisite child protection agency. Generally, under these circumstances, unless it is an emergency situation, the police and child protection staff will conduct a joint interview of the alleged victim and follow-up with possible witnesses (protocols may vary in different jurisdictions). Child protection staff are also reciprocally expected to advise police if the alleged report pertains to a criminal manner.

In Ontario, the 1990's resulted in a critical review of the Child Protection System primarily due to the deaths of children "known" to or having had a history of involvement with CAS. The review resulted from the subsequent inquests into these deaths. The Child Mortality Task Force and the Coroners' juries made multiple recommendations about the deficiencies in the child protection system and these were widely adopted.

Ontario was not the only province or country to experience massive and fundamental changes to child protection services. Changes to the British system began prior to and in effect appear to have influenced some of the changes in Canada. Britain's changes also resulted from the Cleveland and Orkney 'scandals', public outrage and recommendations made by various public inquiries. Packman & Jordan (1991) believed that these along with the focus on the rights of children and parents resulted in child protection workers becoming more wary of making informal and voluntary arrangements with clients. The knowledge and changes also resulted in an emphasis on 'best practice' and addressed the focus on decision-making and planning. These factors likely led to the increasingly legalistic focus on child protection as well as the more adversarial nature of contact with clients. (Hegar, 1982 and Packman & Jordan, 1991)

In the 1990's Protection Standards were adopted for all protection cases in Ontario. On September 1, 1998 it became mandatory for all Children's Aid Societies to utilize the Risk Assessment Model and Eligibility Spectrum tools in order to provide consistency and universality in services across the province, and improve service delivery and accountability. Jack (1997) reported that in Britain, practitioners viewed the use of these assessment tools with interest "as a potentially

viable way of identifying those children at greatest risk" (p. 669). In contrast, a letter to the Honourable John Biard, Minister of Community and Family Services, dated April 1, 2000, Dr. Paul Steinhauer, expressed the concerns of the Limbo Task Force and Steering Committee of the Sparrow Lake Alliance regarding the possible misuse of Risk Assessment tools in Ontario. He stated, "The current literature suggests that the capacity for risk assessment tools to predict future maltreatment in child protection settings is poor." (p. 1) It should be noted however that the training provided in Ontario placed great emphasis upon the protection worker using their own professional judgement and not relying solely on the results of this tool. (Risk Assessment training package, 1998 & 2000) Cincchinelli (1995) confirms this perspective and cautions that "until empirical evidence is available for the predictive validity of risk assessment tools, they should be thought of as ways to organize case material to inform clinical judgment" (p. 7).

The Risk assessment model in Ontario was revised in 2000 in order to incorporate the protection standards and the newly revised Child and Family Services Act, R.S.O. 1990, c. C-11 as amended (hereafter referred to as the "CFSA") which was proclaimed in April 2000. It is widely believed that the CFSA as amended, lowered the threshold for what constitutes a child 'in need of protection'. For example, Section 72 (1) made significant language changes and replaced a 'substantial risk of harm' to:

> There is a risk that the child is likely to be sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child. (CFSA, Sect. 72 (1))

Additionally, changes were made to emphasize the rationale for the CFSA. The CFSA states "the paramount purpose of the Act is to promote the best interests, protection and well being of children."

There has been much controversy in terms of rights of parents and the rights of children. In British Columbia, the Gove Inquiry found that "the ministry's adoption of a [strengths] approach to service delivery, based on faith in the innate nurturing capacities of the parent, is dangerous in child protection situations, because

it focuses on the parent's potential rather than the child's protection." (Gove Inquiry, p.33, 34) This concern is not limited to British Columbia. In Britain, Packman and Jordan (1991) report that the enquiry into deaths of two particular children, criticized workers stating: "Far from perceiving social work as too adversarial, they insisted that it remained too bland, welfarist and optimistic in its assumptions and operational strategies with potentially abusive parents" (p. 319).

Within the last few years there has also been an overhaul of the Family Court System in Ontario, with the introduction of the 'Unified Family Court'. Furthermore, the 'Funding Formula' was introduced which changed the way CAS' are funded. CAS' are currently funded based on volume. A strong criticism is that this formula is biased towards bringing children into care, because agencies receive funding based on the number of children in care and the number of family's serviced that are found by the Society to be 'in need of protection'. Preventative services are not funded, nor are 'voluntary clients' who seek assistance to prevent harm to their children, unless they are identified as 'in need of protection'. These limitations have significantly impacted on Society's where there has been a strong prevention philosophy and efforts are being made to rectify these omissions.

As one may recognize from the above, the massive changes and continuous revisions have resulted in a great deal of disorganization, frustration and some resistance to the current period of transition. Many front line workers express concern about the recording demands and some report that as much as 85% of the work day is taken up with fulfilling paperwork requirements, as a consequence of the changes in each of the areas discussed. (S. Cooper, 2002)

Platt (1996b) stated that the consequences of such a massive overhaul without the benefit of established and reliable research tends to chaos and protective actions taken in order to try and prevent further problems. Platt further presents a valid argument stating that:

> Clearly each historical attempt to improve procedures and to refine the law has been motivated, at least in part, by a desire for better practice. Whether things have been improved in reality, however is open to debate. It is often suggested that the welfare of politicians and bureaucrats has been enhanced by better protection of their backs (p. 5-6).

Munro (1998) reviewed 45 inquiries in Britain into the deaths of or serious injury to children (43 inquiries). The last two inquiries, Cleveland and Orkney 'scandals' addressed the interventions made by professionals investigating allegations of sexual abuse. Munro concluded:

> That some progress [was made] in improving the investigation of allegations of child abuse, in that social workers were collecting a wider range of information on which to base their decisions. However, there was no equivalent improvement at later stages of the social work process in assessing the information gathered, using this assessment to consider the options available, or producing a clear plan of intervention. (p. 102)

Interventions by child protection services are often criticized as being overly intrusive, insensitive and on some occasions, needlessly creating havoc in families who may already be under significant strain. Concerns are expressed about the powers that such agencies have and many believe that these powers may be abused by the workers within the system. (Thompson-Cooper and associates, 1993) A primary issue related to the abuse of powers may be the inconsistency of how the child abuse definitions are interpreted. Wattam (1996) and Thorpe (1994) state " the inconsistent, contested and increasingly widely cast definitions of abuse appear to lead social workers and others involved in the child protection system being required to exercise moral, rather than professional and technical judgement" (cited in Jack, 1997, p. 661).

A significant concern that appears in the literature addresses the impact on those families where the allegations or complaints have not been verified. There appears to be some consistency amongst various countries in the high numbers of cases that are 'unfounded' or 'unsubstantiated'. Anthony and Watkeys (1991), findings indicate that 52 % of all suspected child sexual abuse referrals were either unsubstantiated or were not specific enough to warrant investigation. Gibbons (1993) findings indicate that only about 15 % of referrals resulted in registration on the child protection register. Finally, Besharov, (1990) cites that as many as 65% of referrals in the United States are unfounded (all 3 cited in Platt, 1996b). Schultz's (1989) survey of 100 falsely accused families found that almost all the families

reported major trauma and disruption as a result of the accusations and subsequent investigations. (cited in Underwager & Wakefield, 1991)

In view of these kinds of statistics and the fact that they are relatively consistent overall some families may be intruded upon for reasons such as: possible vindictiveness, or legitimate mistakes. Cleaver & Freeman (1995) describe:

> The disruption, lingering suspicion and resentment, the disintegration of adult and adolescent relationships can too easily become the side-effects of child protection work. Since the majority of cases investigated are minor, the cost in terms of human disturbance and misplaced resources may be considered unnecessarily high (p. 199).

Faulconer (1994) addresses an additional issue of victims suffering from the effects of the CPS investigation as well as the abuse in those cases where there has not been enough evidence to substantiate the abuse. Morrison (1997) states this more directly, "The inadequate response of the professional system acts as a secondary form of victimization, and worsens the damage done by the original primary source of victimization" (p. 203).

The literature reflects conflicting views about whether a child protection worker should assume both the role of the investigator and the subsequent helper role. Many believe that investigating families and then trying to help them creates an unresolvable conflict. Some difficulties involved with workers doing both roles have been described as: the increased caseload, numerous changes to the systems, along with a role that may be in conflict with the training and philosophical orientation of a social worker. (Drew, 1980) Drew advocates for separating the roles. This dilemma is not consistently resolved throughout the province. Some agencies have attempted to deal with this issue by separating the functions of investigation and helper. Other agencies have generic workers, who take on both roles.

Previous information in this section has referred to the iatrogenic effects created as a result of systems issues. Specific iatrogenic effects or secondary victimization that occurs as a result of intervention by child protection agencies for victims include: repeated interviews, (Tedesco & Schnell, 1987) inappropriate and/ or overreactions by adults, (Underwager & Wakefield, 1991), removal for the victims and sometimes their siblings from home and friends, (Gomes-Swartz,

Horowitz & Cardarelli, 1990) and removal of and/or lack of contact with the perpetrator (Wright, 1991).

Placement of children out of the home may create significant losses for the child(ren). Losses may include, the loss of people, such as parents, siblings and friends in addition to significant places for the child such as homes, schools and neighborhoods. For example Vachon and St-Pierre (1992) reported that 45% of (an unknown sample size) of families in Quebec move into smaller quarters within six months of the placement, resulting in the child no longer having a physical or psychological place in the family (cited in Tremblay, 1999). Tyler and Brassard (1984) concur that removal from the home may result in the child becoming estranged from the family and the family being permanently disrupted (cited in Underwager & Wakefield, 1991).

Baurmann's (1983) research found that at least one-fifth of their sample (N = 8,058) in Britain felt that the main source of trauma was the behaviour of relatives, friends, or the police. Baurmann is not alone in concluding that in many cases victims only become victims because adults expect them to be victims (cited in Underwager & Wakefield, 1991).

Platt (1996b) suggests that there is growing evidence that children are dissatisfied with CPS interventions and states that children's wishes need to be respected. He purports that workers need to have "a clear understanding of what children see as the primary cause of their trauma, a greater consideration of their need for confidentiality, and ensuring that they are given maximum possible choices and autonomy" (p. 19).

Some of the specific iatrogenic effects as a result of intervention by child protection agencies for families include: intrusion of CPS on the privacy of the family agencies, lack of empathy by the workers, fears of what will occur and the lack of information provided during the investigation. Cleaver & Freeman (1995) and Prosser (1992) state that many parents feel that "they are presumed guilty until proven innocent" (cited in Platt, 1996a, p.25). Corby & Millar (1997) in their study of (N = 24) found that "the general impression gained from most of these parents/carers was that professionals were not sensitive to the needs of their clients'

individual needs, being dominated by concern for procedures" (p. 78) Cleaver & Freeman (1996) found that "a strong sense of betrayal [by the systems]was a common perspective among those compelled to acknowledge that abuse may exist in their family" (p. 95) often resulting in wariness of professionals.

In summary, children and families involved with the child protection system experience iatrogenic effects that must be ameliorated or at least decreased.

2.3 CRIMINAL JUSTICE SYSTEM

Participants, Roles & Process within the Criminal Justice System

In Canada, the criminal justice system is comprised of police, crown attorney's, criminal courts/staff, and probation and parole officers. When a complaint or allegation is made about child sexual abuse to the police, they are the first members of the criminal justice system to become involved. In Ontario, the role of the officer(s) is to investigate the complaint, either individually or in conjunction with the child protection agency, depending upon the community protocols in place, the nature of the situation and/or the age of the victim. Generally, the police and the child protection worker will follow-up with the victim and other witnesses during joint or simultaneous interviews if the victim is a child.

During this process, the police officer determines if a crime has been committed, while the child protection worker's role is to determine if the child is in need of protection. In Canada, generally only the police interview the accused individual after they have been advised of their right to seek legal counsel. It should be noted that the accused individual has the right to permit or refuse to be interviewed.

Based upon the information received from all the witnesses and possibly from the accused individual, the police officer makes the decision to charge the perpetrator based on the evidence obtained. If charges are laid, the accused individual may be incarcerated if this is justified by concerns that either the public will not be protected or there is evidence to indicate that they will not show up for the scheduled court appearance. Often they are released on bail or on their own recognizance with specific conditions that they must follow. These conditions often include a 'no contact' order with the victim and any possible witnesses. (Wells, 1990)

The police then refer the matter to the crown attorney who, based upon the evidence presented, makes a decision about whether the matter will be prosecuted. In making this decision the crown attorney considers a number of factors, including the credibility of the child or adult, the credibility of other witnesses, need for protection of the victim and community and the potential that this could be successfully prosecuted. If the crown attorney decides to prosecute, the offender will then appear in court. The crown attorney's role is to present the facts of the case, which is generally followed by cross-examination from the accused individual's (defense) lawyer. (Wells, 1990)

Once all the information is presented it is up to the judge and/or jury to decide if the offender is guilty or not guilty. The evidence must convince the court 'beyond a reasonable doubt' that the accused individual committed this crime and intended to commit the crime. If there are reasonable doubts the court must acquit the accused individual. If found guilty, the judge makes a decision about the disposition that can include a range of penalities from fines, community service hours, conditional discharge, absolute discharge, probation and/or incarceration. If the offender is given a suspended sentence and placed on probation with specific conditions, he/she will be monitored by a probation officer, for the specified period. A parole officer will only monitor those individuals who have been released early from federal institutions. (Wells, 1990)

History of the Laws

In the 1980's the laws on sexual abuse in Canada, governing the criminal justice system, underwent major revisions and changes. Sullivan (1992) attributes two commissioned studies and their subsequent recommendations as being the primary force behind the revisions and changing laws. The first was the Badgley Committee established in late 1980. The purpose of this committee was to: investigate the incidence and prevalence of sexual abuse in Canada; review the existing laws; and make recommendations for improving the laws, in the event that they did not adequately protect children. (Sullivan, 1992)

The second study, the Fraser Committee was established in June 1983 and its function was to address prostitution, pornography and censorship in Canada along

with the issues related to these, such as juvenile prostitution and child pornography. (Sullivan, 1992) The outcome of these reports was 160 recommendations made to all levels of government and the private sector. The more controversial recommendations were made by the Fraser Committee, with respect to pornography and most of these subsequently did not become law. Many of the recommendations made by the Badgley Report were adopted, at least in part, into Bill C-15 which was proclaimed on January 1, 1988. Of importance for this study is that under the Canada Evidence Act, there was no longer a need for corroboration in a child's unsworn testimony. Bill C-15 also resulted in the removal of the prosecutory limitation of one year for certain offences against children. Consequently, it is not uncommon to hear that offenders are being prosecuted years later, often long after the abuse stopped. The stipulation, however, in these cases, is that they must be prosecuted on the laws that were in effect, at the time that the abuse occurred. (Wells, 1990)

Finally, several new offences were identified such as sexual exploitation, invitation to sexual touching and sexual interference. Gender-neutral terms replaced the gender specific offences. (Sullivan, 1992) For example, the offences now refer to 'a young person' or 'any person' rather than a female, in recognition that male children can also be the subject of many of these offences.

A significant outcome of the Badgley Committee according to Wells (1990) was the presentation of a firm position to deal with the social problem of child sexual abuse. " The Committee's recommendations included a strong emphasis on the need to invoke criminal sanctions for offenders, both for deterrence and for rehabilitative purposes. The Committee clearly described child sexual abuse as a criminal behaviour, not a simple, non-victimizing mental health problem." (p. 7)

Debate of how Child Sexual Abuse should be responded to

There is ongoing debate in the literature regarding the criminalization of child sexual abuse and whether or not child sexual abuse should be dealt with through criminal courts. This same debate arose regarding child abuse generally. The consensus was that child abuse would be treated as family dysfunction even though it is a criminal offence. Later when child sexual abuse was recognized, it was felt by

some that this was in fact a criminal offence and required a punitive outcome for the offender. For example, in the mid-1980's the Ministry of Community and Social Services in Ontario, instructed that protocols between child protective services and the police be developed to investigate the allegations jointly. Often members of both organizations jointly conduct a videotaped interview with the victims and other witnesses. This distinction made between sexual abuse as opposed to physical abuse or neglect is evident in that although all are criminal acts, involvement of the police in investigations of physical abuse or neglect tends to be limited to those severe cases where serious injury has occurred.

This of course opens the door once again to the debate about the philosophical perspective on child sexual abuse. Interestingly enough, around the same time (1984), in Britain, The Criminal Law Review Committee, recommended that criminal justice intervention should not occur, particularly in cases of sexual abuse within the family. They believed for the most part that these cases should receive a caution by police with perpetrators being encouraged to seek treatment for rehabilitation purposes. (cited in Morgan & Zedner, 1992) The Law Reform Commission of Canada (1978) on the other hand recommended the use of family court only in the case of intrafamilial sexual abuse. (cited in Thompson-Cooper, 2001)

Gomes-Schwartz & Horowitz (1984) present opposing opinions from the perspective of various unidentified groups, about criminally charging perpetrators, particularly in intrafamilial abuse. First are those who believe that charging perpetrators creates more consequences such as perpetrators becoming more resistant and entrenched in their denial of the abuse, for fear of what could happen. When this occurs it can polarize families further and thereby create more trauma for the victim. Alternately, others believe that prosecution is essential so victims understand that they are believed. With respect to the perpetrator, prosecution clarifies that the behavior was wrong and is not acceptable. Within this group, it is also believed that prosecution may be a factor in motivating the perpetrator to stop the abuse and make the necessary changes.

Giaretto, Giaretto & Sgroi (1977), advocate for some criminal justice involvement stating it can be a powerful incentive in motivating the perpetrator in the treatment process along with cementing perpetrator's beliefs that they have committed a wrong and should be held accountable for this. In this vein, Giaretto and associates advocate for a coordinated Child Sexual Abuse Treatment Program (CSATP) that results in intervention systems working cooperatively to treat the offender and all family members in a non-punitive manner. The goal of the program is to promote healthy family functioning and break the abuse cycle. Their position appears to be supported by research findings of no recidivism with 600 families treated and formally terminated between 1971 – 1977. Another incentive is that the treatment process does not have to wait for sentence completion and begins early, possibly when the family is still in crisis. Similarly, Sibinski (1995) recommends the use of diversion programs that are consistent with the family preservation philosophy. He cautions, however, that for these to be successful the tasks of professionals and child protection workers need to be changed. Interdisciplinary coordination of services reduces the number of interviews with the victim and may result in a reduction of contradictory stories and interpretations, which could ultimately increase conviction rates. Finally, the use of such programs along with the threat of prosecution or imprisonment, reduces victim trauma and results in faster, cheaper and possibly a more successful resolution of the matter. Cooper & Cormier (1990), in contrast, believe that criminal justice involvement creates a great deal of unnecessary stress and trauma, ultimately diverting the attention of the family from resolving these issues therapeutically. Many other clinicians and researchers have valid concerns and do not believe in the routine use of the criminal justice system, particularly for intrafamilial sexual abuse cases.

Another argument presented in the literature pertains to the concerns that the criminal justice system does not adequately deal with the 'social problem' of sexual abuse. Platt (1996b) points this out in his understanding that the trauma created for children, in view of the low successful prosecution rate is unacceptable. Conte & Berliner (1981) further highlight the difficulties that abound for criminal justice personnel because of the needs of victims and their families during this process. In

particular, the fact that evidence is limited to the child's version of what occurred, along with the conflicting feelings experienced by many victims, ultimately reduce the chance of successful prosecution. Added to this is the potential for the sexual abuse to resume or continue if an offender is vindicated.

There is a strong belief in the need for alternatives, or at the very least, interventions that will address the needs of the victim, offender and all family members. A great deal of energy has gone into reducing some of the trauma that is experienced by victims from the interventions. Some progress has been made in that the criminal justice system has made some significant changes to the laws, policies and education and training of the personnel. A few of these were addressed initially in this section particularly pertaining to the need for corroboration of a child's evidence. Unfortunately, while corroboration is not required by law, it often appears to result in a situation whereby ultimately, it is the child's word against the adults. The literature speaks to some progress made with respect to the credibility of child witnesses, however many defense lawyers continue to use this as a strategy in defending their clients. This can result is some rigorous cross-examination that can confuse and traumatize the child further.

Iatrogenic Effects related to the Criminal Justice System

The review of the responsibilities of the criminal justice personnel, some of the changes that have been made to the laws and the different beliefs pertaining to how child sexual abuse, (intrafamilial in particular) should be dealt with emphasizes the complexity of such a system and the potential, for iatrogenic effects as a result of these interventions. While the empirical evidence on the impact of interventions is limited, the majority of what is available pertains most frequently to the criminal justice system (Henry, 1997) and is referred to as the iatrogenic effects of intervention (Cooper & Cormier, 1990 & Thompson-Cooper, 2001), re-victimization (Tedesco & Schnell, 1987), secondary victimization (Underwager & Wakefield, 1991) or the impact of societal system intervention (Henry, 1997). Henry reports that most researchers have focused on exploring the emotional consequences of repeated interviews and the impact of testifying due to the complexity of

differentiating between system induced harm and harm suffered as a result of the sexual abuse itself.

Cooper (1990) states that:

> the use of criminal court is a major source of the iatrogenic effects on the victim and include...repeated interrogations and cross-examinations, (Fraser, 1981), facing the accused family member in court (Gibbens & Prince, 1963), the official atmosphere in court, the acquittal of the accused for want of corroborating evidence (Libai, 1969), the conviction of the accused who is the child's parent or relative, (Chamberlain et al, 1976); and imprisonment of a family perpetrator (Cooper, 1978; Gentry, 1978; Marvesti, 1985; Tyler, 1984).

Additionally, Cooper & Cormier (1990) cite the delays in the criminal process (Cooper 1978, Libai 1969) and inadequate or non-existent therapeutic resources within the criminal system (Ciba Foundation 1984, Cooper 1978) as further potential sources of trauma for victims. Some of these concerns have been addressed with the changes in the law in Canada, corroboration of a child's testimony not being required, Section 274 and removal of the one-year statutory limitation rule, Section 275. Section 276 specifies that there are strict limitations about an accused using a victim's previous sexual history as a form of defense. In cases where the accused wants the victim's sexual history entered on the record, the court must hold a behind closed door hearing to decide if this can actually be heard. Furthermore, there must also be written notice to the court regarding the intention to ask these kinds of questions, so that the victim can be emotionally prepared in advance for this testimony. Section 277 refers to reputation evidence and does not permit the admission of the child's sexual reputation to be used to in challenging or supporting the credibility of the victim. Section 486 (2.1)

The findings in research (N = 49) [39 females & 10 males] conducted by Tedesco & Schnell (1987) were somewhat hopeful indicating that if courtroom preparation is completed with children, testifying may not necessarily be harmful. (Goodman et al., 1992; Oates et al., 1995; Runyon et al., 1988; Whitcomb, Goodman, Runyon, & Hoak, 1994) Tedesco & Schnell (1987) found that psychological harm to children may be reduced with a decrease in the number of interviews a child is subjected to. Whitcomb et al. (1994) found that children's

mental health was not significantly influenced by testifying on one occasion, which was also supported by Goodman et al. (1992) study. (cited in Henry, 1997) Of particular interest was that both of the latter studies found that maternal support was the predictor of improvements in the functioning of both the children who did and did not testify. (Henry, 1997)

In contrast, Weiss & Berg (1982) argue that the court process often prolongs children's emotional reactions while Burgess & Holstrom (1978) added the concern that a child's development may be temporarily suspended both as a result of the lengthy court process. (cited in Tedesco & Schnell, 1987)

Others argue that testifying may be beneficial for children, increasing their sense of self-efficacy and possibly providing some closure to a traumatic experience. (Pynoos and Eth, 1984, cited in Tedesco & Schnell, 1987)

A final source of concern within the criminal justice system relates to the decisions made about prosecuting cases. The study by Cross, Martell, McDonald & Ahl (1991) identifies reasons for cases not being prosecuted. Fifty-six of (N = 289) 56 cases were rejected for prosecution. Fifty percent were due to evidentiary considerations, "29% because of concerns about victim credibility, 28% because witnesses could not be qualified as witnesses, 21% because of prosecutorial considerations, 17% because victims or families declined to prosecute, 17% because children were involved in abuse and neglect proceedings, and only 9% because victims were unavailable" (p. 42-43). Many of these are systems issues and consequently may create iatrogenisis as a result of the decisions made.

This section has indicated that there are many conflicting views regarding the therapeutic value of criminal prosecution. Consequently, it appears that more research is needed.

CHAPTER THREE

3.0 CHARACTERISTICS OF THE POPULATION

The sample consists of four caucasian women, between the ages of 34 and 47 years of age who reported having been sexually abused in childhood, by family members. Three of the four women reported experiencing sexual abuse from one perpetrator, while the other woman reported at least two perpetrators, who were also family members. Three of these survivors disclosed as children, and one at age 16. The education level achieved by these survivors ranged from grade eight to two who graduated from high school.

All the survivors were born in Canada and all currently reside in Northumberland County. However the childhood sexual abuse occurred in various rural and urban centers in central and eastern Ontario.

Disclosure of Sexual abuse

A common theme for the three survivors who disclosed their abuse as children, under the age of 16, was the lack of action or service provided to them, by child protective services and/or criminal justice personnel. Each of these survivors disclosed again as adults resulting in criminal charges being laid against their childhood sexual abuse perpetrators. Ultimately, two of the perpetrators were convicted of child sexual abuse and one was found not guilty by the Criminal Court. The youngest survivor initially disclosed her sexual abuse at age 16, which resulted in criminal charges and ultimately the conviction of this perpetrator.

3.1 GENERAL FINDINGS

Perpetrators of Sexual Abuse

All the survivors in this study were females who had experienced childhood sexual abuse by various male perpetrators. One of the four survivors identified multiple perpetrators including one neighbor, cousins and only older adult who were excluded from this study because they did not meet the criteria for following reasons: 1) they were not caregivers at the time of the abuse; 2) there was less than a five year age difference between the survivor and the perpetrator and /or 3) the survivor was sixteen years of age at the time of the incident(s). The exclusion of some of those individuals identified as perpetrators reduced the total number of perpetrators,

however there was still more than one family perpetrator for one of the survivors. Table 1 identifies the first perpetrators, while table 2 indicates the second perpetrator.

Table 1 Relationship of first perpetrator and victim

Perpetrator #1	**No. of victims N = 4**
father	2
stepfather	1
foster father	1

Table 2 Relationship of second perpetrator and victim

Perpetrator #2	**No. of victims N = 1**
step-brother	1

Duration of Sexual Abuse

Three survivors experienced repeated sexual abuse by their perpetrator(s) ranging in duration from three years to seventeen years. The fourth survivor experienced a single incident of sexual abuse. Table 3 indicates the duration of the abuse as well as the age at first disclosure. The disclosure of the abuse was not the primary reason for the abuse being terminated in any of these situations. Of note is that the three survivors who disclosed under the age of sixteen, to the police and/or child protection authorities, were not believed and/or no action was taken at the time of these disclosures. One survivor moved to her mother's home, by choice; another ended up leaving the foster home where her abuse occurred to return to a physically and emotionally abusive family environment and the third survivor, continued to experience sexual abuse for the next eight years from the same perpetrator. The survivor who did not disclose sexual abuse as a child, reported that abuse stopped at age sixteen, when she was already out of the family home.

Table 3 **Duration of sexual abuse from age of onset to termination of the abuse**

Survivor	Perpetrator	Age at onset of sexual abuse	Age at first disclosure	Age at termination of sexual abuse
#1	stepfather	5	16	16
#1	stepbrother	14	16	16
#2	foster father	14	14	14
#3	father	11	14	14
#4	father	7	15	24

Nature of the abuse

Data about the nature of the abuse was not specifically collected, however during the course of the interviews, it was discovered that one survivor was subjected to fondling and digital penetration on one occasion while three survivors alluded to a gradual process with the perpetrators initiating physical contact and exploration, encouraging the survivor to fondle and perform oral sex and ultimately to sexual intercourse over the course of the extensive abuse period.

Relationship with the Perpetrator

All the survivors identified the perpetrator as controlling and emotionally abusive to various degrees, although only two women provided details of what they identified as being terrorized. Three of these survivors reported experiencing physical abuse at the hands of the perpetrator. All the survivors reported witnessing violence towards their mothers and/or siblings.

One survivor described being subjected to ongoing severe physical abuse and terrorizing by her father towards herself and her siblings. This included violent beatings for any infractions and culminated in the father attending her uncle's home with a gun after her mother took herself and her siblings away from the home, when she disclosed the sexual abuse. After her unsuccessful disclosure to police and child protective services this survivor reported repeated ineffective attempts to seek help such as disclosing the sexual abuse to Social Services, and the police on several occasions in an attempt to get a peace bond, restricting her father from making contact with her. One of her requests to police was denied by the Chief of Police

because her father was a single parent, with other young children in the home and was employed.

This survivor also reported her father attending her apartment when she was twenty-three, going into a rage, and going after her with a knife because she had a male friend visiting. Police intervention on this occasion resulted in the police stating that it was a domestic situation and transporting her to her brother's home for the night. She was subsequently able to obtain a peace bond against her father for a period of time, but ultimately ended up moving back into her father's home, after he threatened to sexually abuse her younger sister. The sexual abuse for this survivor stopped at age twenty-four when she married. However, she reported that her father continued to attempt to control herself and all her siblings by instigating problems between them, creating significant communication difficulties until, at 40, she moved away from where the various family members reside.

The other survivor who reported being terrorized by her father, talked about him holding a knife at her throat and threatening to kill her.

One survivor ended up in foster care due to the physical abuse inflicted by her father. This was the only survivor for which physical abuse charges were laid against the perpetrator. None of the others were aware of charges being laid against the perpetrator for the physical abuse and no assistance was provided other than the perpetrator possibly being removed from the home overnight.

Relationship to Mother

All but one of the women reported difficult or non-existent relationships with their mother during at least some of the childhood years. Two of the survivors reported that their mothers had left them in the family home to reside alone with the perpetrator several years before the abuse was disclosed. One had no contact with her mother throughout from 12 – 17 years of age. The second mother left when the survivor was six. Both survivors were told later that the respective perpetrators had threatened to kill these mothers if they took the children. Another survivor reported the father moving the mother into an adjoining townhouse, while he and the children lived in the family home a couple of years after the abuse disclosure.

Only one of the survivor's mothers, a non-custodial parent, rescued the victim and was reported to be consistently supportive of the survivor after disclosure. One survivor reported that while her mother was initially somewhat supportive, once she reconciled with the perpetrator, she blamed her daughter for the break up of the family, and later, for not charging the perpetrator. This survivor perceived her mother to be weak and 'downtrodden' by the experiences in her own childhood and adult life. Another survivor only re-connected with her mother at age 17 and was provided with some support in that, they paid for her to rent a room in the building where they resided and she was permitted to come to their apartment for some meals. The other survivor did not identify the specific difficulties she experienced in her relationship with her mother, although stated that she left the family home at 16.

At disclosure and after, one mother was reported to be physically absent, while three mothers were essentially described as emotionally unavailable to their daughters. Two of the survivors reported that their own mothers had been victims of childhood sexual abuse and all indicated that their mothers came from dysfunctional families, that included such characteristics as: neglect, physical abuse, and /or emotional abandonment, domestic violence and in some cases multiple changes in partners.

3.2 TYPES OF DISCLOSURE

In order to assist the reader for clarification purposes the disclosure(s), types and reasons will be identified in Table 4 using pseudonyms for each survivor omitting some identifying information. These pseudonyms: Sara, Lily, Randi, and Irene and will continue to be used in the following sections.

Three out of four of the initial disclosures made by the survivors were purposeful, which is higher than Sauzier's (1989) findings of 55% and relatively consistent with Thompson-Cooper's (2001) findings of the majority of victims purposefully disclosing their abuse.

The following section will specifically address the interventions that were made and the iatrogenic effects of these from the perspective of the survivors. These will be addressed by themes, under the heading of each intervention along with the recommendations made by the survivors.

Table 4 Disclosure Type and Outcome

Pseud-onym	Age	Type of disclosure	Recipient of disclosure	Outcome
Sara	14	purposeful	adult stepbrother	further victimization
Sara	16	purposeful	Social Services	financial assistance denied, stepfather told about allegations
Sara	16	accidental	friend's mother	referred to school social worker
Sara	16	purposeful	school social worker	accompanied to police
Sara	16	purposeful	police	charges laid, convicted
Lily	14	purposeful	CPS worker	child returned to abusive home. asked to testify, no further intervention by CPS staff, no police referral made
Lily	31	request for assistance	police	charges laid, foster father convicted
Randi	14	purposeful	stepbrother	accompanied to police, not Believed by CPS or police. Moved to mother's home.
Randi	41	purposeful	police	charges laid, father convicted
Irene	15	accidental	mother	mother accompanied to police, hospital, CPS, not believed. No intervention for Irene, continued CPS intervention with siblings and parents
Irene	16	purposeful	Social Services	denied financial assistance, father told about allegations
Irene	17	purposeful	police	request for Peace Bond denied
Irene	23	purposeful	police	Peace Bond obtained against her father
Irene	40	purposeful	police	charges laid, father acquitted

3.3 FINDINGS - CHILD PROTECTION SERVICES (CPS)

The survivors specifically identified child protection services as the Children's Aid Society (CAS). The four survivors who disclosed as a child or youth had some form of involvement with CAS as a result of disclosure and this involvement was either not remembered clearly or was not considered to be positive.

Children are identified as those under the age of 16 and include Lily, Randi and Irene. The fourth survivor Sara is identified as a 'youth' because she was 16 at the time of her formal disclosure and no longer resided in the family home. She did however have limited involvement with CAS as a child and again as a youth. Following her disclosure, Sara's younger siblings were removed from the family home during the investigatory process because the perpetrator, her stepfather, was the sole caregiver for these children. Sara felt that the removal of her siblings was appropriate but was dismayed that even though her father was charged, her siblings were returned to the stepfather's care within a month, because he apparently married in the interim period.

Sara reported being approached at her school by a CAS worker when she was 15 years old and being asked if she had been sexually abused by her stepfather. Sara's recollection of this incident was:

> *she just out and asked me, like I don't even remember going into a separate room with the woman, I just remember standing in the... well, where you come into the office.. and she just asked me if something had been going on at home they should know about. And I said no...*

Sara was emphatic that she would not have disclosed at that point, whatever the location or questions asked, because of the repercussions from her past attempts to tell someone about the abuse. *"I was very adamant on the fact that I was not gonna tell anyone...because I think that when I was 13 or 14 and I did say something, I ended up being abused by somebody else."*

Sara reported being very upset about the questions and not being able to keep herself together emotionally upon her return to class. The outcome of her upset in class resulted in her cousin removing her from the classroom and he and his father were the first people to believe and support her, without subsequently abusing her.

Another survivor, Randi, addressed the need to be believed as being critically important. She was not believed during her childhood disclosure of sexual abuse by her father. "[they, CAS, police, crown attorney] thought it was just a case of I didn't want to live with my dad, would rather live with my mom." However several years later the CAS did call her, after receiving a complaint from a 14 - year - old about Randi's father. Randi stated that she confirmed that she had been sexually

abused by him and again nothing seemed to occur as a result of her confirmation of this.

Lily, sexually abused by her foster father, experienced several conflict of interest issues, which resulted in a lack of trust in her relationship with her social worker and ultimately to a strong distrust of professionals. Lily stated that " *there was a cover-up. He [the foster father] was on the board of directors at the CAS and the worker was friends with the fosterparents.* "

Lily was particularly upset because the sexual abuse by her foster father, resulted in her returning to the family home where her father had been physically and emotionally abusive towards her.

> *They [CAS] let me go back to a violent home. I couldn't [even] go home at Christmas because my dad was drinking... They let me go back home, mom came to pick me up, and dad was drunk the day I got home.*

In addition to this Lily reported that there was no ongoing involvement with the CAS when she abruptly returned to the family home, rather than remain in the foster home to experience further sexual abuse. Consequently, Lily reported blaming herself for the abuse. "*Nobody protected me or told me that I did the right thing. Nobody took me out of the situation, I took me out of the position, I took me out of one and put me into the other.* " Lily stated that she experienced a betrayal by the very systems (foster care and CAS) that she was just beginning to trust. As a result she talked about " *to be able to trust,.. its very important, if I had the trust and support, I could have...* "

Another concern expressed by Lily was that other girls ended up being sexually abused by the foster father. This could have been prevented if they had listened and followed up with her complaints or at the very least, her reason for leaving the foster home so suddenly. Lily was certain that the worker and the agency knew what happened in the foster home because they called her three weeks after she left the foster home, asking her if she would be willing to testify against the foster father. Lily reported that she agreed that she would and then did not hear anything from anyone for the next 17 years. Partially as a result of this Lily began to

feel that *"the only time, they, [interventions] help you is when they want something from you."*

This was a theme that Lily reported persisted well into her adult years, when she experienced continued contacts with the police (for domestic violence) and CAS (for her children).

The final survivor, who disclosed as a child and had contact with CAS, Irene, described the bitterness she felt and continues to feel about the lack of protection, help and support offered by the CAS and other agencies following her childhood disclosure. Irene initially disclosed at 15 years old, after her mother walked in and saw Irene in bed with her father. Even though she does not recall this directly, Irene believes that she was interviewed by a CAS worker because she knew that her uncle contacted CAS on her behalf. Irene reported that the CAS removed five of her siblings from her uncle's home, after he reported that he could not continue to care for all seven of the children, who had been brought to his home by Irene's mother, following Irene's disclosure of sexual abuse. Irene was left in her uncle's home to care for her infant sister while her mother recovered in hospital due to complications following the birth of this child.

Irene recalled being forced to leave her aunt and uncle's and return home with her mother and father, who reconciled, upon the mother's release from hospital. She stated that her parents told her that she had to go home with them to care for her youngest sister and her sick mother. Irene continues to have difficulty in understanding how CAS could have allowed her to return to the home under any circumstances. Irene's perception of this was:

> *I turned 16 in this couple of weeks period... um, so* ***I fell through the cracks.*** *I think it was because I turned 16 and you know at 16 back in them days, I think 16... and I don't know if that is going to change much at all... I mean what can you do at 16, you have no way of supporting yourself, you are still a minor, your parents still have control over you, you don't fit in anywhere...*

To make matters worse, Irene reported that her infant sister was also removed from the parents' home and placed in foster care within a few days of her parents'

reconciliation. Once again, Irene, the victim, was left with her abuser and the mother who reconciled with the abuser. She reported that her life became:

> *a living hell...I was not allowed to return to school, I wasn't allowed to associate with any of my friends... so I became totally isolated and I wasn't allowed to have any outside contact with anyone because I had... so the next few months of my life became a living hell, because, they.. together... were working on me to, okay, we can't... get an answer, we'll never do this again, you have to sign papers and say... so we can get the family back together... Constant (pressure), my mother was really... emotionally ill.. she... just, she had started taking anti-depressants... she was crying and crying and she'd go for long, long walks and LEAVE ME ALONE in the house with my father, who was trying to return to his [abuse of her]...*

Irene reported that she continued to be sexually abused until she was 24 years old and married. Her recollection of these experiences was extremely painful and this reaction only intensified as an adult when she obtained all the CAS records and found no notes or reports about and/or with her, even though her parents had been involved with the CAS since she was four years old.

> *The fact that I was abused – all of a sudden was pushed to the background, it did not matter... I was not the important person here. It was my mother...my siblings... and ultimately my father... believe it or not. There were reports about how this had torn the family to shreds and he had to go and get... and he couldn't work... This was the reason why he was off work. He was a roofer...they don't work all winter long! Its inclement weather... but the report said that you know, due to the traumatic events that he had to, um, take time off, couldn't work and his nerves...*
> Irene stated:
>
> ***I got bamboozled...** I should have been taken from my home.. And put somewhere safe... I don't care, anywhere... somewhere... far, far away, where I couldn't be around him...I lost so much because my mother reconciled with my father.*
>
> *I was outraged, when... I read those court reports...these CAS reports, were delivered to me... I was outraged... because I thought, how dare they not believe me.. that this could have happened, how dare they return me to the home, when there's been a what?.. 15 years of um... of... constant CAS intervention...*

Additionally, Irene made very emphatic recommendations that all children need to be responded to by CAS, regardless of age, gender or whether they demonstrate any concerning behaviors in the school or community.

You know all those trips they [CAS and Public Health Nurses] did, they never concerned me, because... you know, [I was a] grade A student, went to school, was very well mannered, always kept minding my P's and Q's and kept a very low profile. I knew...because I knew, you don't get in trouble at school...because if you get in trouble at school and you make anybody come to this door over you, you don't even know the trouble you are in...

Irene specifically wanted professionals to be educated to the fact that children who are in very bad situations are usually quite isolated and are not visible in the community.

Irene reported that supervised visits with her siblings were painful and traumatic, primarily because the children were very upset by these visits and just wanted to come home. She also stated that she and her parents were not even permitted to see the baby, and Irene's belief about this was that the foster parents wanted to adopt the baby. Furthermore she advised that her brothers were moved to a new foster home after being 'sort of' abused by the initial foster parents.

The children were not reunited with the family until they moved to a new county and obtained housing. Irene had major difficulties in understanding how any CAS would approve a family of six children, two cats and two parents being approved to move into a small two-bedroom duplex, particularly with her history of being sexually abused.

Where are they stacking all these kids.. and I mean stacking! So what we ended up doing was um, my father... managed to have his own way. Yah, you see... out of all seven, I had my own room and across the hall there was a bathroom and then my mother had a room and my little brother slept in there with her. The baby had a crib in the living room and there were two pull out couches in the living room, for my dad and all the rest of them.., It was absolutely ridiculous... but you know, to give [this] CAS credit, over [another] CAS, they did come and they did follow up all the time [with her siblings].

A significant issue for Irene was when she found out that CAS did not have any written records about or pertaining to her. Needless to say, this was another area that Irene recommended requiring major changes. She also stated her belief that information dealing with any kind of trauma should be available on the computer for

any other services providers that deal with children, such as the police and medical personnel.

In summary, these survivors reported experiencing a variety of iatrogenic effects as a result of their involvement with child protective services as children. The iatrogenic effects came from several sources including: not being believed; issues not being adequately investigated in the majority of these situations; lack of, or no services provided for the actual victims; continued ineffectual involvement with families that resulted in the abuse continuing; lack of information or record keeping available about specific involvement with some of the victims; in some cases returning the victims to abusive situations with no follow up or assessment of the impact of this; removing siblings and in some cases subjecting them to abuse in 'the place of safety' and/ or allowing them to be returned to unsafe situations that could result in more abuse.

3.4 FINDINGS - CRIMINAL JUSTICE SYSTEM (CJS) – childhood disclosures

This section pertains to the formal disclosures made as children or youths to criminal justice personnel. It includes a description of the impact of involvement with police, crown attorney's and court outcomes, along with recommendations made by the survivors who had involvement with these interventions. Of the four survivors who disclosed as children or youths, Lily was the only one who did not have contact with the criminal justice system (in the context of a child sexual abuse disclosure) following her childhood disclosure because her allegations were not referred to this system.

The youth, Sara disclosed to police at age 16, after leaving the family home. She was the only survivor of this particular group, who was successful, in having her allegations adequately responded to by the police and crown attorney. The criminal justice system laid charges against her stepfather and he was subsequently convicted of sexually abusing her. Sara's issues with the criminal justice system pertained to the lack of information provided to her, the lack of consultation with her regarding decisions that were made and the subsequent sentence that her stepfather received in view of the impact that this had on her life.

Sara made her disclosure to the police after she was unsuccessful in obtaining 'student welfare' and was told that her stepfather indicated that she could return to the family home. A critical factor in her stepfather being charged appears to be the police finding evidence to confirm her allegations. Sara's account of her involvement with the police indicates the need for the investigators to ask the 'right' questions. She feels that the only reason they believed her was because they found condoms where she said that they were kept.

> *They asked me if we had used any protection, because I was at the age where I could have gotten pregnant. I said yes, and believe it or not, it was in this type of ceiling like you can look to the skylight and because it was exactly where I said it would be, I'm sure this is what nailed him. Because, I mean, why else would I know.*

Consequently one of Sara's recommendations for service providers is that they need to be educated and make sure that they ask children the right questions.

One of Sara's regrets stems from the fact that she would have liked to disclose abuse by her stepbrother as well, but she was not able to trust that the police or other service providers would believe her.

> *I was too scared to say anything about my stepbrother because I thought that, you know they would say 'oh she's making it up' and then it would be two people's word against one person's word. So I just, backed down and didn't say anything about my stepbrother. I was too afraid.*

Sara reported being discouraged by police in testifying against her stepfather after being told :

> *his lawyer would rip me apart, that he would be hard on me...They told me that I did not have to go to court... that they could just use my statement...I should have had the chance to testify. I wanted to because I honestly think that he might have gotten more than 30 days if I could have gotten on the stand and said my story...*

Sara was very upset and hurt by the fact that her stepfather only got 30 days in jail and almost 20 years later has questions about this.

> *All my stepfather got was 30 days in jail...and I can't understand that for the life of me. The guy raped me for 11 years and I do not understand how he could have gotten 30 days. I want to know whether or not I can get the court's records. I need to know for myself whether or not he caught a plea.*

Two emphatic recommendations by Sara pertain to the need for the victim (witness) to have a choice about whether they want to testify or not and whether the perpetrator should be offered a plea bargain. Finally, she along with other survivors stressed the need for good communication with the systems involved. She feels that victims should be told what is occurring each step of the way.

Fear of not being believed was an issue for Randi in her dealings with the police and crown attorney as a 14 year old child. She reported being devastated that they did not believe her account of the sexual and physical abuse that was occurring in the home by her father.

> *It hurt that basically they were calling me a liar, saying, you know, it didn't happen , this just didn't happen, you just wanted to live with your mom, but, I knew it had happened, I was hurt, I had no one to turn to other than my mother, I didn't have any counselors or anything like that, um, like I said I didn't want to go to school, I didn't want to do anything...if I could have just stayed at home, [then] I wouldn't have to see anyone.. you know.. wonder what they were thinking about me.*

Despite her devastation, Randi reported that she was not angry at these interventions. She stated:

> *I don't blame them, because at that time, it wasn't a known thing like it is today, like 30 years ago that was ...swept under the rug. The police officer I spoke to then...testified on my behalf about my teen disclosure. I don't think it was that he didn't believe me, he really couldn't do anything because he had nobody backing me up.*

Randi believes that experiences for victims in the criminal justice system have improved because of her second disclosure as an adult in her 40's (described in CJS – adult disclosures) as well as her experience as a mother whose son has been identified as a perpetrator of sexual abuse. Randi stated:

> *At least now when somebody goes to an authority and says this is happening, they run the ball...and they do something... There is help there for him,[her son] he was, you know, he is not pushing it to the side or denying it...and the little girl is getting help too.*

Although not a childhood sexual abuse disclosure, Lily's story and concerns about a childhood involvement with the criminal justice are significant. Lily's childhood involved repeated negative encounters with the police who did not take

any action to protect her or the various members of her family from the physical abuse and assaults by the father. She reported one occasion when the police attended the home when she was physically abused by her father and did nothing to protect her. She also has memories of her mother being severely assaulted and no one (police, community, hospitals or CAS) doing anything about this.

> *When my dad beat me at home, um they [mother and siblings] all left me in the house and they called the police. When I got out of the house, the police were there and my face was like a balloon. They shone the light in my face, they went in the house to look for him but they couldn't find him, no charges were laid and I wasn't taken out of the home. I was 13 years old and then two-three weeks later I missed the bus and dad was pissed and said 'next time I'm fucking going to kill you.' Well I was terrified, I've had a knife at my throat, I've had and I've seen many things done... so I went to legal aid, because I didn't know where else to go.*

Another survivor, Irene, reported a similar lack of response and validation from the criminal justice system during and subsequent to her childhood disclosure. She reported that no charges were laid against her father for the sexual abuse or for a physically violent incident that followed her disclosure. Irene stated that her father came to her uncle's home with a gun trying to find the mother and children immediately after being interviewed by the police with respect to Irene's sexual abuse allegations. This lack of intervention followed by being 'forced' to return to the home with her parents and the removal of all her siblings, only confirmed Irene's perception that no one would help her, and contributed to her anger and bitterness that is clearly evident many years later.

Irene reported other iatrogenic effects of her involvement with the criminal justice system. She stated that the police interviewed her in the presence of her mother resulting in the "wonderful relationship" that she had previously enjoyed with her mother, being destroyed:

> *The police did come to the house and did interview me, once while my mother was there. Uhmm.. My mother... I felt very ,very uncomfortable because they were interviewing me, asking me really personal things. You had to tell exactly what has been done to you, in detail... and how could you sit there in front of your mother... and say, he did this, this and that, when she is looking at you with dead eyes and you're feeling like you're ripping her heart out...That killed me... and brings tears to my eyes [even] after 27 years...(Irene in tears and needed time to compose herself)*

I had a wonderful relationship with my mother, up until that point and it was completely destroyed...[because of what she learned] and my father telling her that I wanted him and I came to his bed.

Randi, Lily and Irene, were all significantly impacted by their traumatic and unsuccessful criminal justice system experiences. Irene believes that the lack of action resulted in the continuation of her abuse for a further eight years, while Lily at age 14, felt that she had no choice but to return to her abusive family home. Randi was the only survivor who was removed from the situation, by her mother, and who had supportive reactions from her mother and siblings. Nevertheless, the lack of belief by the intervening agencies remained a strong and negative memory for her. Lily's 'successful' experience was inhibited by the minimal sentence imposed on her stepfather and the lack of consultation and supports available to her. All of these victims reported hoping that others would not be subjected to similar experiences.

In summary, none of the survivors who disclosed during childhood, reported satisfactory responses by the intervening agencies mandated to help them. The iatrogenic effects experienced by these survivors during childhood or adolescent disclosures to criminal justice personnel included: the lack of consultation with the 'victim' about their wishes in testifying and plea bargaining arrangements; the need for good communication between the intervening agencies and the 'victim' pertaining to what was happening; the lack of belief by the intervening agency(s); the lack of any intervention to help 'victims' and their families with respect to all forms of abuse that were concurrently occurring in the homes; the inadequate investigations and lack of charges with families where various forms of abuse were occurring; and the difficulties and discomfort of interviews being conducted in the presence of the non-offending parent, who was also the partner of the perpetrator.

3.5 FINDINGS -CRIMINAL JUSTICE SYSTEM (CJS) - adult disclosures

This section pertains to the formal disclosures made as adults to criminal justice personnel. It, like the previous section, includes a description of the impact of involvement with police, crown attorney's and court outcomes, along with recommendations made by the survivors who had involvement with these

interventions. Two of the three survivors, Randi and Irene were disclosing their childhood sexual abuse for a second time. Lily's circumstance was slightly different.

Lily's childhood sexual abuse, known to the CAS, was not referred to police, however 17 years after the abuse incident, a police officer showed up at her door, with no previous warning, and advised her that they were doing an investigation into allegations regarding her previous foster father. Lily acknowledged her anger about this belated response and her initial resistance to talking with the officer. Lily also reported that this reinforced for her "*my involvement with the police only happens when they want me to do something for them. When you want them to do something for you they don't. I had a little bit of an issue with that...*" Lily subsequently completed a statement and charges were laid against her foster father.

Lily's recommendation with respect to police involvement was that police officers investigating sexual abuse incidents should always be the same gender as the victim. She feels that this makes it easier for the victim to talk about what happened.

Lily was also involved with the police, CAS and the hospital following concerns about one of her daughter's experiencing sexual abuse and her recommendation with respect to police involvement was that officers should never wear their uniforms, particularly in the presence of young children. Lily believes that the uniform scared her daughter and resulted in her not being able to tell the police what happened to her.

Two survivors who unsuccessfully reported abuse during childhood to the police, disclosed for a second time in their forties, after being controlled for years by their fathers. Irene's second disclosure began with her going to the local police station. After about five minutes she was stopped by the police and told she would have to go back to the area where the abuse occurred to disclose. She stated that this was a very difficult step to take, just in going to the police:

> *I thought I was going to take a heart attack...I was shaking in my boots,... my heart was jumping out of my chest... cause I'm telling my story for the first time, as an adult, where I can see it as it did happen, not as someone is trying to make me see, it and then for them to tell me, I can't tell them, Oh God...*

Irene further recalled how being stopped from going any further was devastating and that it took her some time to again work up the courage to go to the

police station in the area where the abuse occurred. She was very pleased with the response to her second adult disclosure.

> *They were wonderful, absolutely wonderful... the arresting officer was just marvelous...because he was very compassionate, he was very caring, he was very outraged... at how things had... not been taken care of...It should have been, because I was in his area...It happened maybe 15 miles from that police station...You know, I brought it home to him that this happened up the road, and I knew his children, went to school with his children...*

The last survivor to disclose again in adulthood also reported a much improved experience the second time around. Randi stated:

> *I called the police and spoke to an officer and he asked me to come in. My mother, brother, his girlfriend, his son and my son went with me and I talked to him for a few hours about what had happened to me. When I was finished he proceeded to tell me that he had somebody else that was in and told him a lot of similar things that I had told him, ...about my dad... The officer was excellent... He went and talked to my father and charged him with incest and sexual abuse and told him to stay away from me.*

Randi and Irene who disclosed a second time as adults and Lily, who disclosed for the first time to criminal justice personnel all reported having supportive experiences with the crown attorney, arresting officers and the courts following their adult disclosures. All reported having been well prepared for the court room experience by the various crown attorneys and arresting officers about what might happen in the courtroom and had their questions answered as much as possible. Each of these survivors testified at a preliminary hearing and one of the offenders subsequently pled guilty prior to trial.

Something that may not generally be considered is how an individual's previous experiences with a particular court room impacts on them as a 'witness' to another event. Lily talked about a very traumatic experience in the courtroom as a child which had a significant impact on her when she returned to the same court as an adult 'witness'. Lily stated:

> *My first court appearance when I was 13 years old was when my father was charged with physically abusing me. It was horrible, it was awful, made me feel worthless and I hated him. I don't think a child should have had to sit there and listen to my father run me down like that, I was bawling there and they never removed me from the courtroom, I was so heart broken... I don't think a child should have to be put through that.*

It appeared that this raised the earlier trauma for Lily that led to her being sexually abused by her foster father. The outcome of her foster father's trial was also very unsatisfactory for Lily. She reported that:

> *He pled guilty to everything [after the preliminary hearing] but he was too old to go to jail... I thought this sucked, I mean, I was, I guess... but at the same time I was... but how many peoples lives did he friggin ruin and how many years of their lives did he ruin and he got a slap on the wrist. He should have been put in a cell with five guys that hate child abusers...*

The court experiences for Irene and Randi were lengthy, taking approximately three years from disclosure to court verdict. Irene reported that her case took ages, in part because of the lack of records available and the need for the whole matter to be fully re-investigated, by the police. Irene advised that it took the police a long time trying to locate and interview some of the people who had originally been involved in this. Irene stated:

> *[two years later] we hadn't even gone to court yet and when I was to go to court.. that got...because of the backlog down there... that got moved forward...oh my God that was so traumatic for me, I was all psyched up to go...and they pushed it forward...*
>
> *I had been living in terror for the past two years, because of all the threatening phone calls from him, and um, I had my car vandalized, I had my house vandalized... oh yah, major, major intimidation...there was absolutely no where, where they were not... um, you know, my children had to walk a quarter mile, to the highway to get the bus, I was petrified that they,... were going to be somehow picked up by either my brother, who was very much supportive of my father, or...somehow my father was going to do something... so I went around to all the schools...I left pictures of my father, his girlfriend and my brother, saying that I didn't want any of them to have anything to do with my children...*

Irene was very complimentary to how the police responded when she reported the vandalism and the support and information that they provided to her.

A major issue for Irene in going through the actual court system as an adult was when she went for her preliminary hearing:

> *the only negative thing that I have to say about going through the court system, when I went through it was, there wasn't enough security...there wasn't enough privacy...the [temporary courthouse that had been set up] had a hallway, that was only this wide and we stood on one side and he stood on*

the other side. We could have[almost] touched shoulders,...you had to go to the same bathrooms, my sister was accosted by his girlfriend... and she got her terribly upset...I was a wreck, knowing that I had to go through with this...and this was my first day and I had to go in there and face him, right, so it was very traumatic for me then...that was harder than the actual real trial was...

By the time that it did come to trial, Irene reported that her younger sister changed her statement and instead of supporting her as she had in the beginning accused her of doing this for money. Irene stated that the outcome of the trial by judge and jury was that her father was found not guilty. She stated that this "*was very disheartening...because it had to be beyond reasonable doubt and they couldn't...*"

Regardless of the not guilty verdict, Irene continued to maintain that she would not have changed her mind about going to court:

absolutely not...it was the best thing I ever did... because I had to stand up to that man and say I will not run from you anymore...I have a mind, I have a brain...I can think, I don't need you to control me till I am in the grave...Honest to God, I thought I was going to wind up there before him... and uh that was a biggie, biggie...

Irene stated that she made the decision to disclose, in an attempt to stop being controlled by her father. She was finally able to achieve personal autonomy only after having moved a lengthy distance away from him. Irene believes that charging her father helped her separate from him. For four years there was no contact with her father, however she states that she has begun to respond to his recent overtures on her own terms. Irene's biggest source of dissatisfaction is that there was no intervention by any agencies with respect to her as a child and she often wonders if her life would have improved had this situation turned out differently.

The other survivor who experienced a lengthy period between disclosure and outcome of the trial found the experience to be difficult. However she too would not have changed her decision about having her father charged for his actions. Randi recalled reconciling with her father as a young adult mother who was subsequently subjected to years of verbal abuse and threats by her father. She finally decided to disclose all her abuse in anger after her father berated and threatened her younger brother. Randi was not successful in having her father charged for the repeated

physical abuse she and her brothers experienced as children, but was able to pursue the sexual abuse charges. Over time, Randi reported that all she really wanted was for her father

> *to look at me and say I'm sorry, I did this, that's all I ask, and I told the police that I don't want to put anybody in jail...That's not why I did it. I just wanted him to tell me that he is sorry for what he has done... That never happened...I don't like seeing him in jail, but that's the place for him I guess, he's not hurting anyone else.*

The rationale for the lengthy process was that a second victim came forward from another out of province and the two trials were integrated. Randi reported a positive experience throughout the process because of the support she received from the criminal justice staff who also kept her up to date on what was occurring. For example, her father was incarcerated after breaching the conditions of his recognizance order, in a last ditch effort to intimidate her into not testifying against him. The police officer from her teen disclosure was also supportive and testified on her behalf. Her father was found guilty and sentenced to two years for the first sexual assault, thirty months for the incest and twenty-four months for the second sexual assault.

Lily, Irene and Randi had major regrets that the abuse did not get resolved when they were children because of the lack of adequate interventions. Furthermore they learned about other victims and they wonder if there own lives would have been different had their perpetrators been charged following the childhood disclosures and had they received treatment at that time. A common theme expressed by each of the survivors was how the abuse they experienced as children ruined their lives.

The iatrogenic effects of the criminal justice system as a result of adult disclosures appears to have been less traumatic for the survivors as evidenced by the positive comments and statements made by each, particularly pertaining to the sensitivity of the criminal justice staff. The negative effects refer to policies as well as structural deficits of an overburdened justice system. Needless to say, Irene recommends adequate security and separate waiting areas in courthouses and a change in policy to allow victims to disclose at the police station of their choice. Randi and Irene both recommend that the time from disclosure to verdict needs to be

significantly reduced. Finally, Lily believes that there needs to be adequate sentencing, regardless of the age of the perpetrator.

In summarizing this chapter on findings, there have been significant iatrogenic effects reported particularly with respect to those three survivors who unsuccessfully disclosed in childhood. These survivors believe that the lack of intervention by the Children's Aid Society (child protection services) and the criminal justice system has contributed to the ongoing abuse one experienced, another being returned to a violent home without any further support or contact, and another not receiving any therapeutic supports to assist her in dealing with the abuse or the lack of belief by those agencies who were involved at the time. A further critical omission that was identified by these three survivors was the lack of referral or recommendation that they seek treatment, except in the case of the youth who successfully disclosed her abuse. All the survivors question how their lives may have been improved if the abuse had not occurred and/or if they had successfully resolved the abuse issues while they were younger, instead of as older adults.

CHAPTER FOUR

4.0 DISCUSSION - Sample

The literature clearly identifies iatrogenic effects of intervention, also referred to as re-victimization or secondary victimization experienced, by victims of child sexual abuse. The four participants in this study undoubtedly experienced iatrogenic effects from interventions. In the following section, the themes of iatrogenic effects of each intervention as outlined in the findings will be discussed.

The sample used for this study are representative of those victims who have the most serious problems as adults. They belong to the 1/5 to 2/5 of victims who experience negative long-term effects as a result of the child sexual abuse they experienced. (Browne and Finkelhor, 1986) Some of the factors, identified by the literature as contributing to the long-term effects include duration and frequency of abuse, nature of the abuse, relationship with the perpetrator, multiple-abuse incidents, age at onset, parental reaction and institutional response.

In this sample the duration of the sexual abuse ranged from three to seventeen years for three of the survivors. If one discounts those over the age of 16 at the time of the abuse this figure was reduced to between three and nine years with an average of seven years duration. These figures omitted the survivor who experienced a single incident of sexual abuse. Thompson-Cooper's (2001) research reported that 34.7 % of her Canadian sample experienced a sexual relationship lasting more than four years, while the British sample ranged from six months to four years.

Initially in this study, the frequency of the sexual contacts were not obtained from the survivors nor was the nature of the sexual abuse they experienced. This was due to the focus of the research being on interventions, not the sexual acts. However, during the course of the interview it was discovered that at least three of the survivors experienced a progressively intrusive experience including vaginal penetration, while one survivor experienced a single incident of fondling and digital penetration.

Finally the data indicates that one of the four survivors was sexually abused by more than one perpetrator. The research of Peters (1984), Briere and Runtz

(1985), and Bagely and Ramsay (in press) found that victims who experience abuse by multiple perpetrators resulted in depression, substance abuse and greater trauma from the abuse. (cited in Finkelhor, 1986).

Limitations

In addition to experiencing child sexual abuse, all of these subjects came from multi-problem families and experienced various forms of domestic violence as well as absent and/or emotionally unavailable mothers. Therefore it is critical to note that the problems experienced by these survivors as adults cannot be linked solely or even primarily to the abuse. As in the studies reviewed by Finkelhor and Browne, 1986 it is not possible to identify what factors in the child's life and/or abuse directly caused the ill effects.

Furthermore, the data gathered from this study cannot be generalized to the general population because of the small sample size and the fact that all the survivors were obtained from a 'clinical' group. This author's stipulation that the survivors must have experienced a minimum of two interventions also reduced the sample selection pool, and appeared to result in only those most affected by the abuse volunteering to participate in the study. A further barrier that became evident during the research was that all these women that disclosed during childhood, disclosed prior to 1984 and the changing child protection laws. Furthermore, these disclosures occurred at a time when the reactions to child sexual abuse and incest in particular, elicited intense negative responses and/or possible avoidance from professionals and the public in general. (Cooper, 1990)

Therefore, future research regarding the iatrogenisis of interventions may consider obtaining a control or comparison group of those survivors who did not disclose or survivors who reported positive effects as a result of their interventions. Another possible area for further research could focus on obtaining larger samples from assorted age ranges and contrasting the experiences of each age group with interventions in order to see if there is a relationship to effects of intervention and the period in which they were disclosed. Furthermore, quantitative research may be recommended in order to control for variables through the use of testing instruments.

Disclosure

In review, all four survivors disclosed as adolescents, three prior to 16 and one after she turned 16. The average age at disclosure of these four survivors was 14 years, nine months. Lamb & Edgar-Smith's (1994) findings of (N = 57) were that 34% disclosed under age 14 (they however did not separate disclosures between 14 and 18 from that of adulthood disclosures).

Three of these survivors reported disclosing the abuse purposefully, because they wanted it to stop. The events that triggered the disclosures were mixed but each was consistent with factors identified by Sorenson & Snow (1991). Two survivors were angry and upset at the time of their disclosures; one at the perpetrator and the other with Social Services for denying her financial assistance to live independently. The third survivor was the only individual to report her abusive incident immediately and her perpetrator was her foster father, in contrast to the other perpetrators who were male relatives. The latter factor suggests that the survivor's relationship with the perpetrator may be taken into account when disclosing, which is identified as a factor in the literature. (Browne & Finkelhor, 1986)

The fourth individual's disclosure occurred accidentally due to the fact that her mother witnessed the abusive sexual activity. Regardless of the mother 'witnessing' this event, the result of this survivor's disclosure to child protection services and criminal justice services was a total lack of response, or further intervention, beyond an initial interview process.

Of this group of four disclosing in adolescence two survivors' allegations were reported to child protection services and police. Similar to the above, these two survivors reported that their allegations were not believed and no action was taken as a result of their disclosures. Three of the four women who experienced unsuccessful childhood responses to their disclosures disclosed for a second time to police as adults in their early 40's, all reporting a much more positive experience in general. The fourth survivor disclosed to police at the age of 16 and her perpetrator was successfully prosecuted.

One possible reason for the failure of the professionals to respond were the the professional and public attitudes prevalent at that time.

Regardless of these negative outcomes for the three survivors, none of the survivors or family members were referred or recommended to participate in counseling, to assist them in dealing with the aftermath of these disclosures. Only one survivor was offered treatment following the disclosure and it should be noted that this was the one whose perpetrator was successfully prosecuted.

An interesting omission was noted from this research with respect to recantation which is identified as a relatively common characteristic. (Sorenson and Snow, 1991). However, none of these survivors reported recanting their allegations as children. One survivor stated that while she had no memory of recanting in a letter, her perpetrator made this 'unsupported' claim during his trial.

4.1 CHILD PROTECTION SERVICES - Discussion

Each of the four survivors who disclosed their abuse in adolescence reported iatrogenic effects as a result of their assorted intervention experiences with child protection services (CPS). Some of these included not being believed, feelings of betrayal and not being protected by child protection services (i.e. being removed from the home or continuing to be monitored). Psuedonyms will be used once again for the sake of clarity.

Lily, in particular, was traumatized by being sexually abused by her foster father after she finally started feeling safe in the placement. Wakefield & Underwager (1988) report that there are studies that indicate children may be subjected to or at risk of neglect and or physical and sexual abuse in foster homes, although they did not articulate the reasons for this. (cited in Underwager & Wakefield, 1991) Lily's trauma was further acerbated by CPS. This occurred because CPS did not find her another placement and instead allowed her to return to the physically abusive situation that had not been sufficiently remediated in her absence. Her only other contact with CPS, from the day she left the foster home, was a telephone call three weeks later to ask if she would testify in court against the foster father.

Further iatrogenic effects related to Lily's perpetrator being a member of the child protection services board of directors and her social worker being friends with the foster parents. Lily reported that these factors created a strong reluctance to trust

and be open with her social worker. Not surprisingly, Lily reported having major difficulties in understanding how she could have been abused in foster care and furthermore why there was no involvement to check on her safety after she returned to the family home. Thus, it is not surprising that Lily felt abandoned by CPS particularly as her foster father was not stopped from fostering children as a result of the incident with her even though it appeared that CPS may have felt that the allegations had some merit. Consequently, the iatrogenic experiences for Lily were: abuse while she was supposed to be protected and her abandonment by the protection agency, instead of appropriately investigating the incident and taking timely action against the perpetrator. Finally, the lack of involvement resulted in her returning to the previous situation of abuse with no monitoring or support.

Effects of intervention on family members were reported by Sara and Irene during childhood and resulted in iatrogenic effects for their siblings and for themselves by child protection services. Irene reported feelings of betrayal stemming from the total lack of response to her as a victim. The profound lack of response was demonstrated by CPS only intervening on behalf of her siblings (five were removed initially and the sixth following a reconciliation by the parents). It is also important to note that Irene was the victim whose mother 'witnessed' one incident, confronted her, and then took her to talk to the various intervening agencies or services (i.e., CPS, police and medical services).

A significantly negative effect for Irene was that she too was not 'placed' in a foster home, even though she was the 'victim' of the abuse. The removal of the siblings only signified to Irene that she was inconsequential.

The lack of intervention with Irene, left her feeling that she had no other option but to return to the family home as directed by the parents, where she reported being constantly pressured by both parents to recant and isolated from everyone for a period of several months. Finally and most seriously, the lack of intervention and support, for Irene resulted in the sexual abuse continuing for a further eight years. Furthermore, there was never any follow up with her by child protective services, although they were involved with the remainder of her family for at least a few of those years.

Other iatrogenic effects experienced by Irene were related to having all her access visits with her siblings supervised by the foster parents, not being able to see her infant sister at all, and feeling guilty about her disclosure because two of her siblings alleged abuse in the foster home and were subsequently moved. Additionally Irene found it very hard because her siblings were upset about being separated from the parents and cried during the visits.

The second survivor, Sara,whose siblings were removed from the home felt that this was a necessary step in order to protect her siblings. She, however was very upset when the siblings were returned to her stepfather's care within a month, following a reported marriage. Unlike her siblings, Sara's involvement with CPS included only one contact. That contact consisted of a CPS social worker interviewing her at school about whether or not she was being sexually abused at home. No action was taken as a result of that interview due to Sara's denial.

The last survivor of this group of three, Randi, experienced a strong sense of betrayal due to not being believed by CPS with respect to her physical and sexual abuse allegations. However, some of the negative effects of not being believed may have been ameliorated because she went to live with her mother who had previously been absent in her life. This occurred immediately after the disclosure and emotional support was provided by her mother and other family members. Randi reported two regrets. One was that she wished she was believed and the other was her belief that she should have been referred for counseling.

Reluctance to disclose for fear of not being believed was addressed as a barrier and theme for these survivors and is quite well documented in the literature. Browne (1991) and London Family Court Clinic (1993) found that this was one of the primary reasons for a lack of disclosure by children. These survivors did disclose and one could, in retrospect, suggest that they ended up providing examples of why children should not report their abuse.

In examining the iatrogenisis experienced by these survivors from their involvement with child protection services, it is clear that prior to 1984 even though child sexual abuse was not specified, CPS was expected to respond to the problem. Consequently, the lack of specific laws may have contributed to some of the

iatrogenisis experienced by the survivors in this study. While this does not excuse some of the lack of response to the survivors it may be a contributing factor.

It is interesting to note that some of these survivors reported subsequently being involved with CPS as a parent when their children disclosed sexual abuse and in one case where one woman's son was a perpetrator of sexual abuse.

In contrast to their childhood experiences these survivors reported some more positive and effective responses from intervention by CPS. They stated that CPS intervened by investigating the allegations, providing counseling to the child (regardless of the outcome of the investigation) and provided support to the non-offending parent. Finally the families were assisted in finding appropriate services, such as counseling through children's mental health services.

On the other hand, not all the interventions were considered to be positive. In some cases, the abuse was not substantiated which resulted in frustration and possibly a revived resentment towards CPS in general. In one such situation, the survivor did report that the child protection workers talked to the children afterwards at the request of the survivor to assess other situations; provided information about safety proofing children and made suggestions to adults in how to deal with their children following the abuse and or various results of the investigation.

Consequently, this appears to indicate some advances in public and professional knowledge and 'attitudes' about child sexual abuse and its effects.

Based on the analysis of the literature and findings of this study pertaining to the iatrogenic effects of the intervention of CPS, it is clear that CPS produced significant iatrogenisis due to the inability and/or capacity of the system to respond to the needs of the childhood sexual abuse victims in this study. This was particularly evident in the lack of intervention and protection provided for the survivors in this study.

4.2 CRIMINAL JUSTICE (CJS) – child involvement discussion

The data obtained from the four survivors who disclosed in adolescence is somewhat limited. This is due to the fact that one survivor's situation (Lily) was never reported to police and only one survivor was successful in having her

perpetrator prosecuted (Sara). Sara's involvement with CJS was restricted to her disclosure interview then, after the fact, being advised of her perpetrator's sentencing. Sara was relieved that he was convicted, however, she experienced iatrogenic effects as a result of the minimal sentence he received and as a result of the fact that she was strongly encouraged not to testify by the police. Sara could not understand how someone, "...who raped her for eleven years" could only be sentenced to 30 days in jail.

The other two survivors, Irene and Randi, simply reported that their allegations were not believed or that there was not enough evidence for the police and the crown attorney to lay charges after the initial investigation. The lack of belief from CJS as well as CPS produced iatrogenic effects.

Sara reported her unwillingness to disclose about a second perpetrator of child sexual abuse for fear that she would not be believed. She has subsequently been re-victimized (through sexual assaults) by a neighbour, cousins and a friend's parent.

The final two survivors, Janet and Dorie did not disclose their abuse to police as children or as adults, therefore they are not included in CJS sections.

Based on a review of the literature and an analysis of the findings regarding childhood disclosures to the CJS, it is evident that significant iatrogensis occurred due primarily to the system's failure to respond adequately to these survivors.

4.3 CRIMINAL JUSTICE (CJS) – adult involvement –discussion

Lily, Irene, and Randi, the three survivors who disclosed as children, made a second disclosure as adults to the police and crown attorney. Irene and Randi made the decision to report again while Lily was approached in her early 30's by police following other charges against her perpetrator (her foster father). All of these disclosures resulted in charges being laid by the police and these three survivors testifying at a preliminary hearing. Lily's perpetrator, the foster father, subsequently pled guilty to the charges and received a probation sentence partly due to his age and health. Lily did not believe that this was an appropriate sentence, but was unable to have her wishes taken into account.

Irene and Randi both testified again at the trial and subsequently one perpetrator was found guilty and the other was acquitted. The iatrogenic effects experienced by all three of these survivors in their adult disclosures were consistent with the literature. Two factors that produced iatrogenic effects from CJS were the difficulties in testifying in front of the perpetrator and the lengthy period from disclosure to outcome. Additional iatrogenic effects reported by these three survivors included police officers attending homes in their uniforms, the impact of male officers conducting sexual abuse investigation interviews, and the effect of the structure of the court house, specifically, the lack of space between the victim and the perpetrator. One survivor additionally reported frustration with the police for stopping her disclosure and sending her back to the jurisdiction where it occurred. A further iatrogenic effect was reported with respect to the rights of perpetrators to be present and privy to all facets of the court process versus the rights of the survivors to have no contact with the perpetrator and to be privy to witness testimony and other facets of the court process (i.e., sentencing, etc), which they are not. Finally, it was noted by Irene that there were no court security officers present outside of the courtroom, for example, in the waiting areas where she and other witnesses were subjected to the perpetrator and his supporters.

In general, the survivors disclosing in adulthood reported a much more positive experience than during their childhood disclosures. According to them the reasons for this included: the sensitivity and support of the police officers, the fact that they were provided with regularly updated information about the ongoing process and court room preparation, prior to testifying. The factors resulting in more positive CJS experiences were also identified in the London Family Court Clinic study (1993) as recommendations that could improve one's experience with the CJS.

Based on the above review of the findings with regard to the iatrogenic effects produced by CJS, and a review of the literature, it is clear that the potential for iatrogensis in the CJS is considerable. Three of this study's survivors experienced fewer and less devastating iatrogenic effects as a result of their adult disclosures.

4.4 CONCLUSION

This study gathered qualitative data from survivors of childhood sexual abuse about the experiences they had with two primary intervening agencies – Child Protection Services and the Criminal Justice System - in childhood (retrospectively) and in adulthood. To the best of my knowledge this is the only study that has addressed the survivors' perceptions as well as their recommendations for changes to improve childhood sexual abuse interventions, particularly CPS and CJS.

Consequently it appears that this study is also able to offer some new data with respect to the iatrogenic effects in the child protection system from the position of the survivor's, retrospectively. The literature and research pertains primarily to the systemic issues, generally identifying placement of children as an issue and the problems related to the overburdened and constantly changing system. In contrast to the literature, the survivors in this study report: specific responses to abuse in foster care, the lack of follow up and monitoring after disclosure, the impact of social worker friendships with a foster family, mandated age restrictions that result in those over 16 not receiving CPS services, and the interventions with some but not all of the children in a family (e.g., the exclusion of the victim).

Although this study utilized a small sample, the data validates the existing literature regarding the iatrogenic effects of the criminal justice system on survivors of child sexual abuse. In addition it adds some specific iatrogenic effects identified by the survivors (e.g., court security, building structure, perpetrator rights versus victim rights).

Based on the findings from this study the majority of the data related to the iatrogenic effects survivors' experienced due to the inadequate responses to their disclosures and the significant lack of protection and intervention provided during their childhood by the child protection and criminal justice systems. Consequently, it is not surprising that these survivors attribute many of the subsequent problems they have experienced in adulthood to the failure of these two systems to intervene, protect and provide treatment in their childhood.

4.5 IMPLICATIONS

Child sexual abuse is an extremely complex topic with multiple factors that may contribute to the experiences of children and their families. Social workers and other professionals investigating and treating child sexual abuse need to have a thorough knowledge in particular, of the iatrogenic effects that their interventions may produce.

Based on the literature and the findings of this study social workers are obligated to advocate for necessary changes in the way the child protection and criminal justice system respond to the needs of children and families. For example social workers must advocate for survivors and children's rights in order to help create more of a balance between the rights of victims versus the rights of perpetrators.

Public education and awareness programming for children, parents and professionals appear to be an essential component in responding to child sexual abuse early.

Social workers also need to advocate for the treatment of the victims and their families.

There is a need for qualitative research to further explore and articulate the impact of intervention in the area of child sexual abuse from the victims perspective, particularly as children.

Further qualitative research is also required in order to add to the knowledge base regarding the iatrogenic effects of interventions for victims of childhood sexual abuse as to the best of my knowledge this is the only such study.

Areas for further research

After a thorough review of the research and interviews with the subjects of this study there appear to be gaps in some areas of knowledge regarding childhood sexual abuse. For example there is very limited literature and research addressing the long-term outcome for victims who are successfully treated in childhood. One could postulate that the cycle of abuse could be broken with intervention, education and treatment in childhood.

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