

CHILD SEXUAL ABUSE: A CASE STUDY IN COMMUNITY COLLABORATION

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Child sexual abuse cases present many challenges to communities for achieving good outcomes. As a rule, sexual abuse is a private act, without witnesses, which leaves no physical evidence (Bays & Chadwick, 1993; Faller, 1996; Myers, Gordon, Pizzini, Saywitz, Stewart, & Walton, 1994). Decisions about the likelihood of sexual abuse usually come down to a child's word against an adult's (Faller, forthcoming). Often sexually abused children are at a disadvantage because they lack adult communication skills, don't know what to do when they are sexually abused, and are under the power and control of the offender.

A remedy proposed for children's inability to make their case is multidisciplinary collaboration. Since the early 1980s, communities have been encouraged to work together for successful intervention in child sexual abuse cases (Deveney, 1991; Duquette & Faller, 1988; Faller, 1988; Myers, et al., 1994). Cooperation among professionals is viewed as a strategy for reducing intervention induced trauma to children, improving case management decisions related to child safety, and increasing the number of criminal convictions (e.g. Merchant & Todd, 1994; Schudson, 1998). Working together is easier said than done, and many professionals report frustration and discouragement in trying to overcome the interprofessional and interagency barriers to successful protection and prosecution in cases of child sexual abuse.

Nevertheless, successful community collaboration can be achieved. This article will outline one community's protocol for case management and provide results on their handling of sexual abuse cases over the past 10 years.

About 15 years ago, this Midwestern community of a little more than 60,000 people and 17,000 children developed a plan for management of child sexual abuse cases. Although this plan has been modified to accommodate statutory changes and new developments in forensic interviewing of children, its essential components have remained constant. Components of the protocol are as follows:

1. All reports of child sexual abuse are to go initially to Child Protective Services (CPS).
2. Those that do not involve caretaker maltreatment or failure to protect are referred on to the appropriate law enforcement agency.³
3. As much information about the case as possible is gathered before the investigation begins. This includes determining through the Central Registry if there have been prior referrals and their disposition.
4. If the case is to be investigated by CPS and CPS thinks the case has merit, CPS contacts the appropriate law enforcement agency to see if law enforcement wants a joint interview with the child.
5. On cases within CPS's mandate, CPS has responsibility for interviewing the child.
6. On cases falling solely within law enforcement's jurisdiction, law enforcement may nevertheless request a CPS interviewer.
7. Whenever possible, child interviews are videotaped.
8. The child is interviewed in a place conducive to videotaping and the child's sense of safety.
9. As soon as the child's videotaped interview is complete, law enforcement conducts the initial interview with the suspect.

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² Danielle Kostrab, M.S.W., had primary responsibility for gathering the court file data. We would not have been able to complete this study without her.

³ Child protective services only has mandated responsibility for child maltreatment cases, including sexual abuse, where caretakers are the abusers or caretakers fail to protect children from abusers. Cases involving non-caretaker suspects are the province of the police.

10. The suspect is shown the videotape of the child interview and then interrogated.
11. Even if the suspect does not confess, an attempt is made to obtain from him/her information that may corroborate facts in the child's statement.
12. If the suspect does not confess, he/she is offered a polygraph.
13. If the suspect is willing, a polygraph is offered immediately.
14. If possible, the polygraph examination is videotaped. If the suspect is thought to have been deceptive, there is to be an immediate post polygraph video or audiotaped interview.
15. Law enforcement is responsible for collecting physical evidence (clothing, bed clothing, photograph & videos, sexual aids, telephone records, trace evidence, fingerprints, medical records of suspect)
16. There is a medical examination of the child, if appropriate.
17. The child is removed to a safe place if necessary.

In this study, we examined the criminal case files to ascertain the effectiveness of the protocol for case management of child sexual abuse. The data in the files informs some aspects of process and provides a lot of information about case outcome.

Method

Sample

The sample consists of 323 Criminal Sexual Conduct cases handled by the Prosecutor's Office in a single county in southwest Michigan. The alleged offenders range in age from 14 to 73, the mean age being 32.6 (*SD* 13.8). Most (86.7%) are white; 7.7% are African-American, 1.9% Mexican American, and 3.7% of unknown race. All but five of the alleged offenders are male, almost half being fathers, stepfathers, or mother's boyfriends.

Child demographic characteristics include the following: Two hundred seventy-three (84.5%) are female and 50 (15.5%) male. Regarding race, the children are 79.3% white, 4.3% African-American, and 16.4% unknown. The children ranged in age from 3 to 21, the mean age being 11.7 years (*SD* 3.6), the median 12, and modal age 15 at the time of disclosure. Thus, children clustered around late latency and early adolescence, but included six three year olds and four 21 year olds, who were still children when they were abused.

Procedure

Data were abstracted from the criminal records files. Two research assistants and one of the authors (JH) initially examined files to assure the feasibility of coding desired information. Then the two research assistants worked together reviewing separate files but consulting with one another to resolve questions about coding particular variables and cases that presented difficulties. Once the coding system had been refined, 10 cases were coded separately by both research assistants. The inter-rater reliability was 94%.

The following categories of information were collected from the criminal files:

1. Child demographic characteristics.
2. Suspect demographic characteristics;
3. System responses: a. law enforcement involvement, b. child protective services (CPS) involvement, c. time interval between CPS and law enforcement involvement; d. videotape of child interview; e. time intervals between initial child interview and videotape; f. polygraph use, g. medical exam of child, h. criminal charges; i. trial; & j. court outcome.
4. Child outcomes: a. first person child told; b. type of disclosure, c. any delay in disclosure, d. any change in the account of abuse; e characteristics of sexual abuse described.
5. Offender outcomes: a. confession, b. plea, c. polygraph results, d. sentences.

For this article, variables that could define the effectiveness of the community's plan for case management of sexual abuse were examined. These included variables related to both process and outcomes: 1. protective services and law enforcement involvement, 2. Videotaping of child interviews, 3. medical exams, 4. child disclosure of abuse, 5. Child and family response to the abuse, 6. child placement; 7. Offender confessions, 8. offender polygraph findings, 9. pleas, 10. trials, 11. child testimony, and 12. sentences received by offenders.

Descriptive statistics and bi-variate analyses were computed. The extent to which all cases were initially referred to child protective services was ascertained by comparing the dates for opening CPS and law enforcement cases. The proxy used to determine degree of CPS/law enforcement collaboration was whether or not cases were opened on the same day. In order to estimate the extent to which the criminal court cases were similar to the cases in the county, their numbers were compared by year to those substantiated by child protective services.

Results

Based upon criminal court files, the extent to which the community case management plan were followed was sometimes difficult to determine (case process). Nevertheless, data on case outcomes indicate the community's collaboration has been quite successful.

In order for a case to be referred to the criminal justice system, law enforcement would have been involved. Thus, there was a police investigation from one of the 10 departments serving the county in all 323 cases. Approximately a quarter of cases were referred for prosecution by the state police and about a quarter from the county sheriff's department. Most of the remaining referrals were evenly split between two town police departments.

Child Protective Services was active in 184 (57%) of the cases. In two-thirds of cases, the length of time between CPS and law enforcement involvement could not be discerned from the court file. When this could be determined, in all but 24 (13%) cases the opening date for both agencies is the same. When it was not, in 14 cases, the CPS involvement date preceded law enforcement's, and in 10 cases law enforcement's opening date preceded CPS's.

Although CPS was active in over half of cases, only about a third (32.8%) of suspects actually were living with the child at the time of disclosure. A bi-variate analysis showed that CPS was involved in 86.8% of cases in which alleged offenders lived with the child, and 41.5% of cases where they did not (Chi Square (4, $N=323$)=62.3, $p < .000$). Table 1 indicates the number and proportions of cases with and without CPS involvement over the about last 10 years.

Table 1
Year case opened by CPS involvement

Year	CPS Involvement						Total Count
	Unknown		Yes		No		
	Count	%	Count	%	Count	%	
Unknown	1	3.4	18	62.1	10	34.5	29
1986			1	100			1
1988	1	7.7	9	69.2	3	23.1	13
1989			34	87.2	5	12.8	39
1990	2	6.3	24	75	6	18.8	25
1991	2	8	15	60	8	32	25
1992	4	10.3	26	66.7	9	23.1	39
1993	7	21.2	18	54.5	8	24.2	33
1994	2	10	9	45	9	45	20
1995	2	5.1	17	43.6	20	51.3	39
1996			5	26.3	14	73.7	19
1997			6	24	19	76	25

1998		2	22.2	7	77.8	9	
Total	21	6.5	184	57	118	36.5	323

Table 1 illustrates that the proportion of these criminal court cases with protective services activity has decreased over time, from a high of 87.2% in 1989 to about 25% from 1996 through 1998. An bi-variate analysis shows these differences to be statistically significant [Chi square (2, $N=323$)=78, $p<.000$]. When the variable, whether the offender lived in the home prior to disclosure, is entered as a co-variate, this trend is shown to reflect less consistent CPS involvement in cases involving extra-familial offenders. In only 9 cases, where offenders lived with the child at the time of disclosure, was there no CPS involvement, never more than 2 cases a year. The small number of cases from 1998 probably reflects the small number of 1998 cases that were closed when the court files were reviewed⁴.

There were videotaped interviews of 236 (73.1%) cases. Bi-variate analysis indicated that 84.8% of cases with CPS activity were videotaped [Chi square (2, $N=323$)=30.1, $p<.000$]. In contrast, 56.8% of cases with law enforcement, but no CPS involvement had videotaped interviews. When a reason could be discerned in the court files for the absence of a videotape, the most frequently found was "police didn't videotape" ($n=24$). Other reasons cited for not videoing included "interview in the home or hospital" ($n=9$) and "signed statement" ($n=5$) (i.e. offender had already confessed). On average the age of children whose interviews were videotaped was younger ($M=11.4$ years, $SD=3.7$) than that of children whose interviews were not ($M=12.4$ years, $SD=3.3$; $t=-2.1$, $p<.03$).

In order for a case to be referred to the criminal court, the child had to make a disclosure to either law enforcement or CPS. Thus, children disclosed sexual abuse in all cases in the sample. Data on the circumstances surrounding the child's disclosure appear in Table 2.

Table 2
Type of disclosure

Type of disclosure	Number	Percentage
Accidental	89	27.6
Purposeful	173	53.6
Combination	6	1.9
Offender confession	1	.3
Unknown	54	16.7
Total	323	100.0

As Table 2 indicates, a slight majority of children chose to tell; however, a substantial minority of children unintentionally revealed their victimization. In only 15 cases (4.6%) do the criminal files indicate the child had previously denied sexual abuse, and in only 21 cases (6.5%) did the child recant or change her/his account.

Most children (80.8%) initially reported their abuse to someone other than mandated investigators (i.e. CPS or police), and 54.8% of the time, this report was to a primary caretaker. More than three-fourths (79.3%) of non-offending parents are described in the criminal file as believing the child's statement about sexual abuse and supporting the child. Moreover, less than 10% of children ($n=30$) had to be placed out of the home. Of these, fifteen were placed in foster care and 10 with a relative:

In 71 cases (22%), the criminal files indicate the children received a medical exam. In 26 (36.65%) of these cases, there were medical findings supportive of sexual abuse.

In 194 cases (60.1%) suspects were offered polygraphs, and 121 (37.5%) were polygraphed. One hundred videotapes (83% of polygraphs) of suspect polygraphs were found in the court files. Polygraph results appear in Table 3.

⁴ Only closed (completed) cases were included in the study.

Table 3
Polygraph results

Results	Number	Percentage
Deception indicated	75	62.5
No deception	22	18.3
No opinion formed	8	6.7
Confession	11	9.2
Questioning stopped	1	.8
Unknown	4	3.3
Total	121	100.0

As Table 3 shows, of those suspects polygraphed, less than a fifth were considered to be non-deceptive, and close to two-thirds were thought to be deceptive.

Over 63% of offenders ($n=204$) confessed at some point during the investigation. In 197 confessed cases (97%), the extent to which the confession corroborated the child's disclosure could be ascertained from the court file. In 97 cases, the offender's statement completely corroborated the child's, and, in 100 cases, the confession partially corroborated the child's disclosure. Of those cases involving offender confession, child interviews had been videotaped 61% of the time. Confession was found in only 33.9% of cases without a videotape [Chi square (2, $N=323$)=8.3, $p<.02$]. Although there was a wide variance, the average age of offenders who confessed was significantly younger ($M=30.3$, $SD=12.7$) than for those who did not [$M=35.7$, $SD=14.8$; $f(2)=4.8$, $p<.009$].

Polygraphs were not administered to 127 (62.6%) of offenders who admitted to at least some of what the child described. In 76 (23.5%) cases, the offender was not offered a polygraph because he/she confessed during the initial interview before he would have been offered a polygraph. Polygraphs were also not administered to 60 (56.6%) of suspects who did not admit (*ns*).

In 69.4% of cases ($n=224$) offenders pleaded to some form of criminal sexual conduct. More cases ($n=159$) in which child interviews were videotaped involved a plea than those that were not videotaped ($n=65$), but the proportions of pleas in each group were approximately equal (videotape= 70.4%; no videotape= 77%).

Only 15 cases (4.6%) actually went to trial and in six there was a conviction. Neither the child's age nor gender were predictive of whether the case resulted in a trial. Twenty-six children were documented in the criminal files as having testified. In 11 cases, testimony was at preliminary hearing, in 11 at trial, and in four cases at both.

Sentencing findings appear in Table 4

Table 4
Sentences received by offenders

Sentence	Number	Percent
No sentence, no prosecution, or dismissed	78	24.2
Probation only (up to 5 yrs.)	8	2.4
Jail with or without probation	122	37.7
Prison (1- 25 years)	91	29.1
Plea in another case	12	3.7
Deferred prosecution	1	.3
Unknown	11	3.4
Total	323	100.0

As can be seen from Table 4, about 72% of offenders received some sort of sentence. Only about a fourth of suspects were not punished in some way. The most common sentence, occurring in over a third of cases, was jail, which might be up to two years. Jail time could be either with or without

probation afterward, which could be for as much as five years. Following this was a prison sentence, occurring in almost 30% of cases. Prison sentences ranged from 1-5 years to 20-25 years.

To obtain some idea of the relationship between cases in the county that resulted in a criminal prosecution and the total universe of sexual abuse cases in the county, we compared by year the number of substantiated CPS sexual abuse cases to the number of criminal prosecutions. The results are found in Table 5.

Table 5
Substantiated CPS cases compared by year to criminal cases

Year	CPS	Criminal	Criminal with PS	
	substantiated		sexual abuse victims	
	Number	Number	Number	Percent
Unknown		29	18	.62
1986		1	1	1.00
1988		13	9	.69
1989	57	39	34	.87
1990	54	32	24	.75
1991	4	25	15	.60
1992	55	39	26	.67
1993	33	33	18	.55
1994	38	20	9	.45
1995	35	39	17	.44
1996	40	19	5	.26
1997	27	25	6	.24
1998	39	9	2	.22
Total	382	323	184	.57
	M=38.2 per year	M=29.4 per year		

The number of substantiated CPS cases in the county over the last 10 years is only 59 (15%) more than the number of court files available for study. However, as Table 5 suggests, these are not completely overlapping samples, with on average somewhat more than half of the criminal case prosecutions had CPS involvement.

Discussion

The criminal case files show very desirable outcomes regarding offender confession, offender pleas, child disclosure, caretaker support, child placement, and offender sentences. More than 60% of offenders confessed, close to 70% pleaded, and 72% got some sort of sentence. In slightly less than a quarter of cases, the case outcome was no prosecution, a dismissal, or no sentence, but these findings do not necessarily represent failure because the suspect may have been innocent or not have needed to be incarcerated.

By virtue of the fact these cases were referred for criminal prosecution, they all involve children who disclosed, and when they did they received caretaker support. Very few children had to be placed outside the home. Less than 5% of cases actually had to go to trial, and only 20 children had to testify. When cases went to trial, 40% resulted in convictions.

Findings regarding the community process for case management are less easily discernable. However, court files were not intended to document community process, nor were they developed to support research on case process or outcome. The lack of evidence related to the protocol may derive from the absence of information in the court file rather than lack of compliance.

Thus, the files did not allow the tracking of all 17 steps in the community plan for case management. However, there is evidence from the study that the county is successful in fostering collaboration between CPS and law enforcement, as demonstrated by the finding that on cases involving both agencies where data were available, they usually opened the case on the same day. Similarly, the fact that about a quarter of cases with CPS involvement were ones where the offender did not live with the child at disclosure, may well reflect the willingness of CPS to assist law enforcement, even though CPS is not required to do so. However, this finding could also reflect the unwillingness or inability of the care-taking adult to protect the child from the alleged offender, even though he/she was not living with the child.

The fact that CPS was not involved in nine cases with a suspect in the home does not necessarily indicate CPS didn't meet its mandate. The child's caretaker may have responded protectively and immediately left the home or expelled the alleged offender, the suspect may have been arrested and jailed, or the he/she may have been a minor, in which case a delinquency rather than a child protective case could have been opened. According to professionals from this community, the decrease in the proportion of criminal cases with CPS involvement reflects changing CPS priorities, to less activity on cases not specifically within their mandate.

The finding that almost three-fourths of child interviews were videotaped demonstrates good compliance with the videotaping provision in the protocol. Cases with videotaped child interviews were twice as likely to have an offender confession than those without. Although more than twice as many cases with videos resulted in offender pleas, the difference was not statistically significant because the videotape and plea rates were so high overall.

Apparently, only a little more than a fifth of children received medical examinations. However, the criminal case files did not allow us to determine the causes of these findings. Appropriate reasons for not conducting medical exams include a long period of time between the abuse and disclosure, the fact that an exam had previously been done, the fact the offender has already confessed, and potential trauma to or refusal by the child. It is also possible that court files do not contain the results of all medical exams.

In about 85% of cases polygraphs were offered to suspects or not offered because the offender had already confessed, indicating compliance with the polygraph component of the protocol. Polygraphs were conducted in over a third of cases. Since suspects are not required to take polygraphs, the failure to administer more polygraphs likely reflects suspect refusal, a logical explanation for the 42% of non-confessed cases without polygraphs..

A slight majority of children disclosed on purpose, very few initially denied, and very few recanted. As already noted, the vast majority of caretakers believed and supported their children, and only a small number of children had to be placed. There are a number of possible explanations for these positive findings. They may be an artifact of the sample, criminal court cases. That is, cases where children are less forthcoming and caretakers less supportive simply do not get referred for criminal prosecution. However, these findings may also be indirect indicators of the effectiveness of the community protocol. It is possible children appreciate that the community will believe and support them when they disclose, and their caretakers understand the impact of child sexual abuse and the need to side with children when it is reported.

Indeed, a legitimate and expected challenge to these positive findings is how representative these cases are of all sexual abuse referrals, that is to what extent are these cases "just the cream of the crop" We attempted to ascertain the sample's representativeness of child sexual abuse in the community as a whole by examining sexual abuse cases substantiated by child protective services over approximately the same 10 year period. The number of cases substantiated by CPS was larger than the number that found their way to criminal court, by about 15%. On the one hand, it was expected that a proportion of substantiated CPS cases would not meet the standard of proof to attempt criminal prosecution. But on the other hand, the criminal courts also handle extrafamilial sexual abuse cases, estimated by other research to comprise between one third and two thirds of sexual abuse cases (Faller, 1994). In this sample, only about a

third of alleged offenders were within the child's family, but CPS was involved in 57% of the cases. Thus, considerations of the information on the number of substantiated CPS cases, findings from other research on intra versus extrafamilial sexual abuse, and the characteristics of the data set suggest the sample is within bounds in terms of numbers and the proportions of intrafamilial and extrafamilial cases. Additional efforts to obtain data that might help determine the representativeness of the sample were unsuccessful.⁵

Implications for policy and practice

These findings are very encouraging and suggest communities can successfully work together on behalf of child who have been victims of sexual abuse. The results support the importance of CPS/law enforcement collaboration and the utility of videotapes of child interviews. The data are heartening to those who favor videotaping child interviews. Discussions with the community professionals responsible for case management indicate timely and coordinated responses are at least as important as implementing specific procedures of the protocol. Delay in videotaping, in interviewing the suspect, and in offering him/her a polygraph may result in less successful case outcomes. The community's capacity to act in a concerted and intensive manner may reflect community size, which is rather small. Thus, there are few agencies and professionals to coordinate. In addition, the community is relatively homogeneous and fairly stable. These factors may facilitate collaboration.

Furthermore, although children and families in the criminal justice system may not be representative of all sexual abuse cases, these cases show children confide their sexual abuse in trusted adults, are believed and supported by their caretakers, and can prevail in the criminal justice system. However, the victims' success in these cases derives almost entirely from effective intervention by professionals with offenders so they confess and plead to their crimes. In the overwhelming majority of cases, these children did not prevail by providing testimony in criminal trials.

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⁵ The state child welfare agency declined to allow us access to management information systems data that would assist us in determining representativeness.

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