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Amy C. Tishelman; Robert Geffner
* Harvard Medical School; and Children's Hospital Boston, Boston, Massachusetts, USA
b Alliant International University, San Diego, California, USA

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INTRODUCTION

Forensic, Cultural, and Systems Issues in Child Sexual Abuse Cases—Part 2: Research and Practitioner Issues

AMY C. TISHELMAN
Harvard Medical School; and Children’s Hospital Boston, Boston, Massachusetts, USA
ROBERT GEFFNER
Alliant International University, San Diego, California, USA

This article introduces the second issue of the special double issue focusing on forensic, cultural, and systems issues in child sexual abuse cases. We briefly review the articles, which include a discussion of child sexual abuse myths, an empirical analysis of extended child sexual abuse evaluations, an article on the role of the medical provider in child sexual abuse evaluations, a study of satisfaction levels with multidisciplinary teams in child advocacy centers, and a commentary advocating for the credentialing of forensic interviewers. We call for further empirical examination of media related to child sexual abuse risk, research on appropriate models for extended sexual abuse interviews and evaluations, and optimal practices relevant to each member of multidisciplinary teams in a child advocacy center.

KEYWORDS forensic evaluations, extended forensic evaluations, forensic interviews, forensic interviewers, credentialing of forensic interviewers, substantiating child sexual abuse, child abuse allegations, culture and sexual abuse, sexual abuse disclosures, multidisciplinary teams, child advocacy centers

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Address correspondence to Amy C. Tishelman, Children’s Hospital Boston, I.C. Smith Building, 300 Longwood Avenue, Boston, MA 02115. E-mail: amy.tishelman@childrens.harvard.edu
This second issue of the special double issue of the *Journal of Child Sexual Abuse* on forensic, cultural, and systems issues in child sexual abuse cases follows up and elaborates on many of the themes presented in the first issue, highlighting those areas we believe are of central importance. In particular, we assert that despite all the important strides attained in understanding and intervening when child sexual abuse (CSA) concerns arise, several areas have yet to be systematically addressed. These include developing models and best practices for CSA assessment and evaluation when allegations are ambiguous but concerns are high, integrating an understanding of culture and diversity into best practice standards and preventive interventions and maintaining a mental health perspective while forensic processes are ongoing, even as we try to preserve the integrity of a child's words. We review in brief the articles included in this issue, followed by a discussion of the three main themes of this journal issue: (a) sociocultural factors, (b) evaluation of child sexual abuse, and (c) systems issues in child sexual abuse cases.

**ARTICLES IN THIS SPECIAL ISSUE**

Continuing our emphasis on culture, the articles in this journal begin with Cromer and Goldsmith's discussion of CSA myths and stereotypes. This exposition is of particular importance, and it is a reminder that although overtly our social context suggests a general abhorrence of CSA, in fact ambivalence is communicated in media messages that are not easily managed or regulated and are nearly universally available through the Internet on a global level. Although public awareness of CSA has increased, reluctance to believe that a child may have been sexually abused by someone he or she knows and trust continues, compounded by difficulties inherent in substantiating true allegations and discounting mistaken ones.

We next revisit a topic previously addressed by Faller, Cordisco-Steele, and Nelson-Gardell (2010) in their review of research on extended assessments of children. They concluded that additional, credible information can be accessed in a longer interview process with children. Faller and Nelson-Gardell (this issue) report the findings of an empirical analysis of archival data collected from 18 forensic interview sites and note that when a four versus eight session assessment model was compared, several variables predicted conclusions of CSA likelihood. These included longer interview structure, older victim age, and caregiver belief in the credibility of the allegations. Nevertheless, as they observe, this research is preliminary, and subsequent research is necessary not only for replication but to enable examination of appropriate models and techniques within the evaluation, preferably using video-recorded interview sessions allowing for detailed analyses of interviewer-child interactions.
The next article brings into focus issues pertinent to medical evaluations of CSA. Much discussion revolves around the multidisciplinary nature of CSA evaluation, yet research frequently concentrates on the forensic interview rather than on the other disciplines included in a multidisciplinary team (MDT). As Newton and Vandeven explain, the role of the medical professional can be complex and is increasingly recognized as a medical subspecialty. Although medical evaluation may be thought of as a window into whether CSA has occurred, it is in fact most often inconclusive. The medical evaluation can be particularly important regardless of whether it suggests CSA and can serve as a reassurance to children concerning their physical integrity, a function of the medical role that deserves increasing empirical study.

The Bonach, Mabry, and Potts-Henry article (this issue) builds on recent work evaluating child advocacy centers (e.g., Cross, Jones, Walsh, Simone, & Kolko. 2007; Cross et al., 2008; Jones et al., 2010; Jones, Cross, Walsh, & Simone, 2007) and addresses the MDT by examining satisfaction with each of the disciplines represented. Importantly, Bonach et al., as well as Newton and Vandeven, discuss the perceptions and well-being of the child and family during the investigative process. These articles emphasize that the MDT and CAC serve criminal justice and forensic functions but also have the potential to modulate the stress of the investigative process for children and families, ultimately reducing possible trauma and supporting positive mental health outcomes. The latter is quite important so that the interview process itself is not even more traumatizing for the child who has been abused.

Finally, Haney, Vieth, and Campos (this issue) provide a thought-provoking commentary describing a proposal for credentialing forensic interviewers who conduct formal interviews, often video recorded, when CSA is suspected. Rigorous training and the development of ethical standards seem to be important ideas that could advance the welfare of children alleged to be victims. Nevertheless, a number of issues and questions related to this concept require further scrutiny, including (a) what organization and/or individuals would develop, monitor, review, and modify credentialing; (b) would other trained professionals who engage in forms of forensic interviewing in various contexts, including parenting evaluators/assessors in cases in which child sexual abuse is alleged or guardians ad litem who interview children, require such credentialing; (c) would forensic interviewer credentialing apply to those who conduct extended CSA evaluations; and (d) when do CSA assessments and evaluations require professionals with mental health backgrounds beyond those typically required for forensic interviewers (as described by Tischelman, Meyer, Haney, & McLeod, 2010 and others).

The term forensic interviewer does not exclusively refer to matters in which the focus is CSA, and forensic interviews occur in the context of a vast array of forensic evaluations such as competence, criminal responsibility, personal
injury, custody evaluations, etc. As noted by Connell (M. Connell, personal communication, August 28, 2010), the credentialing of interviewers for the specific task of CSA interviews might require a term that is not so general, such as CSA Forensic Interviewer. These questions and others will need to be addressed as the field advances, but the idea of such a credentialing process appears to be timely and necessary to ensure high quality interviews in such an important area.

**SOCIOCULTURAL FACTORS**

Fontes and Plummer (2010) present an excellent summary of many of the salient cultural factors relevant to child and adolescent disclosures of CSA, while Cromer and Goldsmith (this issue) discuss inaccuracies regarding CSA that are, nonetheless, accessible and promulgated through the Internet. Culture and diversity intersects with concerns of CSA in multiple ways and therefore needs to be a dedicated area of empirical focus, especially when it directly informs child safety and clinical practices. The most important areas in this realm can be subclassified in many ways; however, we will highlight two areas for particular attention: (a) effects on children of increasingly sexualized and easily accessed media, including the sexualization of children; and (b) the role of diversity and culture in investigating and evaluating concerns of CSA.

**Sexualized Culture**

Diverse messages and opinions about CSA are promoted in the media, held by various individuals, reflected in our laws, and represented in the vigorous debate sometimes found in literature. Explicit media messages generally express the value that CSA is wrong, while parallel messages minimize and contradict that value. As noted in Cromer and Goldsmith, media (including the Internet) communications sometimes exaggerate the frequency of false claims of abuse and/or minimize or exaggerate the negative impact of CSA. However, the media provides sexualized images and content to children routinely via television, the Internet, and music. In addition, arguably children are themselves presented as objects of sexual desire, on a continuum from subtle imitation of adult sexual stances and attitudes to graphic sexualized representations (for further discussion, refer to the American Psychological Association Task Force on the Sexualization of Girls, 2007; Levin & Kilbourne, 2008).

We can easily think of broadly disseminated images of sexualized celebrity children, but there are more subtle suggestions of the increasing sexualization of children as well. At the extreme, this is represented by the seemingly huge consumer demand for child pornography in the
United States and throughout the world (e.g., Finkelhor & Ormrod, 2004; U.S. Department of Justice, 2010) where child sex trafficking is also a thriving business. Dines (2010) discusses five categories of child pornography ranging from images depicting child nudity to sadism. Although it is an empirical question as to whether popular exposure to child pornography creates increased risk for children, the relative demand for such images contrasts starkly with overt social norms and laws, with the latter suggesting a shared belief that using children as sexual stimuli is wrong. Therefore, there exists a relative discontinuity between our collectively embraced values and an underworld of sexual activity involving children. This creates risk for the children directly involved in sexual exploitation but hypothetically may indirectly contribute to the normalization of CSA. Ultimately, these mixed messages filter down to children as well as adults, possibly impacting expectations, behaviors, disclosures, and reactions to CSA.

Consistently, as Tishelman and Geffner (2010) note, child sexualized behavior was the most frequent reason for concerns about CSA in a preliminary analysis of children presenting for evaluation of possible CSA in an outpatient clinic. Friedrich (e.g., Friedrich, Fisher, Broughton, Houston, & Shafran, 1998; Friedrich Grambsch, Broughten, Kniper, & Beilke, 1991) reported data on developmentally normative sexual behaviors in children. Yet, access to sexual media is far different from when that original research was conducted. Societal developments imply that if we replicate this original research we might find that normative sexual behaviors have modified. These hypothesized changes call for empirical study of typical sexual behaviors across the developmental span, sexual behaviors typifying children with developmental disabilities such as cognitive delays and autism spectrum disorders (omitted from Friedrich’s original research), and a sustained empirical focus on the sexualization of children in the media (including content analysis related to factors such as violence and power dynamics) and its impact on intimate relationships in adolescence and beyond.

CSA and Diversity

Fontes and Plummer (2010) provide an excellent review of cultural factors as they impact CSA disclosures. They provide practical guidance on how to conduct a culturally sensitive interview but note that much research is still needed to understand best practices regarding the integration of cultural sensitivity into accepted investigative approaches. Professional attention should promote training of multilingual interviewers and evaluators, including those experienced in communicating with deaf and hearing impaired children, so that children can interact in the ways most comfortable and appropriate for their individual needs. As Fontes and Plummer (2010) observe, the research on matching interviewers and alleged child victims by ethnicity during the forensic assessment process is as of yet unclear. However, in some cases it
may be optimal for children to interact with interviewers similar to a child on certain characteristics, such as race or gender. We may inadvertently discourage disclosures by lacking diversity in trained professionals. In a similar vein, although much literature discusses the increased CSA risk associated with disabilities, little research has yet been undertaken to develop the best procedures for evaluating such children or for evaluating children too young to be expected to be forthcoming with a coherent disclosure. There has been a tendency to relinquish responsibility for developing models facilitating valid evaluation of children with risk and suspicion of sexual abuse who are unlikely to disclose because of communication limitations or social factors too burdensome to allow for disclosure.

Arguably, it may be the most vulnerable children who remain silent about their abuse and who ultimately suffer the most profound consequences of CSA. Therefore the problem extends beyond facilitating valid disclosures to developing a culture and methodologies to support identifying and helping children who have not been able to disclose (or to be able to disclose clearly and coherently) but nevertheless experience the negative effects of abuse. This would involve shifting attention primarily from the forensic context (where prosecution may be unlikely in the absence of a child disclosure or other forensic evidence) to the development of frameworks for clinical and child welfare decision making when allegations of CSA are ambiguous and may never be resolved in a way that prevents any reasonable doubt. This would require sensitivity to protection of the possibly innocently accused as well as child victims. It is likely that these cases and issues may be more relevant to clinical settings (as discussed in Tishelman et al., 2010) or family or dependency courts rather than criminal courts.

INVESTIGATION AND EVALUATION OF CHILD SEXUAL ABUSE

Quite a few articles in this special double issue discuss facets of CSA evaluation, including Faller et al. (2010, and this issue), Tishelman et al. (2010), Hlavka, Olinger, and Lashley (2010), and Kuehnle and Connell (2010). As observed in Tishelman and Geffner (2010), it appears that a one session forensic interview, a commonly used investigative approach, is sometimes inadequate. Models of evaluation, as alluded to, can be developed and empirically researched to help us make sense of concerns of CSA in all children, even those who are not likely to disclose easily, if at all. Such an approach would benefit the mistakenly suspected perpetrator, children who may be kept from developing relationships with them unnecessarily, and children who are in need of protection but cannot express their abusive experiences easily. Specific models can be developed and empirically examined with regard to legal system involvement (e.g., juvenile, domestic, criminal, etc.), age, gender, disability status, culture, and other variables
such as relationship with the accused. As Faller and Nelson-Gardell (this issue) note, initial research suggests that multiple interviews of children may at times facilitate disclosures but has not provided much information about best approaches within a multiple session framework. Additionally, we need models for assessing the credibility of disclosures, for weighing multiple hypotheses, and for gathering and synthesizing information other than child statements (e.g., caregiver or collateral source reports), especially when disclosures are unlikely.

SYSTEMS ISSUES

In general, systems involved in CSA have shifted rapidly in the past three decades, spurred by the perceived need to develop models facilitating valid, child-oriented investigations of CSA allegations and to protect innocent adults accused of perpetrating CSA as well as child victims. However, as discussed, areas of need still remain. These include, as noted previously, attention to ambiguous allegations in the absence of disclosures; models for clinical as well as forensic decision making when cases remain inconclusive following evaluation of CSA; a focus on understanding CSA allegations in children with physical, cognitive, and sensory disabilities and very young children with risk factors; and expanding evaluation models to include data collection and synthesis beyond the child’s word. Finally, as discussed by Kuehnle and Connell (2010) and touched on by Bonach et al. (this issue), family experiences and a child’s well-being need to be emphasized while forensic processes are ongoing. Therefore, research should be examining aspects of child and family functioning during the legal processes, drawing on prior work by Quas et al. (2005) and others to ensure that the systems in place do not add to the trauma that often first triggered forensic involvement.

Other systems issues in need of refinement include how to best address complex issues of child-to-child sexual abuse, especially when the initiators are young children, often under age 12. Such children may be least likely to be prosecuted as perpetrators and may themselves be victims or engaging in sexualized behavior related to factors other than a history of sexual victimization. These cases are often complex as they may involve children who are in regular contact with one another in schools and neighborhoods and affiliate in similar peer groups. In the absence of prosecution, often there are few systems in place ensuring attention to the child initiator.

Finally, as noted in Tishelman and Geffner (2010) and Tishelman et al. (2010), typically few resources are available when vague but compelling concerns of CSA arise in the absence of disclosure, based on any of a number of possible factors. These may include nonspecific medical and physical
changes, acute behavioral and/or emotional changes in a child, or exposure to an identified perpetrator without any disclosure statements. If child welfare departments or forensic services are not in place or not appropriate, few options are available for caregivers and others aside from therapeutic intervention. Kuehnle and Connell (2010) and Tishelman et al. (2010) argue that initiating therapy prior to full evaluation of CSA concerns may have unfortunate consequences. Yet, at this point, alternatives are not typically available.

Much of this discussion reflects issues related to CSA services and interventions within the United States. Associated systems and prevailing interventions vary worldwide. As empirically based best practices are researched and utilized, these are more likely to be adopted on a transnational level and accommodated to match varying cultural norms and legal requirements.

REFERENCES


**AUTHOR NOTE**

Amy C. Tishelman, PhD, is a clinical psychologist and Director of Research and Training in the Child Protection Program at Children’s Hospital Boston, and has a faculty appointment at Harvard Medical School, Boston, MA.

Robert Geffner, PhD, ABN, ABPP, is the founder and president of the Family Violence and Sexual Assault Institute in San Diego, CA; President of Alliant International University’s (AIU) Institute on Violence, Abuse and Trauma (IVAT); and Clinical Research Professor of Psychology at the California School of Professional Psychology, AIU, San Diego, CA.