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CRISIS INTERVENTION: AN EVALUATION OF
SERVICES PROVIDED TO FAMILIES OF
SEXUALLY ABUSED CHILDREN
IN DAVIS COUNTY, UTAH

by

Karen Louise Letts

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family and Human Development

DEDICATION

To

The Children Of Davis County

from whose courage and strength we
derive the energy to facilitate change
in a sometimes cruel and uncaring world.

ACKNOWLEDGMENTS

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Karen Letts Sire

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ABSTRACT

Crisis Intervention: An Evaluation of
Services Provided to Families of
Sexually Abused Children
in Davis County, Utah

by

Karen Louise Letts, Master of Science
Utah State University, 1992

Major Professor: Dr. Thomas R. Lee
Department: Family and Human Development

This study assessed the extent to which victim families are or are not helped by the support services in Davis County, Utah. A sample of 29 mothers of sexually abused children indicated that existing intervention services were greatly underutilized and hard to locate. Seventeen of these mothers reported that they were either ignored by their caseworkers or, conversely, told not to get counseling until their case was adjudicated because of the investigator's belief that any exposure to therapy might erode the child's credibility as a witness. Only 48% of the families were informed of their Victim Rights as required by Utah state law. When asked to state how the incident impacted the family, 41% of the mothers reported that they felt they were still functioning in an elevated state of stress and tension six months or more after the disclosure of the incident. Fully 72% of the mothers reported that the child abuse disclosure had created major changes in the family system. Results of the Moos & Moos Family

Environmental Subscale testing indicated that the distressed sample families scored significantly higher on the conflict and control subscales as hypothesized. An unexpected finding was the sample's high score on the moral religious emphasis (MRE) subscale. The MRE finding may have some influence on the process by which victim families seek help in child abuse incidents.

The results of this study suggest the need for a uniform county-wide victim support and information program and improved training for professional investigators and public agencies charged with the implementation of the Victim's Bill of Rights as outlined in the Utah Code of Criminal Procedures, 77-37-1-5.

(64 pages)

CHAPTER I
INTRODUCTION

Children and Ethics

It has been suggested that the way a society responds to its children is determined by societal ethics. Doxiadis (1989) traced the treatment of children through antiquity to the present day. He found that the right of state agencies to intervene in family life and the responsibilities of the various professions to act as agents of society became matters of practical concern and application only after World War II. Certainly the new arena of victim rights, and in particular children's rights, presents questions that cannot be answered by only one social system but must be responded to in collective consciousness with everyone working to safeguard the health, the education, and legal interests of families.

Families, and particularly victim families, are vulnerable to societal aggression; therefore, laws are needed to protect victims from further victimization by society's systems. The recent passage of the Victims' Rights Act of 1990 suggests that abuses are common in the system. There still exists a great need for society to protect those who cannot protect themselves (Whitcomb, 1986). However, laws are only as good as the enforcement process. This research examines the enforcement of victim rights for children as well as adults. Improving conditions for children and reducing their maltreatment should be an important priority for any decent society (Dubowitz, 1990).

The Davis Family Support Center, a United Way agency charged with the responsibility of providing child abuse prevention and treatment services to Davis County, has been concerned for many years about the condition of the families referred for services. Families have related that the police officer who investigated an alleged child abuse charge told the family that they could not "get help" until he "released them" because any intervention from outside agencies might cloud the child's testimony. Child protection workers have been heard to say that they are "too busy" to make referrals. Sometimes protective services remove a child from the home, leaving the family without answers and with feelings of intense guilt. Families have reported rarely receiving treatment or support while their children were in protective custody or foster care. Consequently, for both intrafamilial and extrafamilial sexual abuse cases, it was not at all unusual to find families who had received no professional intervention support for a period of up to two years or longer.

It is generally believed that child sexual abuse has the potential for causing great physical and emotional harm to children. Most authors agree that the potential also exists for the child to learn defense mechanisms that may protect him or her from the reality of the experience. Unfortunately, it is not unusual for these unique coping behaviors to become maladaptive as the child grows older. Tsai, Feldman-Summers, and Edgar (1979) found that women who were molested as children may differ substantially in terms of later adult adjustment and that such differences in adjustment may be mediated by emotional responses evoked at

the time of the incident. They found that the role of various post molestation experiences, including support by friends, family, and sexual partners, influenced later adjustment. Saunders (1989) found in his research with adult women that two thirds of the child rape victims and one third of the child molestation victims had suffered from Post Traumatic Stress Disorder at some time in their lives. Steele (1986) found that one half of mental health patients report being abused as children. The escalating rate of adolescent perpetrators is generally attributed to society's neglect of the child victim and the way that children are able to learn offending behaviors (Ryan, 1989).

New research in crisis intervention is supporting the benefits of immediate help. Greenstone and Leviton (1988) found that individuals under great personal stress can be assisted in regaining the ability to function as they usually do through skillful third party intervention. The immediacy of crisis situations requires that services be delivered as soon as possible after the occurrence of the crisis or the disclosure of the incident (Zaphiris, 1983; Rosenbluh, 1988). The sexual abuse of a child and the revelation of the abuse create a crisis for both the victimized child and the family (Gomes-Schwartz, Horowitz, & Cardarelli, 1988). It is suggested that appropriate and sensitive crisis intervention can lessen a family's confusion and pain and reduce the likelihood that dysfunctional coping behaviors will develop.

Statement of the Problem

The Davis County Attorney's Office reported that they investigated 199 child sexual abuse referrals in 1991. At the end of the year, 83 criminal charges had been filed in either adult or juvenile court, with 53 convictions, 28 still pending, and 2 found not guilty. Although 199 referrals seem like a significant number of cases, Saunders (1989) and the National Institute of Justice estimate that only 5% to 10% of actual child sexual abuse cases are ever reported to authorities. If this is true, there could have been as many as 4,000 child sexual abuse incidents in Davis County in 1991.

The County does not have a consistent and uniform victims' rights policy and each investigative entity has developed its own procedure for supporting child victims of crime. Some families may receive excellent victim support services while others may receive few or no services. Additionally, some families may be treated harshly and even further abused by the very system that they approach for protection (Haase, Kempe, & Grosz, 1990; Runyan, Everson, Edelsohn, Hunter, & Coulter, 1988; Tedesco & Schnell, 1987; Whitcomb, 1986).

Purpose of the Study

The purpose of this research was to interview a sample of 29 birth mothers of sexually abused children in an attempt to assess victim needs in the Davis County social services continuum. It was expected that this study would lend support for the implementation of the Victims' Bill of Rights as outlined in the Utah Code of Criminal Procedures

77-37-1-5 (1992). It is believed that the appropriate enforcement of victim rights procedures by each investigative office would work to provide family stability in both intrafamilial and extrafamilial child sexual abuse cases and enhance the coping skills of parents in the process of child abuse disclosure, investigation, and prosecution.

Hypotheses

To investigate the relationship between early intervention services in child sexual abuse cases and family stability throughout the crisis process, five hypotheses were advanced.

Hypothesis 1

Families in this study who have experienced child sexual abuse disclosure within the preceding 12-month period will score lower on cohesion, expressiveness, independence, and intellectual/recreational orientation than national norms for non-distressed families on the Moos and Moos (1986) Family Environment Scale.

Hypothesis 2

Families who have experienced child sexual abuse disclosure within the preceding 12 months will score higher on conflict and control than national norms for non-distressed families on the Moos and Moos (1986) Family Environment Scale.

Hypothesis 3

Families who have reported more than one child sexual abuse incident over time will report more crisis disruption

than families who have reported one incident.

Hypothesis 4

Families whose child is victimized by an intrafamilial perpetrator will differ significantly in crisis disruption from families whose child is molested by an extrafamilial perpetrator.

Hypothesis 5

Families who receive crisis intervention support within three months of the disclosure of the incident will experience less crisis than families who do not receive such help.

CHAPTER II
REVIEW OF THE LITERATURE

Child Sexual Abuse

It is believed that 4 out of 10 children, regardless of gender, become victims of some form of sexual abuse by the time they reach grade school (MacFarlane, 1986). Eighty to ninety percent of these children will never tell anyone they were molested. The younger the child the more difficult it is for investigative officers to obtain the evidence necessary to file charges against an alleged perpetrator and so, in many cases, the molestation continues for many years. Even when children disclose abuse, 83% of the experts cited children being too young to make credible witnesses as the reason cases were unfounded, which in their opinion should have been substantiated (Corwin, 1989). Many childhood acting out behaviors may be caused by abuse but are labeled other things such as loss of self esteem, depression, poor attention span, or hyperactivity (Kempe & Helfer, 1980). The 1990 Comprehensive Plan For Juvenile Sex Offenders Preliminary Report drew society's attention to the correlation between the adolescent sexual abuse perpetrator, juvenile delinquency, and prior child sexual abuse victimization.

Scope of the Problem

Nationally, incest impacts 10% to 14% of all families. Bander, Fein, and Bishop (1982) reported that fathers and stepfathers, or paramours, are the perpetrators in 69% of the incest cases and other family members make up the other

31%. According to the State of Utah Division of Family Services 1990 Report, 27% of the perpetrators are parents, 27% are comprised of other family members, and 46% are non-relatives. This last group is considered to be the extrafamilial perpetrators.

Abuse may affect boys and girls about equally. "Power over a helpless victim may be more influential in the choice of a victim than the sex of a child" (Faber, Showers, Johnson, Joseph, & Oshins, 1984, p. 294). If raping a child serves non-sexual or power needs, then sex of the victim may be arbitrary. Researchers suspect that there are more male victims than are reported. Friedrich, Beilke, and Urquiza (1988) found the ratio of female to male victims to be 2:1. There are surprisingly few differences between factors associated with abuse of boys and girls (Eckenrode, Munsch, Powers, & Doris, 1988). Sex of the victim was not related to the use of coercion, concurrent physical abuse, the number of incidents, or the relationship of the child to the abuser. However, for boys, sexual abuse is more likely to occur at a younger age. Abuse may increase for some girls as they grow older. Rosenthal (1988) found that girls between the ages of 13 and 17 were more frequent victims of all types of maltreatment. It might be our gender-laden cultural roles that account for differences in reporting the sexual abuse of boys, therefore contributing to the low number reporting.

Investigating Practices

Professional attitudes and investigative practices impact child abuse cases in many ways. Because different criteria are used by child protection workers and police

agencies in identifying child abuse incidents and determining when intervention is warranted, some cases are deemed more critical than others. Gardner, Schadler, and Kemper (1984) and Saunders (1988) found that classification criteria which determine the severity of a child abuse incident are evident among professionals and that greater agreement is apparent among professionals with similar roles. The major elements in judgement are degree of force, amount of harm inflicted on the child, and the appropriateness of the alleged abusive action.

The reporting source is considered to be a significant predictor of the perceived credibility of a child sexual abuse allegation. Mandated reporting entities such as doctors, hospitals, schools, law enforcement, social workers, public health workers, and schools have their reports substantiated 44% of the time. Non-mandated sources are relatives, neighbors, and friends and their reports are substantiated 31% of the time. Anonymous reports are substantiated only 20% of the time (Eckenrode et al., 1988). Anonymous reports may be less credible to begin with or caseworkers may be biased against them. Experienced child protection workers frequently describe anonymous reports as vindictive and retribitional (Eckenrode et al., 1988). However, Zuravin, Watson, and Ehrenschaft (1987) reported that substantiated anonymous reports seem to represent equally as serious incidents as mandated reports.

Short- and Long-Term Effects on Victims

The literature does not agree on the seriousness of the impact of sexual abuse on children. Studies suggest that, as a group, sexually abused preschool children may manifest

more behavioral problems than their non-abused peers but fewer behavioral problems than psychologically disturbed children (Gomes-Schwartz, Horowitz, & Sauzier, 1985; MacFarlane, 1986). Data support the view that children are harmed by abuse but no typical pattern develops. Each child's response to the stress of sexual victimization depends on his or her previous experiences and current developmental level (Friedrich et al., 1988; Haase et al., 1990; Hoier, 1987; Tong, Oates, & McDowell, 1987). Summit (1983) found that victims looking back were usually more embittered toward those who rejected their pleas than toward the one who initiated the sexual experiences. Steele (1986) found that children were more upset by mothers not caring and not protecting them than they were about being maltreated by the perpetrator. When a mother expressed anger toward the victimized child and punished her child for revealing the abuse, the child was likely to manifest greater behavioral disturbance (Gomes-Schwartz et al., 1988).

The level of violence and perceived life threat that a child experiences in a traumatic event are primary predictors of his or her posttraumatic stress reactions. The greater the level of exposure, the greater the symptoms. Nader, Pynoos, Fairbanks, and Frederick found in their 1990 follow-up study of a school sniper attack that symptoms of PTSD may affect a number of long-term developmental factors, including cognition, attention, separation anxiety, social interaction, self-esteem, and impulse control. Dubowitz (1990) found that since child maltreatment is generally rooted in multiple and interacting individual, familial, and

environmental factors, interventions need to address as many of these contributory issues as possible.

Summit's studies (1983, 1988) on the child sexual abuse accommodation syndrome explained how adults who were molested themselves as children may attempt to hide and avoid any connection with their past. Children born of these parents are often trapped into silent maladjustment if they are not believed.

Dollinger and Cramer (1990) found in their follow-up study of a soccer team of boys who were struck by lightning, which killed one of them, that the more defenses the children used, the less clinical disturbance was apparent. They did not feel, however, that this would necessarily imply that the boys would be symptom free later on. Continued use of strong defense mechanisms may have subsequent negative effects, such as emotional numbness and misinterpretation of reality. It is this defense reaction in children that sometimes causes police, social workers, parents, and therapists to doubt a molestation. Dollinger and Cramer (1990) also found that children with higher ratings of emotional upset tend to tell stories with more devastating outcomes.

Crisis Onset

The crisis phase for families begins at the disclosure of the incident and will continue and intensify through the investigative and litigation process if crisis support is not provided. McCubbin and McCubbin (1987) stated that families face hardship and change as a natural and predictable aspect of family life over the life cycle and that families are capable of developing strengths and skills

to deal with the stresses and strains that they encounter. Crises develop when a family discovers that it does not have the ability to cope effectively with certain life situations. The application of social meaning to a situation which normally renders stressful situations less irrational, less unacceptable, and more understandable in the context in which they occur, cannot be done in sexual abuse cases when the investigative processes prohibit intervention and educational services. Few families or individuals who are faced with sexual abuse have ever had to resolve a situation with similar emotional and legal consequences. Most people, therefore, would not have developed coping strategies that can be used when the sexual abuse is revealed (Haugaard & Reppucci, 1988). This theory was supported by a 1988 study done by Gomes-Schwartz et al. who found that the greater the delay between the time families were referred to their Family Crisis Program and the time the families received treatment, the less likely they were to benefit from the intervention.

In responsible crisis intervention work, Hoier (1987) stated that the crisis phase should be associated with validation of the disclosure of the abuse, not disinterest. The short-term planning and intervention phase should involve the period of time during which legal and protective service agencies move to prevent further abuse, not create further abuse, and the long-term treatment phase should involve the assessment of the effects of the abuse and the implementation of clinical interventions.

Armstrong (1989) reported that incest victims rated crisis help they received and found that validation of the

incident, advocacy, empathetic understanding, and the absence of victim contempt were the most helpful attributes. Blaming, lack of validation, negative or rejecting responses, and further victim exploitation were rated as the least helpful.

System Intervention Problems

Controversy exists as to the advantage or disadvantage of the child victim testifying against the perpetrator in a court of law. Consequently, researchers do not agree on the benefit of court litigation for children. Tedesco and Schnell (1987) indicated that the experience of testifying could be cathartic, providing the child with a feeling of control, providing vindication, and symbolically putting an end to an unpleasant experience.

Runyan et al. (1988), however, reported that the child in a sexual abuse case often is further victimized by lengthy delays in the resolution of the criminal prosecution of his or her case. The waiting may increase feelings of powerlessness, anger, and fear and subject the child to stigmatization by family members, the public, and the self. However, Runyan et al. (1988) believed that the opportunity to testify in juvenile court could exert a protective effect on the child victim that may be therapeutic. Whatever the reason, they concluded, children suffered less in cases that were quickly adjudicated. Slower moving criminal proceedings resulted in children with poorer mental health. Whitcomb, in her 1986 report for The National Institute of Justice, reported that continuances erode children's memories and undermine any therapeutic efforts. The child suffering repeated interviews and delays may choose to

recant his or her story in order to end the ordeal.

The National Victim Center in their 1991 survey found that the American public, as well as crime victims and their families, is critical of the current orientation of the criminal justice system. Somewhere along the way, says the President's Task Force on Victims of Crime (1982), the system began to serve lawyers, judges, and defendants, treating the victim with institutionalized disinterest.

Problem Resolution

Bander et al. (1982) posed three questions to be considered in the formation of any plan designed to change or improve the existing investigative policies and procedures. These are (a) what is the most effective way to train police, prosecutors, and judges; (b) what is the most effective way to coordinate agency procedures to reduce time lags and reduce victim stress; and (c) how can the rights of both victim and perpetrator be protected? The President's Child Safety Partnership (1987) proposes an interdisciplinary approach to investigation and prosecution of child abuse cases that should result in more efficient and effective prosecution that is also better for the children. Finn and Lee (1987) in their report on serving crime victims and witnesses indicated that victim stabilization services need to be rendered at the scene of the crime or within 48 hours of the report. Stabilization services would be safe house or shelter, medical services, crisis counseling, conflict mediation, orientation, and referral services. The Office of Juvenile Justice and Delinquency Prevention Update on Research (OJJDP, 1989) suggested additional victim practices that are aimed at (a)

expediting case processing, providing "people support" to child victims, (b) reducing unnecessary contact of the child with the system, (c) instituting court procedures that do not frighten child victims and (d) enhancing case development.

The 1987 President's Child Safety Partnership and the 1982 President's Task Force on Victims of Crime suggest that those persons in law enforcement and social services who actually conduct investigations require more thorough training. Fryer, Poland, Brass, and Krugman (1988) found that approximately one third of all social workers in their study had received no special training prior to case involvement. Bander et al. (1982) found in working with police that it became clear that law enforcement officers and case workers in protective service agencies have problems sharing information. Social workers see police as only interested in apprehension and punishment and police see social workers as interested only in treatment.

Some communities have begun to work at solving the problem of the support system's insensitivity to family and child needs by the implementation of children's justice centers (CJC) and parent support programs. The purpose of children's justice centers is to provide a comfortable home-like setting for intakes and interviews where families and agencies can work together to expedite the litigation process and minimize family trauma. An adjunct to a CJC is a community-based parent support program for families who might not otherwise receive counseling during the crisis following disclosure (DeVoss & Newlon, 1986; Winton, 1990). The use of a crisis intervention model of treatment provides

children and families with immediate contact with a therapist, emotional support, education, and problem-solving strategies, thus enabling some resolution of the crisis and a return to precrisis routines and adaptation as soon as possible (Sesan, Freeark, & Murphy, 1986).

CHAPTER III

METHOD

Subjects

Twenty-nine mothers of children who were allegedly victims in current child sexual abuse cases were interviewed for this purposive study. Fourteen of the cases had been referred by local police departments and by Family Service Child Protection Workers to the Davis County Attorney's Office for further investigation and possible prosecution. Other subjects were located from case records and referral lists of the Davis Family Support Center. Some of these cases were still open or pending action in the County Attorney's Office as of January 1, 1992.

Recruitment of Subjects

Subjects were recruited from a consecutive list of probable victims provided to the researcher by the Victims Of Crime Act Program (VOCAP) coordinator in the County Attorney's Office. A letter was mailed to all mothers on the VOCAP list to invite them to participate in the survey. The letter explained that the purpose of the project was to improve public services to child victims and their families and that families who had had recent experience with the County's investigative and legal processes may have experiences to share that would be helpful in supporting the strengths as well as locating the gaps in the County's victim services continuum. Three weeks later a second letter was mailed to unresponsive mothers encouraging them to support the survey and to call the researcher with any

questions they may have about the focus of the study.

Included with the participation request letter was an Information Sheet, an Informed Consent Form, and a stamped return envelope (see Appendix A). A brochure explaining the free services of the researching United Way agency was included in the packet.

Fifty families were initially referred to the project. Two of the families were deemed inappropriate for this study; one was a physical abuse case and the other case did not have a mother present in the home. Letters were mailed to the remaining 48 mothers. Mail was returned on 7 families, 2 mothers refused to participate, and 23 mothers did not respond. Fourteen mothers completed the survey process for a 36% rate of participation. In order to obtain the number of subjects needed for this study, additional families were located from case records and referral lists from the Davis Family Support Center.

Eighteen interviews of an hour and one half each were conducted with the mothers in their homes. One mother preferred to complete the survey by mail and 10 interviews were completed at the agency. The subjects were encouraged to share any additional feelings or information that they had which would strengthen this research. All women participated in the study on a strictly voluntary basis and no financial remuneration was provided. Any family who had not received prior intervention services was offered information and referral services, educational support, free crisis counseling for themselves and their children, and assistance in filing a Crime Victim's Reparations claim.

Measurement

The first part of the questionnaire asked 25 general demographic questions. The second part of the questionnaire was designed to obtain information about the initial handling of the abuse report by the local investigative office (See Appendix B). Questions were asked as to whether or not the victim family received referral services from the initial investigator and how the mother felt about the quality of the intervention services provided. The mother was also asked, in her opinion, whether or not she felt that the disclosure of the incident created a crisis in her family and, if so, how long did the crisis last and how severe was the crisis.

For the third part of the interview, the mothers were asked to take the Moos & Moos Family Environment Scale, Form R, which measures personal perceptions of conjugal or nuclear family environments. The Form R subscales have been previously normed on a national sample of 1,125 non-distressed and 500 distressed families. The subsample for non-distressed families includes families from all areas of the county, single-parent, and multi-generational families of all age groups (newly-married student families, families with preschool and adolescent children, families whose children have left home, and families composed of older, retired adults).

Distressed families were defined as patients in psychiatric facilities, alcohol treatment centers, and probation and parole departments affiliated with a local correctional facility. By this definition, it was determined that the appropriate comparison group for the present study

of victim children and their mothers should be the subscale for non-distressed families which Moos terms "normal."

The Form R scale is effective in classifying families and in identifying family strengths, weaknesses, and areas of conflict. The ten FES subscales assess three underlying domains, or sets of dimensions: the Relationship dimensions, the Personal Growth dimensions, and the System Maintenance dimensions.

The Relationship dimensions are measured by the Cohesion, Expressiveness, and Conflict subscales. These subscales assess the degree of commitment, help, and support family members provide for one another; the extent to which family members are encouraged to act openly and to express their feelings directly; and the amount of openly expressed anger, aggression, and conflict among family members.

The Personal Growth, or goal orientation, dimensions are measured by the Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis subscales. These subscales assess the extent to which family members are assertive, are self-sufficient, and make their own decisions; the extent to which activities (such as school and work) are cast into an achievement-oriented or competitive framework; the degree of interest in political, social, intellectual, and cultural activities; the extent of participation in social and recreational activities; and the degree of emphasis on ethical and religious issues and values.

The System Maintenance dimensions are measured by the Organization and Control subscales. These subscales assess

the degree of importance of clear organization and structure in planning family activities and responsibilities and the extent to which set rules and procedures are used to run family life.

The FES internal consistencies are all in an acceptable range, varying from moderate for Independence and Achievement Orientation to substantial for Cohesion, Organization, Intellectual-Cultural Orientation, and Moral-Religious Emphasis. The FES test-retest reliabilities are all in an acceptable range, and have been found to be quite stable over time intervals of as long as a year, although they do reflect changes that occur in the family milieu during that time (Moos & Moos, 1986).

Analysis

Subject's scores on the Moos & Moos (1986) Family Environment Scale were compared with the national norms using t tests. Scores were also analyzed with t-test and chi-square analysis for variation due to demographic variables. The child's relationship to the perpetrator, the number of incidents, the length of time the child was believed to be molested, the time lapse between reporting and service delivery, and the mother's opinion concerning the impact of the abuse on the family system were compared to FES scores with t-test and chi-square analyses. Because of the small sample size, the alpha was adjusted to .20 significance in some construct comparisons.

CHAPTER IV

RESULTS

One of the major goals of this study was to determine frequency and quality of intervention services for sexually abused children and their families in Davis County. The study was to investigate any relationship between the FES scores and the duration of the crisis, the mother's opinion of the impact of the abuse disclosure on family functioning, the child's relationship to the perpetrator, the number of abuse incidents the child incurred, how long the child was victimized, and the time interval between reporting and receiving intervention services. Based on current research, it was hypothesized that families who receive crisis intervention services within a short period of time would experience less trauma than families who did not receive that help.

Description of the Sample

The sample for this study consisted of 29 Caucasian birth mothers living in Davis County or nearby areas (see Table 1). All of their 29 children in the study, 8 boys and 21 girls, had been sexually abused, or allegedly abused. Fourteen (48%) of the children had been molested in-home by fathers, stepfathers or other family members, and 15 (52%) of the children reported being molested out-of-home by adolescent boys, neighborhood men, babysitters, and a stranger. Forty-five percent of the women were employed outside the home either full or part time with 59% of the women receiving education or training one to five years beyond the high school level (mean = 13 years). The

Table 1

Summary of Responses for Independent Variables

Variable	N	Frequency (%)
Ethnic/Racial Background		
Caucasian	29	100.0%
Mother's Age		
23 to 29 years	13	44.9%
30 to 39 years	13	44.9%
40 to 50 years	3	10.2%
Mother's Religion		
Latter Day Saint (LDS)	19	65.6%
Catholic	3	10.3%
Protestant	2	6.9%
No Preference	4	13.8%
Other	1	3.4%
Mother's Education		
Less Than High School	7	24.1%
High School	5	17.2%
1 Year College/Trade	6	20.7%
2 Year College/Trade	2	6.9%
3 Year College	2	6.9%
College Graduate	5	17.2%
Post College	1	3.4%
Missing Data	1	3.4%
Mother's Occupation		
Executive/Professional	5	17.2%
Business/Manager	2	6.9%
Technician	2	6.9%
Clerical/Sales	1	3.4%
Craftsman/Foreman	--	---
Operative	3	10.3%
Unskilled	--	---
Homemaker	8	27.6%
Student	8	27.6%
Family Income		
Below \$1,000 month	13	44.8%
\$1,000 to \$2,000	7	24.1%
Over \$2,000	9	31.0%

(table continues)

Variable	N	Frequency (%)
Family Mobility (5 Years)		
No Moves	7	24.1%
One	3	10.3%
Two to Three	10	34.5%
Four to Five	3	10.3%
Six to Seven	2	6.9%
Eight or more	4	13.8%
Time In Current Residence		
0-6 Months	6	20.7%
7-12 Months	8	27.6%
13-24 Months	4	13.8%
25-48 Months	3	10.3%
Over 48 Months	8	27.6%
Child's Age		
0 to 5	8	27.6%
5 To 9	11	37.9%
9 to 13	4	13.8%
13 to 18	6	20.7%
Relationship to Perpetrator		
Father or Stepfather	11	37.9%
Other Family Member	3	10.3%
Adolescent Neighbor	7	24.1%
Adult Neighbor	7	24.1%
Stranger	1	3.4%
Pornography		
Yes	5	17.2%
No	13	44.8%
Unknown	10	34.5%
Missing Data	1	3.4%
Drugs and Alcohol		
Yes	6	20.7%
No	14	48.3%
Unknown	8	27.6%
Missing Data	1	3.4%

(table continues)

Variable	N	Frequency (%)
Investigator Referrals		
Mental Health	2	6.9%
Family Support Center	7	24.1%
VOCAP	3	10.3%
Crime Victim Reparations	6	20.7%
ISAT	2	6.9%
Private Therapist	5	17.2%
Church Leader	2	6.9%
LDS Counseling	3	10.3%
Other	3	10.3%
Services Utilized		
Crisis Telephone	6	20.7%
Counseling/Therapy	16	55.2%
Crisis Nursery	5	17.2%
Information mailings	5	17.2%
Home Advocate	3	10.3%
Parent Education	5	17.2%
Medical Support	6	20.7%
Other	1	3.4%
Support Systems		
Family Member	15	51.7%
Friend	9	31.0%
Counselors	5	11.2%
Religious Leader	3	10.3%
Agency/Group	2	6.9%
Other	1	3.4%
Rate Help		
Did Not Receive Help	5	17.2%
Punitive and Blaming	1	3.4%
Poor	1	3.4%
Good	15	51.7%
Excellent	6	20.7%
Missing Data	1	3.4%

mothers' ages ranged from 23 to 50 years with a mean of 30 years. The majority of mothers (66%) reported being LDS (Mormon). At the time of the incident, 13 of the women were married and 16 were single or separated. The family income ranged from a low of \$300 a month to a high of \$5,000 a month, with a median income of \$1,100 a month or \$13,200 annually. At the time of data collection one third of the families reported receiving some form of public assistance.

Nineteen of the children were first born and six were the only children in the family. Ten children in the sample had one sibling. The ratio of girl victims to boy victims was 2.6:1, slightly more than the 2:1 ratio nationally. Almost all of the children (90%) reported that "touching" or fondling was the main type of abuse. Oral sex was involved in seven of the incidents with physical abuse also present in four of the cases. Intercourse or sodomy occurred in five of the cases. According to 1991 Utah state law, any genital "touching," no matter how slight, can be considered rape of a child under 14 years of age. By this definition, 86% of the children in this study were raped. Thirty-eight percent of the mothers believed that there was only one fondling incident, while 62% stated that there was more than one incident, but that they did not know how long their children were involved in the sexual activity. Only 6 mothers reported that other children in the family were also abused.

At the time of the interview, 8 children were under the age of 5, 11 children were between 5 and 9, 4 children were between ages 9 and 13, and 6 children were between ages 13 and 18. Interviews for our sample were conducted by eight

police departments, the county sheriff's office, and the social service agency in the county. Fifty-five percent of the children were interviewed once, three children were not interviewed at all, and one 11-year-old girl victim was interviewed at least six times.

Crisis Intervention Process

Of the 29 cases, non-mandated reports were made by mothers in 73% of the incidents, other non-mandated sources account for 10% of the incidents, and mandated reporting sources, such as agencies, account for only 17% of the cases. To date, nine cases have been adjudicated in either district court, juvenile court or through some other punitive process. The range of ages of these children was from a low of 5 years to a high of 17 years with the mean age being 10.7 years. Seventy-eight percent of these adjudicated cases were from mother's reports. This finding lends substantial credibility to non-mandated reporting in Davis County. Only 2 of the 29 children testified in court, one, a 3-year-old boy victimized by his father, and an 11-year-old year old girl who had been victimized by her uncle for approximately six years.

One of the purposes of the study was to determine if families in Davis County who had been victimized by sexual abuse perpetrators receive crisis intervention and referral services. The results indicated that 48% of the families were advised to get counseling by the investigative agency handling their case. In spite of the counseling recommendation, 66% of the mothers reported they did not receive any intervention support from either public or

private agencies in the county. Eleven of the mothers in this group indicated that they received services many months later through their own endeavors. Six mothers indicated that they had used an advertised crisis telephone line, 16 families had been involved with counseling or therapy, 5 had used a crisis respite nursery, 5 had received victim information by mail, 3 families had had a home advocacy visitor, 5 had attended parenting classes or parents of victims' support groups, and 6 children had received free specialized medical support in the form of a physical examination at a hospital or clinic. Counseling was the most widely known and utilized service for this victim population. The sample listed family and friends as the most consistent source of help but that agency help, when it was offered, rated higher (good to excellent) in effectiveness.

Impact on Family Functioning

All mothers were asked whether in their opinion they had been in crisis and, if so, how long the crisis lasted. Four mothers believed they had never been in crisis, 5 mothers indicated that they had been in crisis for one week, 2 mothers for 30 days, 4 mothers for 60-90 days, 2 mothers for 6 months, and 12 mothers believed they had been in crisis longer than 6 months (see Figure 1). Subsequently, 4 mothers indicated that the child sexual abuse incident had had little impact on the family system, 4 mothers said that it had had some impact, and 21 mothers indicated that it had had a major impact on family functioning (see Figure 2). One mother indicated that the "major change in family

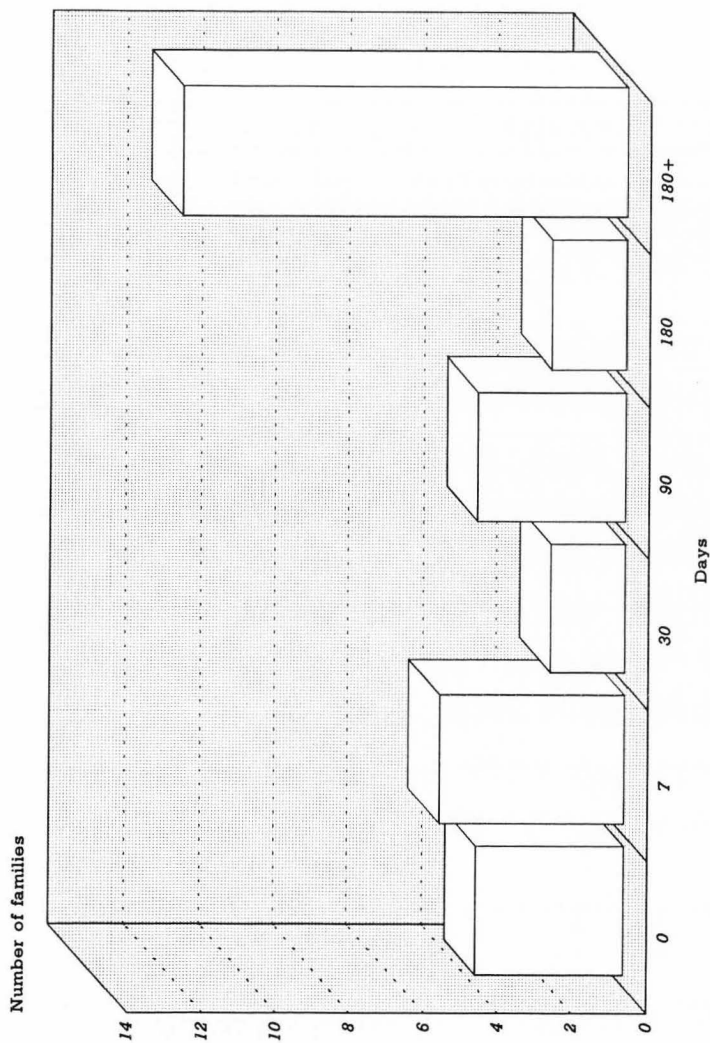


Figure 1. Time in crisis

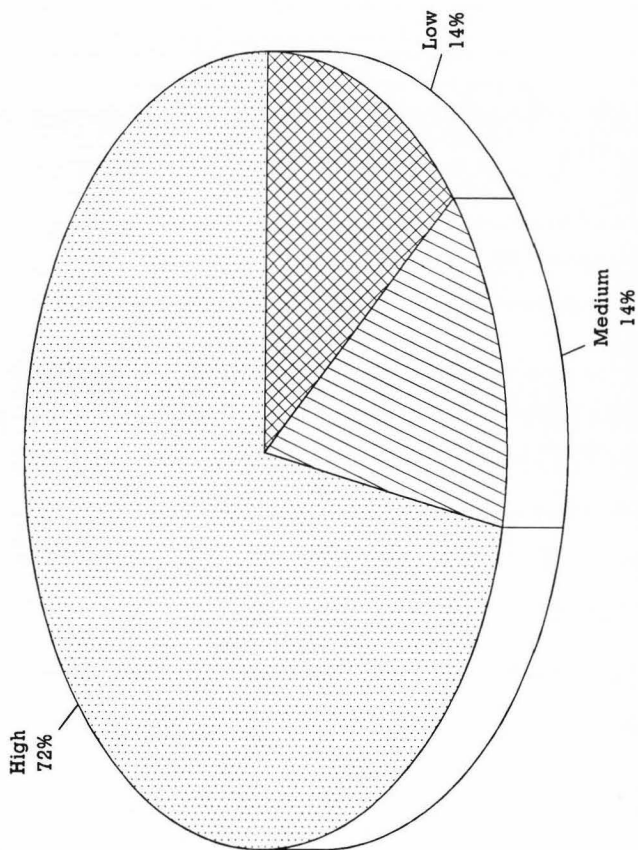


Figure 2. Impact to the family system

functioning" was positive and that the abuse disclosure had motivated a decision to divorce her husband and return to school.

The women volunteered comments on the system process with one mother believing that a school prevention program, "Officer Friendly," precipitated her child's disclosure of the sexual abuse with his father. One mother reported feeling further victimized by a police officer who indicated that she must not get counseling for her child until he released them, which was nine months later. Seventeen mothers reported feeling abused by the system and said that they had been treated either harshly, judged to be at fault or totally ignored. One woman believed that the police and social services allow themselves to be involved with false child abuse allegations during child custody disputes and that investigators need additional training to help them determine the authenticity of a report. Eight mothers were concerned with the quality of the interview with their child. They said that investigators seemed uncomfortable with interviewing children, did not establish trust, and did not allow enough time. These mothers said that their cases were discredited because their children were "too young." Twelve mothers expressed concern that the perpetrators who had molested their children were still free in the neighborhoods and that their children were vulnerable to remolestation.

Tests Of Hypotheses

Because of the very small sample sizes in the analysis, the alpha level for some tests of significance was set at $p = .20$.

Hypothesis I: Child Abuse Disclosure and FES Scores

Families who experienced child abuse disclosure within the preceding 12 months did not differ significantly from FES "normal families" on the subscales for cohesion, expressiveness, independence, and intellectual/recreational orientation as hypothesized (see Table 2).

Hypothesis II: Child Abuse Disclosure and FES Scores

Families who experienced child sexual abuse disclosure within the preceding 12 months scored significantly different from FES "normal families" on the subscales for conflict and control. The sample families experienced more conflict than "normal families" (mean = 6.59, $t = 2.85$, $p = .008$) and the sample reported more control (mean = 4.62, $t = 2.65$, $p = .013$).

Hypothesis III: Child Abuse Incidents Over Time

Families who reported more than one child sexual abuse incident over time differed significantly from families who reported only one incident. Family cohesion as measured on the FES subscale was greater for families whose child had been molested less than 30 days by an extrafamilial perpetrator than for families whose child had been molested longer than 30 days by a family member (means = 6.77 and 5.50, $t = 1.39$, $p = .175$). The expressiveness subscale was

Table 2

T-Tests for Paired Samples for Normal Families
and Sample Families

FES Subscale Variables	Normal Families N=1125	Sample Families N=29	T Value	Alpha
Cohesion	6.61	-3.79	-1.11	.278
Expressiveness	5.45	1.76	.91	.371
Conflict	3.31	6.59	2.85	.008*
Independence	6.61	-3.10	-1.33	.194
Achieve. Orient.	5.47	-.97	-.50	.622
Intell/Cultural	5.63	-3.14	-1.14	.266
Active Recreate	5.35	-2.03	-.80	.428
Moral Religious	4.72	8.62	4.35	.000*
Organizational	5.41	.41	.22	.831
Control	4.34	4.62	2.65	.013*

* Significance at the $p = .05$ level

Table 3

T-Tests for Paired Samples for Intrafamilial
and Extrafamilial Families

FES Subscale Variables	Intra- familial N=14	Extra- familial N=15	T Value	Alpha
Cohesion	5.50	6.77	1.39	.175*
Expressiveness	5.25	6.31	1.85	.075*
Conflict	5.06	3.85	-1.47	.154*
Independence	6.31	6.15	-.28	.780
Achieve. Orient	5.00	5.69	1.15	.260
Intell/Cultural	4.88	5.31	.45	.656
Active Recreate	4.44	5.62	1.25	.222
Moral Religious	7.00	5.69	-1.76	.092*
Organizational	5.44	5.54	.14	.889
Control	5.38	4.92	-.73	.472

* Significance at the $p = .20$ level

greater for families with one incident (means = 6.31 and 5.25, $t = 1.85$, $p = .075$). Conflict was greater for families with a child who had been victimized over time (means = 5.06 and 3.85, $t = -1.47$, $p = .154$). See Table 3.

A significant difference was found between the estimated number of sexual abuse incidents, one, more than one, and unknown, and the length of time the family was in crisis. The greatest difference was found when the family did not know how long the child had been abused (chi-square = 18.07, $df = 10$, $p = .054$). Significance was found between the number of incidents, one, more than one, or unknown, and whether the incident caused "little or some" impact or "major" impact to family functioning. Major impact was recorded in families who had experienced more than one, or an unknown number of incidents (chi-square = 4.72, $df = 2$, $p = .094$). Mothers reported crises of longer duration when the child was molested more than once (chi-square = 9.93, $df = 5$, $p = .077$). Mothers reported that the longer the abuse went on, the more the incidents impacted family functioning.

Hypothesis IV: Child's Relationship to Perpetrator

Families whose child was victimized by an intrafamilial perpetrator differed significantly from families whose child was molested by an extrafamilial perpetrator on two of the FES subscales. Families were more expressive when the perpetrator was outside the family (means = 6.27 and 5.14, $t = -1.95$, $p = .061$). Families scored higher on achievement orientation whose child had been victimized by a family member (means = 5.79 and 4.87, $t = 1.49$, $p = .15$).

Mothers' reports showed greater perceived impact on the family when the perpetrator was a family member (chi-square = 10.31, $df = 1$, $p = .001$). Mothers' reports also showed the family being in crisis longer when the perpetrator was a family member (chi-square = 12.31, $df = 5$, $p = .03$).

Hypothesis V: Time From Incident to Intervention Support

No significant difference was found between family groups who received crisis intervention services within three months of the disclosure of the incident and those who received intervention services later. Because of the small sample and the lack of county-wide victim intervention services, only three families received support within the suggested 72-hour time frame. Twenty families were still seeking help one month or more after the initial incident was reported.

Other Significant Findings

A confounding variable in this study was the FES subscale for moral religious emphasis. The sample scored significantly higher than the national normed sample in this subscale (mean = 8.62, $t = 4.35$, $p = .000$). The moral religious emphasis was also significantly higher in long-term sexual abuse cases (means = 7.00 and 5.69, $t = -1.76$, $p = .092$). Families who received intervention services within three months scored significantly higher in moral religious emphasis than the families who received services after three months or did not receive services (means = 7.14 and 5.73, $t = 1.97$, $p = .06$).

CHAPTER V
CONCLUSIONS

Summary of Findings

The purpose of this research was to interview a sample of 29 birth mothers of sexually abused children in an attempt to assess victim needs in the Davis County social services continuum. It was expected that this study would lend support for the state-wide implementation of the Victims' Bill of Rights as outlined in the Utah Code of Criminal Procedures 77-37-1-5. It is believed that the appropriate enforcement of the Victim Rights Act by each investigative office would work to provide family stability in both intrafamilial and extrafamilial child sexual abuse cases and enhance the coping skills of parents in the process of child abuse disclosure, investigation, and prosecution.

Because of the small sample size and the fact that only three families received crisis intervention services within the recommended 48- to 72-hour time frame, it was not possible to evaluate the impact that crisis intervention services might have provided had they been offered immediately for every family. Research by Greenstone and Leviton (1988) and Rosenbluh (1988) indicated that if families found themselves unable to deal effectively with their own problems, outside help could be very beneficial. So the assumption may be made here that if intervention services had been routinely offered, some or all of the families in crisis might have benefited.

The 29 families as a group scored similarly to FES normal families in the subscales for cohesion, expressiveness, independence, and intellectual/recreational orientation. However, some differences were noted depending on the child's relationship to the perpetrator. More conflict was present when the child's perpetrator was a parent or parent figure. Along with the elevated conflict measure, intrafamilial families also scored higher than FES normal families in their need to control.

This study indicated that extrafamilial perpetrator families scored higher on the FES expressiveness subscale. This may indicate that children and parents in these homes practiced more open communication which resulted in immediate disclosure in most cases. Cohesion remained higher in families when the perpetrator lived outside the family unit. This finding suggests that one of the capabilities which allows children to disclose a molest, even under the perpetrator's threats of harm, is the child's belief that his or her parents will believe in and protect him or her which makes disclosure safe.

Moral Religious Emphasis

The overall sample scored significantly higher than FES normal families in moral religious emphasis. A significant finding, and an unexpected one, was the role that a mother's moral religious emphasis played in the crisis management of the incident. As reported, the moral religious emphasis was significantly higher in long-term sexual abuse cases than it was for families reporting short-term or one-time incidents. Additionally, families who received support services sooner

scored significantly higher in moral religious emphasis than did families who received services later. As long as the incident was not reported to authorities, the moral religious structure in the home may have been used to control, stabilize, and maintain the family. Once disclosure occurred, cohesion could break down and conflict could increase, thereby causing the moral religious structure to deteriorate. There may be a correlation between high moral religious emphasis and the length of time a family is in crisis. However, results suggest that if services are provided soon after disclosure, the moral religious emphasis might be preserved. The intrafamilial families who delayed receiving services also reported a breakdown in support from their religious communities. Intrafamilial families scored significantly higher in achievement orientation than did extrafamilial families. The relationship between high moral religious emphasis and achievement orientation was not analyzed.

Impact to the Family

The majority of mothers, 72.4%, reported major impact to the family system the longer the abuse went on. Although there are other factors to consider in cases of child sexual abuse, it appears from this study that severe trauma to a family is more likely to occur when a child is repeatedly molested over time. In looking at the effects of extrafamilial sexual abuse, the symptoms seen in children do not differ markedly from those in the victims of incest, either in their early reactions or in the long-term pathology (Haase et al. 1990).

Regardless of when the families may have been offered support services, it was evident that the families either did not understand the importance of getting help or they attempted to get services and were denied. Seventeen of the mothers reported feeling abandoned by the system after the initial investigative interview. Seventy-two percent of the mothers believed the disclosure impacted their family in a major way, with 41% still in crisis after six months. It may be that mothers with a high moral religious orientation felt that they could draw on inner strength and a supreme power to pull them through this experience or it could be that guilt and shame caused them to postpone asking for support. However, as reported by Haugaard and Reppucci (1988), crisis occurs when people do not have the experience to handle or understand events that impact their lives. As the conflict and denial increased in these families, the mothers may have become frozen into inaction and were, then, unable to ask for help.

Limitations of the Study

The project results were limited by the small sample size of 29 families who volunteered to provide information for the study. Sixty-four percent of the families in the original mailing chose not to participate in the project and those who did may have been biased in the information they reported. Memory recall of emotionally charged, stressful incidents may, also, prove to be inaccurate. Any follow-up study should include a control group of non-abused children and their mothers for comparison. The study resulted in the

majority of subjects being one religion (65%). However, this ratio is indicative of the Utah population in general.

Need for Services

The results of this research indicate the need for a community-based program for families who might not otherwise receive treatment during the crisis after a child's disclosure of sexual abuse. Families who functioned well until a crisis of this dimension may find this new experience overwhelming. Mothers reported families feeling like victims as the trauma impacted not only the child but the parents, grandparents, siblings, and friends as well. Mothers in this study said that they did not know just what to do as they reported being blamed by neighbors and family alike for not preventing the abuse. Other mothers were ostracized by their neighbors and churches for filing charges against the perpetrator, who many believed was a fine, upstanding citizen. The betrayal of trust by the perpetrator leaves the mothers doubting their judgement in choosing care-givers and partners and questioning their competence in child rearing. When all this is compounded by a legal system that is reportedly unresponsive and ineffective, the formerly held beliefs in the safety of the family and the strengths of the community are shattered.

No problem so challenging to coping skills and so potentially destructive to families can be solved overnight. There are, however, immediate steps that the investigative agencies and the support agencies can take that could make significant differences in the lives of these victim families. According to the mothers interviewed for this

research, there are four procedures that, if implemented, could begin to address the needs of victim families. The four areas are:

1. Training: All county child sexual abuse investigators need to be trained in victim response techniques and a uniform county-wide system of referral implemented.
2. Resources: County police agencies need to be provided with victim response packets. The packets would include a list of resources, crisis numbers to call, information on family system problems created by the child abuse disclosure, victim rights, and the legal process.
3. Treatment: Social service agencies and victim advocacy programs would need to realign support services in order to treat referral victims within the recommended 72-hour time frame.
4. Advocacy: Victim families need to be educated and kept informed regarding relevant legal proceedings, case status, and disposition. Volunteer advocates may be trained to deliver this service to the victim families in their homes. A component of this basic plan could be that the officer and the victim advocate elect to team up to respond to child abuse complaints together as is the process in many rape response programs throughout the country. The presence of a trained and supportive advocate could work to alleviate parental guilt, relieve stress, inform, and support. The police might receive more cooperation from the family and the family might not experience the long-term crisis disruption that was reported in this study.

Recommendations

Any test of hypothesis on the relationship between early crisis intervention and family stability throughout the crisis process requires two reliable measures. The first scale must measure family functioning within 48 to 72 hours of disclosure. The second scale would measure family functioning three months later. Therefore it is recommended that any follow-up study include a longitudinal measure.

The present research raises questions about the ethical treatment of victims in Davis County. It is hoped that this project will lend support to the county's implementation of the Victim's Bill of Rights as outlined in the Utah Code of Criminal Procedures 77-37-1-5.

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APPENDICES

Appendix A
Information Letter and Informed Consent

October 25, 1991

Parent
Street Address
Kaysville, UT 84037

Dear Ms Parent:

My name is Karen Letts and I am the Director of the Davis Family Support Center, a United Way agency that provides services free of charge to families who have experienced the trauma of a child abuse incident. Our agency is concerned that families be advised of their victim rights and that you are aware of the variety of free services available to you in our community. I received your name as part of the victim referral program, VOCAP, through the Davis County Attorney's Office.

In order to help us determine ways to better serve victim families in Davis County, I am asking the mothers of victims to help us by answering some general questions about the incident and to respond to a family contentment scale. The interview takes an hour and I can come to your home, if that is convenient, or the interview can be conducted by phone or you may choose to answer the questions by yourself in the privacy of your home and mail your answers back to me. The results of the interview will be strictly confidential. All data will be coded and no one except myself will know that you provided the information. The research is being funded, in part, by the Davis Family Support Center with the support of Utah State University, and the cooperation of the VOCAP (Victims of Crime Assistance Program) at the Davis County Attorney's Office.

I can understand that you may be reluctant to enter into this study, but if you feel that you would like to help in this very important way, please sign the enclosed consent form and indicate when it would be convenient for me to contact you. ALSO INCLUDE A CONTACT PHONE NUMBER, PLEASE. I have enclosed our brochure so that you may know a little more about our agency along with a stamped return envelope.

We hope that you will want to be a part of this important work. I thank you in advance for your time.

Very truly yours,

Karen Letts
Director

Enclosures (4)

INFORMATION YOU SHOULD KNOW

You are the natural parent of a child who has allegedly been emotionally, physically, or sexually abused. The person who contacted you, Karen Letts, is Director of the Davis Family Support Center. The staff at the Family Support Center is interested in supporting families in crisis and particularly families caught in the incidents of child abuse. The Victim's Rights 77-37-1-5, as outlined in the Utah Code of Criminal Procedures, stipulates that victims of crime should receive support services. We want to know if you received these services and if you, as a family, felt better when crisis intervention services were made available to you. Victim services may include counseling, reparations filing, parenting support, or crisis line help. The question that we will attempt to answer is if a family receives intervention services right away does the family suffer less disruption than if they do not receive services.

If you choose to be a part of this research, we will need 1 to 2 hours of your time. This time will be spent in a personal interview where general information concerning your family and the incident will be discussed. You will also be asked to respond to a "Family Environment Scale". This scale asks 90 true or false questions about your family and takes about 15 minutes to complete. We do not expect that there will be any risks to you for answering our questions.

This research is being conducted Karen Letts of the Davis Family Support Center. Information that she collects from you will be kept in strict confidence and your family name will be known only to Karen Letts. If you have any further questions at any time, please feel free to call Karen at 776-4540.

Informed Consent Form

I am the parent or the guardian of a victimized child. I have read and I understand the language and the purpose of the research that Karen Letts is conducting. I understand that this program is completely voluntary and that I may withdraw as a subject at any time. If I elect not to participate, it will not jeopardize my services in any way. My signature below indicates that I wish to participate in this project.

Parent

Karen Letts, Researcher

Date

*Contact Phone and Hours To Call

Appendix B
Demographic Questionnaire

DAVIS FAMILY SUPPORT CENTER

Demographics

1. 2.
I.D. Number Interview Date
3.
Name - Last, First, Middle
4.
Address
5.
City, State
6.
Zip Code
7.
Home Phone, Business Phone
8.
Child's Name
9.
Child's Address
10.
City, State
11.
Zip Code
12. Ethnic/Racial Background
 - a. White
 - b. Black
 - c. Asian or Pacific Is.
 - d. Native American
 - e. Hispanic
 - f. Other
 - g. Unknown
13. Employment Status
 - a. Employed Full Time
 - b. Employed Part Time
 - c. In Armed Services
 - d. Not Employed
 - e. Homemaker
 - f. Student
 - g. Retired
 - h. Inmate of Institution
 - i. Disabled
14. Occupation
 - a. Executive/Professional
 - b. Business/Manager
 - c. Technician
 - d. Clerical/Sales
 - e. Craftsman/Foreman
 - f. Operative
 - g. Unskilled
 - h. Homemaker
 - i. Student
 - j. Other
15.
Date of Birth, Mo, Da, Yr.
16.
Age Sex
17.
Child's Age Sex
18.
Child's Birthday
19. Other Children in the Home
20. Public Assistance
Yes No
21. Years of Education
22. Moves in last 5 yrs.
a. None b. 1 c. 2-3
d. 4-5 e. 6-7 f. 8+
23. Time in Current Residence
a. 0-6 mo. b. 7-12 mo.
c. 13-24 mo. d. 25-48
e. More than 48 mo.
24. Religious Preference
 - a. LDS
 - b. Catholic
 - c. Protestant
 - d. Jewish
 - e. 7th Day Adventists
 - f. Assembly of God
 - g. No Preference
 - h. Other
25. Total Family Income

NARRATIVE CONCERNING THE ABUSE INCIDENT:

26. Relationship of child to perpetrator _____
27. How was child victimized?
- Molestation _____
 - Rape _____
 - Emotional Abuse _____
 - Physical Abuse _____
 - Exploitation _____
 - Neglect _____
28. Length of victimization _____
29. Was pornography present? Yes _____ No _____ Unknown _____
30. Was drugs or alcohol present? Yes _____ No _____ UN _____
31. Who reported incident? _____ Date _____
32. How many interviews? _____
33. Which agency investigated the report? _____
34. Did child testify? Yes _____ No _____ Date _____
35. Were intervention services offered? Yes _____ No _____
36. Family advised of victim rights? Yes _____ No _____
37. What referrals were given?
- Mental Health
 - Davis Family Support Center
 - VOCAP
 - CVR
 - ISAT
 - Private Therapist
 - Church Leader
 - LDS Counseling
 - Other _____
38. Was counseling recommended? Yes _____ No _____
39. How long was the family in crisis?
- Never in crisis
 - 1 week
 - 30 days
 - 60-90 days
 - 6 months
 - Longer than 6 mo.
40. How great was the impact to the family?
- The incident had little impact on the child/family?
 - The incident had some impact on the child/family?
 - The incident had a major impact on the child/family?
41. List specific services received.
- Crisis telephone support
 - Counseling/Therapy
 - Crisis nursery
 - Mailings
 - Home visits from an advocate
 - Parenting support/education
 - Medical support
 - Other _____
42. Who provided greatest support throughout this incident?
- Family member
 - Friend
 - Counselor
 - Religious leader
 - Agency/Group
 - Other _____
43. How would you rate the help you received?
- Did not receive any help
 - Help was punitive and blaming
 - Help was poor
 - Help was good
 - Help was excellent