

**FATHERS AND STEPFATHERS INVOLVED  
IN CHILD ABUSE: A META ANALYSIS**

by

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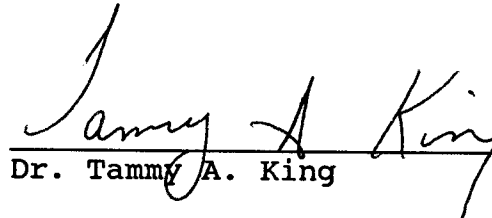
Fathers and Stepfathers Involved in Child Abuse:  
A Meta Analysis

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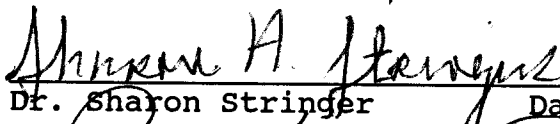
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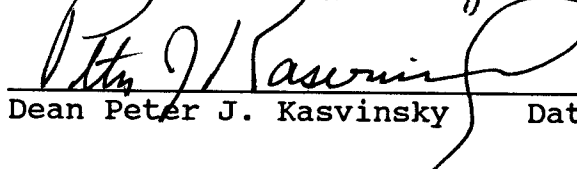
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## ABSTRACT

Conducting a study on a topic such as fathers and stepfathers who commit child abuse can bring one to the realization that this is not a situation that "certain people" need to deal with. This is a problem that "society" must deal with because it does affect everyone.

Children are often times labeled as "our nation's future" and situations that a child may come in contact with during his or her lifetime (good or bad) can have long-lasting effects on the future. Now, imagine that a child has been involved in some form of child abuse for a lengthy period of time. Information provided in this study suggest that when a child has become a victim of abuse, they take on the role of the abuser in adulthood.

Child abuse is a vicious cycle that leaves nothing but devastation in its path. Fortunately, our society now has the courage to stand up and speak out against important issues directly related to children. Children, as well as adults, need to be informed (or need to be aware) that abuse of any kind cannot and should not be tolerated on any level.

The intent in this research is to bring awareness towards a "specific group" of child abusers and provide information that will hopefully benefit and educate victims as well as potential victims.

While gathering information for this research, it became apparent that the two "specific groups" studied--fathers and

stepfathers who commit child abuse--had very similar backgrounds involving their own experiences as children with sexual abuse by a parent or stepparent. While this does not excuse the fact that these perpetrators themselves were sexually abused as children, it does shed some light on where the "root" of a crime of this magnitude stems from. It is true that children like to emulate their parents' behaviors, good or bad. It's a perpetual motion machine that makes it very difficult to point a finger and place blame on just one individual.

These findings also indicate that the Caucasian population far outweighs any other race in this particular crime category. Although it was not discovered during this research why this is predominantly a crime committed by Caucasians, it was interesting to see the extreme differences in the percentages of white offenders versus other races studied in this research.

## ACKNOWLEDGMENTS

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I especially want to extend a personal thank you to Dr. Tammy A. King for talking me into doing a thesis in the first place. There was great hesitation on my part because I knew the work that would be involved, but her constant encouragement guided me through my doubtful journey and brought me here to the end of my Master's career.

On a more serious note, I would like to dedicate this Master's Thesis to my grandfather, Lawrence C. Varner, who departed this life 11 years ago. Besides being my best friend and my greatest source of strength, he always taught me that education was the key to opening doors of great opportunity and I know that he would be proud of my achievement.

**TABLE OF CONTENTS**

Abstract . . . . . iii

Acknowledgment . . . . . v

Table of Contents . . . . . vi

**Chapter 1** . . . . . 1

    Quote from Sylvia Plath . . . . . 1

    Introduction . . . . . 2

    Literature Review . . . . . 5

    Statement of the Problem . . . . . 7

**Chapter 2** . . . . . 12

    Methodology . . . . . 12

    Meta-Analysis . . . . . 12

    Definition of Terms . . . . . 13

    Literature Search . . . . . 15

    Criteria for Study Inclusion . . . . . 16

    Problems With Collection of Information . . . . . 16

    Quote from Oscar Wilde . . . . . 18

    Coding of the Study . . . . . 19

    Problems With Collection of Information . . . . . 20

**Chapter 3** . . . . . 24

    Analysis and Findings . . . . . 24

    Findings in the Literature . . . . . 24

    Repressed Memory Syndrome . . . . . 44

    Returning Treated Sex Offenders to Families . . . . . 50

    Meta-Analysis Findings . . . . . 52

<b><u>Chapter 4</u></b> . . . . .	60
Discussion and Summary . . . . .	60
Summary of Major Findings . . . . .	60
Intake Process . . . . .	61
Types of Prevention Efforts . . . . .	62
Quote from Carl Gustav Jung . . . . .	64

**Appendices**

Appendix A - Initial Assessment Investigation Form . . .	65
Appendix B - Offender's Family Contact Rules List . . .	67
Appendix C - Chaperon's Statement of Responsibility . . .	71
Appendix D - Checklist of Suggested Minimum Criteria . .	74
For Visitation Between Offenders and Victims:	
Intra-Familial Sex Abuse	
Appendix E - Laboratory Tests in the Physical . . . . .	78
Examination Following the Sexual	
Exploitation of a Child	
Appendix F - Sample Letter to Therapist . . . . .	80
Appendix G - Therapists' Questionnaire . . . . .	82
Appendix H - Child Interview Report . . . . .	84
Appendix I - Coding Sheet . . . . .	86
<b>Works Cited</b> . . . . .	88

**Tables**

1	Confirmed Abuse Age of Victim Information . . . . .	54
2	Unconfirmed Abuse Age of Victim Information . . . . .	55
3	Unconfirmed Ages from Two Studies . . . . .	56
4	Confirmed Cases Regarding the Issue of Race . . . . .	57
5	Unconfirmed Cases Regarding the Issue of Race . . . . .	57
6	Unconfirmed and Confirmed Types of Abuse . . . . .	58



CHAPTER 1

INTRODUCTION, LITERATURE REVIEW and PROBLEM STATEMENT

I have always been scared of you,  
With your Luftwaffe, your gobbledygook.  
    And your neat moustache  
And your Aryan eye, bright blue.  
Panzer-man, panzer-man, O You-

'Daddy' (1962)

-Sylvia Plath (1932-1963)  
American poet

## INTRODUCTION

In a perfect world, a family consists of loving parents, siblings, grandparents, etc. The family unit is the first environment that a child is exposed to and ideally it should be a welcoming and safe atmosphere where a child is loved and taught important lessons in life. Help is always given. However, since a perfect world is not a reality, society must deal with the true picture of what is really going on behind closed doors in certain family units. Not every child is going to be raised in a healthy environment. As a result of the poor environment, one wonders what is the fate of the children.

Child abuse is an act that causes anger among many in society. Child molesters are almost looked upon as "evils in our society" that prey on young children leaving nothing but a path of psychological and emotional destruction. What happens though when children are abused by members of their own family?

This study examines who is harming children more often and more severely (specifically fathers and stepfathers). The Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as: "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm" (CAPTA, 1996, 1).

Child abuse may become complex when trying to determine who is responsible and why. Child abuse can occur if the care of the child is placed upon a parent, babysitter or daycare provider who fails to act responsibly in the supervision of the child. When a stranger commits this similar act of irresponsibility towards a child, the stakes become higher and a different attitude surfaces. No matter what form of abuse (a violation of a child) occurs, the effects can be lengthy, even permanent. Child sexual assault will affect a child in many ways. Within two years of the assault, a child may experience fear, hostility, guilt, shame, depression, low self-esteem, poor self-image, physical and sleep complaints, sexual behavior disturbances, and poor social functioning (Downs, 1993).

More than two-thirds of boys, who are sexually abused, are abused by men. Eighty-three percent of victims are under the age of 12; more than one quarter are under the age of six; eight percent are abused by fathers or stepfathers (Hunter, 1990). Girls who have been sexually abused become pregnant in adolescence at a significantly higher rate than those who have not. More than one-tenth report that their pregnancy is the result of sexual abuse (Ounce of Prevention Fund, 1987).

A common stereotype of a child molester is that they are unknown to their victims. "Unfortunately most child molesters are either family members, neighbors or friends of the family"

Sedlack, 1996, 262). In other words, someone the child usually trusts.

Children are often groomed for sexual assault. The grooming process includes building trust, bestowing favors, alienating others, demanding service and violating boundaries (Hotrod, Johnson, Roundly & Williams, 1990).

To begin, a broader definition of incest should be noted. Incest is described as only "one of many socially deviant behavioral patterns employed by the dysfunctional family in the maintenance of its own integrity and existence" (Mrazek & Bentovim, 1981, 172).

For example, a study comparing abusers and nonabusers (Parker & Parker, 1986) found that abusers reported more family discord and were more likely to have been mistreated by their parents than nonabusers. Using standardized measures of parental families of origin, Lipovsky & Saunders (1989) found that the families of origin of both mothers and fathers were reported as being highly dysfunctional. By "origin", it is simply meant the biological family that a person originates from. In this case, the person or persons referred to are perpetrators with a history of childhood sexual abuse. These findings support the claim that dysfunctional families of origin are characteristics of parents in incestuous families. The most common dysfunction regarding perpetrators' families of origin is childhood sexual abuse. Studies have not clearly shown that the incidence of childhood sexual abuse contributes

largely to perpetrators of incest. In comparison to males without a history of abuse, male victims who have suffered from childhood sexual abuse have undergone a series of problems including marital strife, a dissatisfying sexual relationship with spouses, alcoholism and other drug abuse concerns (Finkelhor, Hotaling, Lewis & Smith, 1990).

Although the prevention of intrafamilial childhood sexual abuse remains the ideal of human service providers, such a pervasive problem will not be readily resolved. Nevertheless, early recognition of the potential for incestuous relationships, timely identification of childhood victims, and the implementation of family-oriented therapy are realistic goals in the ongoing effort to ameliorate the long-term destructive effects for the survivor.

#### LITERATURE REVIEW

The number of reported cases of child abuse and neglect reports nationwide in 1997 to child protective service agencies in the United States reached a staggering 3,195,000 (Wang & Daro, 1998). This figure includes a 1.7 percent increase over the number of children reported in 1996. Between the years of 1988 and 1997, child abuse reporting levels have increased 41 percent. This increase is due in large part to the public's awareness of and willingness to report child maltreatment, as well as changes in how states collected reports of maltreatment.

According to a 1997 survey conducted by the American Association for Protecting Children, 15 out of every 1,000 children are victims of child maltreatment. The Association also broke down the different types of maltreatment that children were victims of: 22 percent physical abuse, sexual abuse 8 percent, neglect 54 percent, emotional maltreatment 4 percent, and other forms of maltreatment 12 percent (AAPC, 1988).

There are many myths surrounding what type of individual is most likely to commit child abuse. Between the 1950s and 1960s, the facts surrounding what constituted a child molester used a term referred to as "stranger danger"-the dirty old man in the wrinkled raincoat (Lanning, 1992). The "stranger danger" approach to the problem quickly identified who the good guys were as opposed to the bad guys based solely on appearances.

However, the myth of the child molester is now being reevaluated based on what is now known about the kinds of people that victimize children. A child molester can look like anyone else and even be someone who we know and like (Lanning, 1992).

The focus shifted greatly during the 1970s when sexual victimization of children caught society's attention. This was primarily a result of the women's movement. Society began to realize that most children are sexually molested by someone they know (usually a relative-a father, stepfather, uncle,

grandfather, older brother, or even a female relative (Lanning, 1987)).

While conducting research for this thesis, finding accurate comparisons of fathers and stepfathers who commit child abuse was difficult. The most accurate data on child maltreatment, reported in 1996, estimates that 1,185 child abuse and neglect cases resulted in death. This information was confirmed by the Committee to Prevent Child Abuse agencies. More than three children die each day as a result of child abuse or neglect. Child abuse fatalities since 1985 has increased by 34 percent (Wang & Daro, 1998).

Young children remain at the highest risk for loss of life. Between 1995 and 1997, 78 percent of these children were less than five years old at the time of their death, while 38 percent were under one year of age. Approximately 41 percent of these deaths occurred to children known to child protective service agencies as current or prior clients (Wang & Daro, 1998).

#### STATEMENT OF THE PROBLEM

To determine which children may be most at risk, researchers have attempted to discover victim characteristics commonly linked to child maltreatment.

"Community surveys reveal that one-third to two-fifths of sexual abuse victims are abused by a family member. In addition, while males are victimized more frequently by strangers, females are more often the targets of family members" (Finkelhor, 1991, 24).

Based on this survey, Finkelhor (1991) concludes that children ages nine to twelve appear to be most at-risk of sexual abuse, but about 25 percent of victims are abused before the age of eight.

Despite these figures, most commonalities among child sexual abuse victims are not demographic, but familial factors. These may include: living without one of the biological parents, having a mother who is unavailable because of outside employment, illness, or disability. Other commonalities include: having parents with marital difficulties; having a poor relationship with parents or being the victim of excessive punishment or physical abuse; and having a stepfather.

The decade of the 1980s produced strong sexual exploitation of children that became an extreme problem for the public health and criminal justice systems. Not much attention, however, was given to the victims of molestation with regard to their rights as well as overcoming economic burdens associated with criminal proceedings.

On April 23, 1982, President Ronald Reagan appointed a Task Force on Victims of Crime. This program was designed to help victims and witnesses in increasing the public's awareness of victims' rights. With the birth of this program, incest and molestation are treated as serious criminal offenses and more attention is focused on protecting a child's privacy from the press if hearings were involved.



By the same token, the Department of Justice Office of Justice Assistance, Research and Statistics stressed in a national conference that not only is child molestation a problem that the entire nation needs to deal with, but also that serious penalties need to be imposed upon the individuals who are guilty of the offense.

Although child sexual abuse is a crime, some perpetrators will acknowledge that they abused their child (Saunders, Murphy & McClure, 1986; Everson, et al., 1989). The father perpetrator's admission of guilt obviates the need for intensive questioning and repeated interviews of the child victim. He/she is not required to convince others of what has happened, and the father perpetrator begins to take responsibility for his actions.

Due to minimal findings regarding abuse by fathers or stepfathers, samples often have to be analyzed separately in order to look at the similarities and differences associated with these two specific groups of abusers.

Stepfathers have a greater history of marital failure, prior convictions regarding sexual abuse, incidences of sexual abuse themselves as children and having juvenile criminal records (Erickson, Walbek & Seely, et al., 1987). Stepparent incest is likely to occur within one or two years of the marriage without time for the development of affectionate relationships with stepchildren that might serve to

counterbalance the impulse for sexual abuse (Erickson, Walbek & Seely, et al., 1987).

Although fathers and stepfathers exhibited small differences with regard to psychological characteristics, their life histories and marital histories differed significantly. Most studies of incest have not been designed to acquire data about the precise nature of the sexual activity nor do they report this information. Biological fathers engaged more frequently in full intercourse and began the sexual activity during the adolescent years as opposed to stepfathers. A comparative analysis from the United Kingdom suggest that biological fathers were more likely to subject their victims to intercourse. In their statistical breakdown, however, nonbiological fathers were disproportionately represented. The analysis did suggest that commitment to the father role may be a neglected variable in studies of paternal sexual abuse (Gordon & Creighton, 1988). "Commitment to the father role", for the purpose of this thesis, simply means nonbiological fathers. Incest in biological families was likely to extend beyond separation and divorce with sexual contact occurring during visitations.

A survey done at Boston College in May of 1992 examined a sample of 235 men that were convicted of child sexual abuse between the years of 1986 and 1990. The survey findings seemed to indicate that the probability of a perpetrator being an incest perpetrator rather than a nonincest perpetrator

increased if he was between 31 and 50 years of age, was married, had fathered a child, and if he was a victim of child sexual abuse himself (Bouchard, 1992).

If there are patterns and characteristics that distinguish fathers' and stepfathers' abuse of children, then treatment and prevention strategies can be proposed.

**CHAPTER 2**  
**METHODOLOGY**

**Meta-Analysis**

In order to compare child abuse between fathers and stepfathers, Webster defines the greek prefix "meta" as along with, after, between or as something changed or transposed. Analysis, a greek word for dissolving, can be broken down as follows: ana-up, throughout + lysis, a loosing lyein, to loose as an (a) breaking up of any whole into its parts so as to find out their nature, function, etc. (b) a statement of these findings. By keeping this definition in mind, the following meta analysis design was used to conduct this research:

1. Findings of incidences of child abuse by fathers as compared to findings by stepfathers;
2. The backgrounds of each of these perpetrators and how they contributed to their statuses as "child abusers";
3. Different studies are used for this thesis. For example, one study compares the type of sexual activity by fathers and stepfathers towards their daughters and compared the findings.
4. Duration and regularity of the abuse by biological fathers and stepfathers. For example, are stepfathers more likely to abuse for a longer period of a time as compared to biological fathers.
5. The main focus of study is what group is most likely to commit child abuse--fathers or stepfathers--and the reasons to support these findings.

## DEFINITION OF TERMS

For the purpose of this thesis study, the following terms have been included and are defined as follows:

1. Emotional abuse

a.) Also known as: verbal abuse, mental abuse, and psychological maltreatment includes acts or the failures to act by parents or caretakers that have caused or could cause, serious behavioral, cognitive, emotional, or mental disorders (DePanfilis & Salus, 1992, 6).

b.) Neglect is the failure to provide for the child's basic needs. Neglect can fall under three (3) categories: physical, educational and psychological. Physical neglect may include not providing adequate food or clothing, appropriate medical care, supervision or proper weather protection (heat or coats). Educational neglect includes failure to provide appropriate schooling or special educational needs allowing excessive truancies. And, finally, psychological neglect includes the lack of any emotional support and love, never attending to the child, spousal abuse, drug and alcohol abuse including allowing the child to engage in drug and alcohol use (DePanfilis & Salus, 1992, 6).

c.) Physical abuse is the inflicting of physical injury upon a child including burning, hitting, punching, shaking, kicking or beating. This can sometimes be the result of over-discipline or physical punishment that is inappropriate to the child's age (DePanfilis & Salus, 1992, 6).

d.) Sexual abuse is the inappropriate sexual behavior with a child that includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, rape, incest, sodomy exhibitionism and sexual exploitation (DePanfilis & Salus, 1992, 7).

2. Stepfather

A male stepparent. The person (in this case, the male) who has married one's mother upon the death or divorce of the biological father.

3. Father

The biological male parent. A man as he is related to his child or children. A man thought of as a parent or protector.

4. Victim

For the purpose of this study, any female or male under 18 years of age that has become the target of some form of abuse (as above-stated) by a father or stepfather.

5. Family Structure

A healthy environment primarily consisting of a biological mother and a biological father and possibly siblings that provide the basic nurturing needs and a loving and caring atmosphere where each member lives harmoniously with the other.

**6. Intervention**

Any interference in the affairs of others. In this case, the interference may come from the mother, an outside family member, the court, child abuse agency, or the police.

**7. Intervention Effectiveness**

The result of speaking out on the victim's behalf to provide aid and whatever assistance is needed to bring public awareness of the situation.

**LITERATURE SEARCH**

The literature search consisted of information from the Internet as well as information obtained by sending 150 letters total across the United States, Canada and Nova Scotia to National Coalitions Against Child Sexual Assault Agencies.

Many of the agencies contacted did not have their statistics reduced to fathers and stepfathers who commit child abuse. However, those agencies that reduced their statistics in order to aid this study provided valuable information that was directly relevant to the topic at hand. The information provided an in-depth analysis of not only the father and stepfather roles in abuse situations against children but also discussed in great detail how the mother often times can play the devil's advocate and even become the abuser herself. To further explain, the mother is often times trapped between her children and the father in situations such as child abuse. The mother may not want to get authorities such as the police

involved to investigate because domestic violence often accompanies child abuse as well. Also, mothers may be embarrassed of anyone outside of the home becoming aware of this situation and, as a result, does nothing to halt the situation.

#### CRITERIA FOR STUDY INCLUSION

This study examines abuse of children by fathers and stepfathers covering the last 30 years. This examination depicts various scenarios surrounding abuse by fathers and stepfathers of daughters, stepdaughters, sons and stepsons. The information focuses particularly on daughters and stepdaughters.

In a case conducted by Dr. Patricia Phelan in 1981, biological fathers more frequently began molesting their daughters when the daughters had reached adolescence whereas stepfathers more frequently began the sexual activity when the stepdaughters were preadolescent (Phelan, 1981).

There is the possibility that the type of sexual activity may be connected less to meanings and more to the age of the child and the duration of the relationship. Vaginal penetration may simply be related to pubertal development; if the molestation begins and ends while the child is preadolescent (between the ages of 8-11), this may account for the type of sexual activity which occurs (Phelan, 1981).

With respect to the differences in the number of children involved for biological fathers and stepfathers, a possible



explanation may lie in the definitions of the relationship and the meanings attached to it. A stepfather may view his stepdaughter as a desirable and available female, define the relationship as a "love affair", and act in accordance with the conventional notions about what an affair involves (courtship, persuasion, etc.) (Russell, 1984, 20). However, Russell then explains that biological fathers (more frequently than stepfathers) may view the children as their possessions. Therefore, courtship or seduction is less necessary (Russell, 1984, 21).

In conclusion, stepfathers may feel that they have less power over the children than biological fathers. Depending on how long stepfathers have been in the family and due to the relationship with the children, sex may be the one area in which stepfathers feel that they can overtly take control.

The issue of control may be important in understanding the dynamics of the sexual encounter in these two types of families and in the process of child sexual abuse generally (Phelan, 1981).

Children begin by loving their parents; after  
a time they judge them; rarely, if ever, do they  
forgive them.

A Woman of No Importance (1893) act 3

-Oscar Wilde (1854-1900)  
Anglo-Irish playwright  
and poet

### CODING OF THE STUDY

The purpose of coding in this study is to reduce the specific groups and related variables for fathers, stepfathers and child victims as well.

Classifying prior studies was critical because it provided a clear and comparative model of fathers' and stepfathers' behaviors and their relations to the victims. Clinical accounts of incest in families reveal that parents (both father/perpetrators and mothers) report chaotic, dysfunctional families of origin. Problems cited include substance abuse, marital conflict, parental divorce and childhood sexual abuse (Alexander, 1985, 83; Araji & Finkelhor, 1986, 110; Sgroi, 1982).

The coded variables included: characteristics (age, gender, race, religion of victim, offender, mother); family structure (the difference between victims of biological fathers as opposed to victims of non-biological fathers); number of victims in accordance with a specific study; number of abusers (for this study fathers vs. stepfathers only); type of abuse (emotional, neglect, physical or sexual); duration of abuse (what year did abuse begin and end by fathers vs. stepfathers); intensity of abuse (visible scarring, emotional trauma, neglect or sexual intercourse); intervention (in how many situations would a person, preferably the mother, get involved; intervention effectiveness (if an outside person became involved), such as the mother, would it prove to be

beneficial to the child or create more discord in the family unit); background of abuse to father and stepfather (was there evidence of some form of abuse in their childhood); mother's availability in the home (how often is she present in the home for the child or children involved); continuation of abuse after separation of child and offender; and any current problems in father/stepfather's life.

#### PROBLEMS WITH COLLECTION OF INFORMATION

The main problem while gathering information pertaining to fathers and stepfathers who abuse children is that many of the organizations' statistical breakdown of abusers was not as sophisticated as anticipated. The normal breakdown pertaining to family abusers included mother, father, brother, sister, uncle, etc. The emphasis was not placed on fathers and stepfathers. This made obtaining information extremely difficult. However, the information gathered provided background information on what problems revolve around both fathers and stepfathers who commit child abuse, what signs were prevalent and what type of abuse each group was more likely to commit against children.

Although criminal prosecution has been rare until recent years, remedies for child abuse and neglect have been available in both the civil and criminal arenas for a considerable period of time (Davidson & Horowitz, 1984, 262-263). All 50 states provide potential criminal sanctions for

child maltreatment. As a matter of practice, though, criminal prosecution is generally reserved for sexual and the most serious cases of physical abuse. Advocates of criminal adjudication argue that it best ensures the safety of children in serious cases by incapacitating the abuser when necessary (Davidson, 1981, 145-146). Even with the use of restraining orders, civil adjudication cannot guarantee that the abuser will not have further contact with the abused child (or other children).

Additionally, use of criminal prosecution is advocated because it is considered to better ensure compliance with sanctions that may be imposed by the judge. Compliance with criminal court-ordered treatment is thought by some to be more likely than compliance with civil court-ordered treatment (Urzi, 1981).

Current child abuse statutes typically identify different types of behavior defined as constituting abuse or neglect, specify the agencies that are responsible for abuse investigation, name those individuals required to report abuse, and list penalties for failure to report. Additionally, these statutes generally contain clauses overriding professional privileges (with the general exception of the attorney-client privilege) and granting immunity from civil liability for good faith reporting.

Initially, only physicians were statutorily mandated to report cases of suspected abuse, presumably because they were

considered to be in a unique position to identify such cases (Isaacson, 1975, 743, 751; Paulsen, 1967, 1, 48-49). Gradually, however, legislators expanded reporting statutes to the point that most child professionals and many laypersons are required to report suspected abuse (Myers, 1986, 12-14).

Reporting statutes have certainly not been the panacea that some might have hoped. The most common criticism of these statutes is that they are vague and overbroad (Besharov, 1983, 151-153, 1984, 29-32; Davidson & Horowitz, 1984, 262-265; Flicker, 1977; Melton, 1987a, 179-181; Melton & Thompson, 1987, 203-205). Representative of states' abuse laws is New York's reporting statute, which mandates that health care and law-enforcement professionals report abuse when "they have reasonable cause to suspect" abuse (New York Social Services Law Sec. 413, McKinney, 1988). Exactly what the professional needs to see or believe in order to report abuse and thereby comply with the reporting statute is not made clear in most statutes.

There may also be difficulty reaching a consensus about the behavior that falls within the scope of child maltreatment. Research has shown that there is considerable disagreement between professionals regarding what constitutes sexually abusive behavior on the part of caretakers (Atteberry-Bennett, 1987; Atteberry-Bennett & Reppucci, 1986). It can even be difficult to reach agreement about the boundaries of physical abuse. There is considerable

disagreement about the circumstances under which spanking and other less severe forms of corporal punishment should be viewed as abuse.

Given these difficulties, allegations of emotional abuse are usually joined with allegations of physical maltreatment or sexual abuse, and they are rarely filed alone. Because of the difficulty drawing a causal nexus between the parent's allegedly abusive behavior and the child's psychological state, many argue that the child's mental injuries should be both substantial and observable, and be clearly linked to parental behavior (Besharov, 1984, 29-31; Melton & Thompson, 1987, 207-208).

Attempts to prevent and manage child abuse and neglect through state legislation clearly have not met with complete success. Although some gains have been made (e.g., the number of abused children coming to the attention of authorities), there have been associated costs (e.g., a considerable number of unsubstantiated reports; interventions that sometimes may be more disruptive than helpful). Moreover, professionals are confused about their roles and responsibilities. The mixed picture probably has resulted in part from the quick and unplanned manner in which state legislatures often have approached the difficult policy problems related to child maltreatment (Nelson, 1984).

In the next chapter, the findings of the meta analysis will be presented.

### CHAPTER 3

#### ANALYSIS AND FINDINGS/FINDINGS IN THE LITERATURE

In abusive families, parents have unrealistically high expectations of their children's behavior, including the expectation that children at varying ages will satisfy the parents' own needs and desires for caretaking (Helfer, 1980; Kempe & Kempe, 1978; Morris & Gould, 1963; Steele, 1980). In these types of situations, children are almost forced into trying to please in order to keep the peace in the family. Neglected children, in many situations, have to take care of their own well-being and, sometimes, the care of their siblings as well. Polansky (1981) described the "neglecting parent" as someone who becomes childlike and practices role reversal with the children. On the flip side, is a condition called "compulsive caretaking" which involves the excessive concern for the welfare of parents or other significant individuals (Bowlby, 1980).

There may be incidences where children seek parents' approval in accordance with societal expectations and norms (Youniss, 1980). According to this scenario, parents have an obligation to punish their children when norms and appropriate behavior are not followed.

A study conducted by Egeland & Sroufe (1981) indicated that abuse and neglect produced very different results with respect to parent-child relationships. One year old abused infants displayed anxious-avoidant attachments while one year



old neglected children display anxious resistant attachments. However, the study also suggested that despite the maltreatment type, children's primary goal is to maintain an emotional and physical proximity between themselves and parents (Egeland & Sroufe, 1981).

Based on the large amount of information gathered for this thesis, a portion of that information proved relevant for this study. The reason for any exclusion was due to insufficient data for successful completion of the thesis.

Therefore, 17 studies are included in this thesis. Several previous studies have suggested that a history of childhood victimization may be related to psychological and/or adjustment problems in adulthood, and this may also be the case with incest perpetrators. More specifically, a national epidemiological study (Saunders et al., 1991) indicated that female victims of childhood sexual abuse were more likely to have experienced problems of depression, posttraumatic stress disorder, and substance abuse problems than their nonabused counterparts.

The knowledge that has been obtained concerning perpetrators largely relies on samples of incarcerated offenders. These studies indicate that approximately one-third of incarcerated sex offenders have a history of childhood sexual abuse (Becker, Cunningham-Rathner, & Kaplan, 1987; Groth & Burgess, 1979; Seghorn, Prentky, & Boucher, 1987), indicating that there may be other factors that

contribute to the development of sexual deviance (Araji & Finkelhor, 1986). However, it is important to acknowledge that these studies rely on archival data to gather information on childhood sexual abuse, rather than direct interviews with the perpetrators. Thus the incidence of childhood sexual abuse in studies relying on archival file data may be underestimated.

Saunders McClure and Murphy (1986) conducted a study of 103 father/perpetrators. The following criteria were required for the study:

1. Adult males who (a) were functioning in a relatively stable, caretaking, parental role with a child under the age of 18; (b) was in a romantic relationship with the child's mother or primary female caretaker; and (c) sexually abused the child in a way involving physical contact.
2. The case was reported to the appropriate child protective service agency.
3. The child protective service agency investigation resulted in a finding that sexual abuse involving physical contact had occurred.
4. The perpetrator acknowledged the sexual abuse to some degree.
5. The perpetrator entered treatment for his sexually abusive behavior.

Father/perpetrators provided information on whether they had been victims of childhood sexual abuse. The criteria for childhood sexual abuse included any inappropriate sexual contact by another person, with no specified age criteria. Subjects were granted confidentiality with certain

limitations, such that their records could be subpoenaed (Saunders, McClure & Murphy, 1986).

Therapists also provided information concerning perpetrators' childhood victimization. Therapist-completed questionnaires were only available for 74 of the 103 perpetrators (71.8 percent), and these were the subjects included in the present study. Combining the information obtained from the self-report and therapist-completed questionnaires revealed that 29 of the 74 father/perpetrators (24.5 percent) experienced at least one incident of previous victimization. The majority of subjects were White (82.4 percent), married (77.9 percent), from the lower-middle socioeconomic class (78.7 percent), and relatively well-educated (85.1 percent) [having graduated from high school or had some higher education.] The mean age of the subjects was 34.80 (SD=5.86). No significant differences were obtained between the abused and nonabused father/perpetrators on race, age, education or income.

The highest rates of childhood sexual abuse are found in samples of incarcerated offenders, with 23 percent of rapists and 57 percent of molesters reporting a history of childhood molestation (Seghorn et al., 1987). In a review of the literature, Hanson & Slater (1988) found that on the average, approximately one-third of sex offenders report a history of childhood sexual abuse. In a national survey of a community sample, Finkelhor, et al. (1990) found that 16 percent of the

men reported at least one incident of childhood victimization. This study found that the majority of father/perpetrators did not report a history of childhood victimization, and that rate of childhood sexual abuse among offenders appears to be lower than previously believed (Freund, Watson, & Dickey, 1990; Hanson & Slater, 1988).

The findings of the present study support previous data, indicating that childhood victimization is related to a dysfunctional, chaotic family of origin (Langevin, Wright, & Handy, 1989). In the present study, fathers with an abuse history reported significantly more chaotic families of origin than their abused counterparts. Similarly, Langevin et al. (1989) found that sex offenders with a history of childhood sexual abuse reported more problematic family relationships than nonabused offenders. Abused offenders had more problematic relationships with their parents and showed more clinically significant disturbances with their fathers. Other problems noted by Langevin et al. (1989) were that abused offenders reported that their parents were drunk more often and more frequently got into trouble with the law.

Additional indexes of pathology were noted (Seghorn et al. 1987) in the family backgrounds of both molesters and rapists who were victimized as children. Although victimized sex offenders were more likely than their nonabused counterparts to have had significant pathology in their families of origin (i.e., father with a criminal and/or

substance abuse history, parents with psychiatric histories, sexual deviance within the family, and a higher incidence of child neglect/physical abuse), the study indicated that a combination of factors, rather than an experience of childhood sexual abuse alone, appeared to relate to the development of sexual deviance.

One possible explanation for the lack of an association between childhood sexual abuse and functioning within the family of procreation or psychological symptoms in the present study stems from previous findings of chaos and disorganization within incest families (Alexander & Lupfer, 1987; Dadds, Smith, Webber, & Robinson, 1991; Gordon, 1989; Harter, Alexander, Neimeyer, 1988; Parker & Parker, 1986; Saunders, McClure, & Murphy, 1986; Williams & Finkelhor, 1990). Because these families are typically dysfunctional, differences between the abused and nonabused father/perpetrators are not detected. To support this contention, both the abused and nonabused fathers report significantly more dysfunctional families of procreation than norms. These findings suggest that incest families are significantly distressed, so that the perpetrator's victimization history does not appreciably worsen the outcome.

In contrast, mothers who have a history of childhood sexual abuse may be associated with problems within the family of origin, and this may be an important contributing factor to the occurrence of incest in the family of procreation (Keppel,

Lipovsky, & Saunders, 1991). However, because abuse does occur in families of procreation where the mother does not have a history of childhood sexual abuse, it is important to recognize that other factors play a contributing role. Further research is clearly needed to understand the complex interrelationships among a history of childhood sexual abuse, functioning within the family of origin, and incest in the family of procreation.

It is hypothesized that the closeness of the relationship between the perpetrator of sexual abuse and the victim will determine the number of instances of sexual abuse, the duration of the sexually abusive relationship, the level of coercion necessary to gain compliance, and how long it takes the victim to tell. Differences for cases where the perpetrator is the victim's father and married to the victim's mother, the victim's stepfather or the victim's mother's live-in boyfriend, and the victim's noncustodial father are explored. It is argued that in the first case type, the relationship is the closest; the second case type falls in the middle; and in the third, the relationship is the most distant. Hypotheses regarding number of instances of sexual abuse, the duration of the abuse, and the length of delay in telling are supported by the data (Journal abstract, edited).

One study conducted at Boston College (May, 1992) investigated the question of whether there are significant differences between two categories of male child sexual abuse

perpetrators: incest and nonincest. The sample consisted of 235 men who had been convicted of child sexual abuse between 1986 and 1990 and were referred for presentence evaluations through the Maine State Forensic Service. Data were collected from the evaluations. The study used all the cases entered in the state computer system by January 1990 that met the inclusion criteria--at least 18 cases, male and either incest or nonincest perpetrator but not both. Although more similarities than differences were demonstrated, the findings indicate that the probability of a perpetrator being an incest perpetrator rather than a nonincest perpetrator increased if he was between 31 and 50, was married, had fathered a child, and if he was a victim of child sexual abuse (Public-Offender-Counselor-Association, 1990).

An Adlerian perspective frames a discussion of the mother's role in the father-daughter incest matrix. Contrary to the popular belief that the mother is powerless and victimless herself, Adler's framework suggests that the mother is a dysfunctional, "significant other" who perpetuates the interpersonal and intrapersonal dynamics of incest. Her unconscious sanctions, in effect, promote the daughter's affectionate sexual role with the father. Significant inter-related factors include: the invested mother-daughter dyad; the mother's neurotic disposition; life-style systems of the individuals; coping strategies; and the dynamics of sexual inequality. Support for this argument is drawn from the

literature on individual psychology and incest (Tinling, 1990).

Data from 17 states, drawn from the 1983 National Study on Child Neglect & Reporting, compared families in which a daughter had been sexually abused by a natal (biological) father or stepfather. While broad comparisons were made in terms of age and race of victims, as well as household composition, the primary focus was on familial stress factors. Given the lower incidence of natal-father abuse and the assumption that natal fathers have stronger emotional links to their children and greater commitment to the father role, it was predicted that when they did engage in sexual abuse, it would be in a family environment characterized by relatively high levels of personal, social and economic stress. This was confirmed to the extent that natal-father abuser families showed significantly higher levels of drug and/or alcohol abuse, marital problems, and insufficient income than did stepfather abuser families (Gordon, 1989).

In a single case study conducted in Canada, a father-son incest profile is presented. There were three sexual involvements over a period of six (6) weeks that ranged in activity from genital fondling to anal penetration. The father was the initiator of the activity and was drunk during each of the episodes. The son passively submitted while the mother denied the activity when told about it after the first episode. The marital situation had deteriorated over the



years to an almost complete breakdown of communication. The father had been struggling with latent homosexuality for a long time, and the alcohol triggered the incidents. There was no evidence of any special relationship between father and son, except for the acting-out behavior and the challenging of parental authority by this particular son. Short term, behavior-oriented marital sessions helped to improve the situation at home (Awad, 1976).

Although the incidence of incest is not known, the relative frequency of different types of incest is well-established. Father-or stepfather-daughter is the most common. Brother-sister is second, and a combination of the two is third. Mother-son is the least common (Weinberg, 1955). However, these frequencies do not refer to homosexual incest, whether it is of the parent-child variety or between siblings. This might be due to the extreme rarity of this condition.

In addition to being more frequent, father-daughter and brother-sister incest have also been well-studied. Two reviews by Weiner (1964) & Henderson (1969) synthesized and formulated certain characteristics of fathers, daughters, mothers and the family's dynamics. No such formulation has been attempted for any type of homosexual incest. However tentative findings suggested that fathers were either overt or latent homosexuals and that the mothers used denial to avoid facing the situation.

Existing research suggests that the correlates and causal

factors of child sexual abuse can be organized according to offender characteristics; victim, interpersonal, and situational characteristics; and various combinations of the two categories. The research on offender characteristics, in turn, suggests that these individuals are not all alike but, rather, can be differentiated into various types (Cohen et al., 1969; Groth & Birnbaum, 1978; Justice & Justice, 1979; Mohr, 1981; West, 1977).

According to this theoretical typology, the fixated child molester's sexual attraction to children constitutes an arrestment of his sociosexual maturation, resulting from unresolved formative issues that undermined his subsequent development and persist in his personality functioning. Any sexual contact with adults is situational and never replaces his preference for and chronic sexual involvement with children. The fixated child molester tends to choose victims who are males due to a narcissistic identification with them.

On the other hand, the regressed offender's sexual involvement with a child constitutes a temporary or permanent departure from his more characteristic attraction to adults. Regressed male child molesters tend to target girls as victims because they are primarily emotionally invested in women in their adult relationships.

Researchers suggest that the likelihood that an offender will substitute a child for an adult woman as his choice of sex object depends on situational predisposing factors that

include multiple life stresses (Swanson, 1968), loss of a sexual partner through the wife's illness or her work requirements, marital disruption (Kirkland & Bauer, 1982; McCreary, 1975; Peters, 1976), and the abuse of alcohol (Peters, 1976; Rada, 1976, 1978; Swanson, 1968; Weiner, 1962).

The importance of finding a valid typology, whether it be Groth's or any other framework, is that it would have significant implications for assessment, management, and treatment of child molesters. Obviously, an invalid typology could be worse than none at all. Groth's typology forces a dichotomous label on the offender who might not behave like all other members of the group and fails to reflect what is known about victim, interpersonal, and situational factors. In addition, although the use of typologies like fixated-regressed are useful in conceptualizing abstract distinctions between groups of offenders, they become problematic if they do not explain and predict most child sexual abuse.

Indeed there is research suggesting that the fixated-regressed typology cannot explain the fact that much child molester reoffending may be episodic, that reconviction may occur many years after an initial offense, with no officially recorded intervening offense, and that such a pattern may reflect occasional situational acts (Gibbens, Soothill, & Way, 1980).

This hypothesis more accurately reflects the complexity and variety of human behavior and parallels the model that

uses a continuum to describe the propensity for sexual involvement with children (Swanson, 1968). It was also hypothesized that victim, interpersonal, and situational characteristics reported in the literature but not included in the fixated-regressed typology would enhance the accuracy for predicting an offender's degree of fixation/regression. This second hypothesis reflects the interaction believed to exist between victim, interpersonal, and situational characteristics and various types of offender personality disorganizations (Swanson, 1968). No predictions were made about the significance of particular individual characteristics. The study was designed to test the construct validity of the fixated-regressed typology and incorporate existing knowledge about the role of the victim, interpersonal, and situational characteristics.

Several authors (Gold, 1986; Silbert & Pines, 1983) have addressed how women attempt to make sense of the incestuous event, the extent to which they view the world as a just and orderly place, and consequently how their adult adjustment and behavior is guided in response to these cognitive beliefs. Silver, Boon, & Stones (1983) explored how women who have been incestuously abused during childhood may embark on "a search for meaning"-an attempt to understand their abusive experience and make sense of it.

Participants were administered a demographic data sheet and a series of questionnaires measuring sexual abuse history

(Trauma Symptom Checklist, Briere & Runtz, 1989; Sexual Molestation Questionnaire, Tsai, Feldman-Summers & Edgar, 1979) self-esteem (Index of Self Esteem, Hudson, 1982), attributions (Belief Inventory, Jehu, 1988; Attribution Style Questionnaire, Peterson, Semmel, von Baeyer, Abramson, Metalsky, & Seligman, 1982), and negative life events (Life Events Checklist, Monahan, 1994). Each participant also completed an individual face-to-face interview that was designed to assess each of the following topic areas: severity level of incest abuse; feelings and attitude toward disclosure; resistance/coping; victim-blaming in the family; victim selection; family roles; subsequent impact of the incestuous event on the victim in terms of general family life but in particular, with her sister; and finally, how the participant felt the incest had affected her view of the world and her relationship with her sister.

Seventy-five percent (n=15) of all the participants reported various family members as having difficulty with alcohol/drugs while she was growing up in the home. Additionally, 40 percent (n=8) of the abused and five percent (n=1) of the nonabused women reported that they also had substance abuse difficulties while growing up. Seventy-four percent (n=14) of the sample recalled witnessing their mother being physically assaulted by their biological father, and five percent (n=1) their stepfather. Sixty percent (n=12) of the sample (n=20) reported violence (occurring separately from

the sexual abuse) by their biological father directed toward themselves while five percent (n=1) reported their stepfather as being physically abusive. No data were collected regarding physical abuse by mother toward the participants.

Participants reported that, typically, sexual abuse began from five to nine years of age (Russell, 1986). The mean duration of abuse was five years, but could last as long as 17 years. Incestuous behavior ranged from passionately toned kissing to completed anal/vaginal intercourse. Additionally, many of the abused women reported abusive behavior such as sexual taunting, ridicule, and stalking.

Participants reported that their fathers exerted a great deal of pressure to enlist them to keep the abuse secret. Consistently, these women presented the theme that as children they had the overriding sense that the information regarding incest could not be disclosed to anyone no matter what was happening to them (Russell, 1986). They typically attempted to disclose to their mother during childhood, but were met with disbelief or admonishments to be silent. Many did not disclose their abuse histories again until they had reached the ages ranging from 25 to 30 years. Typically they disclosed the abuse to their therapist. Additionally, interviews for this study (n=14) were conducted an average of 23.5 years after the cessation of abuse, with a range of 14 to 33 years.

This sample was consistent with studies (Fromuth, 1986;

Herman, 1981; Jehu, 1988; Russell, 1986) that cite incest victims as vulnerable to further sexual victimization either by other family members or by someone outside the family. Of the abused participants (n=15) 10 reported being sexually victimized by someone outside the family. The number of other perpetrators ranged from one to six with an average of two. Revictimization behaviors included molestation attempts, fondling, rape, spousal rape, and sodomy. One incestuously abused participant could not recall if she had been abused by others, and four of the incestuously abused women reported no revictimizations. Two of the five nonabused sisters reported sexual molestation by other family members and/or perpetrators outside of the family.

It has become increasingly apparent that incest is both more common and more severe in stepparent families (Russell, 1986). In a random study of 930 women performed by Russell, two percent of the biological daughters and 17 percent of stepdaughters reported sexual contact with their father or stepfather. Finkelhor (1980) found that incest was four to five times more common in stepparent families. In addition to the increased risk of incest, girls in stepparent families were also more likely to be victimized by other men, especially friends of their stepfather. Both Russell and Avery-Clark, et al. (1981) pointed out the frequency with which sexually abused girls were also physically abused. The risk of physical abuse subsided with increasing age of

children, but the increased risk of sexual abuse did not.

The language that is used in the current disclosure on violence and abuse masks, minimizes or renders invisible certain realities for male victims. Terms such as "family violence" have become synonymous with "violence toward women", particularly on the part of husbands, fathers or other adult males figures. Male teens, boys, male seniors, male victims of sibling-on-sibling violence and female abusers disappear in this term (Mathews, 1995).

Canada lags far behind other Western democracies in the study of male victims and their male and female abusers. In fact, among the large and growing number of research studies on male victims only a small number are Canadian. Social policy development, public education, treatment programs and research funding, and the evolution of a more inclusive discourse on interpersonal violence that reflects the male experience are all long overdue.

How extensive is the abuse and victimization of males? The numbers tell many different stories depending upon where you look, what theoretical framework you use for analysis, what your definition of abuse and victimization is, and what sources you consult. On this basis there are several different ways to answer the question.

Compared to Canada's statistics on boys who are "at risk" for sexual abuse, boys in the United States are more likely than girls to be diagnosed with behavioral and mental



disorders, more likely to be admitted to psychiatric hospitals, twice as likely to suffer from autism, eight times more likely to be diagnosed with hyperactivity, more likely to become addicted to drugs and alcohol, and more likely to drop out of high school (Kimbrell, 1995).

In the Ontario Incidence Study of Reported Child Abuse and Neglect, girls were the subject of 54 percent of investigations (n=25,016) and boys 46 percent (n=21,426) (Trocme, 1994). Teenage males accounted for 14 percent of parental and 18 percent of non-parental sexual abuse allegations. However, when cases involving minor-aged children (8-11 years) were examined, it was found that boys accounted for 42 percent to 44 percent of sexual abuse allegations.

Boys appear more likely than girls to be abused by multiple perpetrators (Faller, 1989; Finkelhor & Hotaling, 1984; Rogers & Terry, 1984). Findings from research on intra familial abuse of boys vary, with rates ranging from 20 percent to a high of almost 90 percent (Pierce & Pierce, 1985; Finkelhor et al., 1990). Some report that the majority of sexual abuse experiences for boys are extra familial (Farber et al., 1984; Rising & Koss, 1987; Showers et al., 1983). However, overall, it does appear that boys are more likely than girls to be abused outside the family and by non-family members.

In the Ontario Incidence Study, 41 percent of

investigations of child maltreatment were for physical abuse, compared to 24 percent for sexual abuse, 30 percent for neglect, ten percent for emotional maltreatment and two percent for other forms of maltreatment. There were two or more forms of suspected maltreatment in 12 percent of investigations. In 27 percent of the cases, maltreatment was substantiated, 30 percent suspected and 42 percent unsubstantiated. Forty-nine percent of investigated children were male, and 35 percent of children investigated for suspected sexual abuse were male (Trocme, 1994). In Ontario, 34 percent of investigated children lived with both biological parents, 19 percent with a biological parent and a stepparent, 36 percent with a single mother and 6 percent with a single father. Social assistance was the primary source of income for 38 percent of children investigated. At least 17 percent lived in subsidized housing (Trocme, 1994).

In the United States, figures provided by the American Association for the Protection of Children (1985) reveal that most physical abuse and most minor and major injuries of children are perpetrated by women. Other research evidence indicates that mothers represent the majority of physical abusers and neglecters of children (Johnson & Showers, 1985; Rosenthal, 1988).

According to Nova Scotia statistics in 1996, family members were responsible for the majority of assault against very young children. Almost 70 percent of victims under the

age of three were physical assaulted by family members, and parents accounted for 85 percent of these. Girls were the victims of assaults by family members more often than were boys. Victims were female in 56 percent of physical assaults and almost 80 percent of sexual assaults. Fathers made up a large majority (80 percent) of parents accused of assaulting their children. The report by the Badgely Commission (1984) estimated that one in four girls and one in 10 boys would be sexually abused before they reached the age of 18. In over 75 percent of the cases, the abuser is a family member or someone well-known to the child.

According to the 1992 Uniform Crime Reporting Survey maintained by the Canadian Center for Justice Statistics: "While children of either sex were equally likely to be abused by a female perpetrator (53 percent of boys and 47 percent of girls), female children were preyed upon by males in 70 percent of cases. Over 90 percent of sexual abuse cases and over one-half (54 percent) of physical abuse cases were committed by male perpetrators; almost 60 percent of physical neglect cases were committed by females" (Statistics Canada, 1994). In 1992, "67 percent of child abuse cases were perpetrated by a family member and 22 percent by someone else known to the child (a friend, care giver or other known person). Almost one-half of perpetrators were parents, or the current partner of the parent. [The majority of parents (62

percent) were fathers of the victim" (Statistics Canada, 1994).]

#### REPRESSED MEMORY SYNDROME

Is repressed memory syndrome a real condition? It is not only very real but very common. The human mind responds in various ways to trauma. People who have suffered trauma and traumatic events have known for a long time that there are several kinds of amnesia that affect us. When something is emotionally overwhelming, people may block it out, separating the event from the rest of their memories. For instance, it is very common for people in car accidents to forget parts of what happened. The psychological interpretation is that with such a traumatic stressful moment, the person cannot relive the emotional content (Forward, 1989).

Apply this situation then to a six-year-old boy who is being abused by an intimate family member--say his father. The father has been treating his son in an appropriate manner until the child reaches six. The father then steps across sexual boundaries, or even becomes physically hurtful to the child. The child may have a hard time holding onto that experience and still function as a young child; playing and enjoying life. Children often protect themselves by blocking or repressing these kinds of memories. Or, as a result of this experience, a child may develop depression or other kinds of symptoms such as isolating themselves, or acting out in anger or frustration (Forward, 1989). These symptoms can

continue into adulthood. Unless the memory is confronted, the person may continue to act out, not knowing the cause for their depression or anxiety. For some people, something eventually triggers a memory of the event. It may happen spontaneously, or may surface if they get therapy. Once a repressed memory surfaces, it can be dealt with and processed.

Some people often have flashbacks (mental, visual or verbal videos that take people back to the past, bringing the hurt into the present). Flashbacks involving the abuse can disrupt all parts of adult life, including one's work. Triggers for flashbacks could be as simple as a phrase spoken, a body movement, a smell, or someone's look (Forward, 1989).

For a person to heal from trauma, there is a process called "letting it go" (Forward, 1989). However, people confuse letting go with burying (pushing it down, not dealing with it, not addressing feelings that are so difficult to talk about, like shame, guilt, rage, terror), according to Forward. These feelings stem from the trauma. Burying these feelings never works. It ends up affecting all parts of our life if not addressed. So, no, the person should not "let it go" in the sense of burying it. It will be healing for the person to eventually let it go after they have addressed it adequately and processed the hurt.

The Third National Incidence Study of Child Abuse and Neglect (NIS-3) is the single most comprehensive source of information about the current incidence of child abuse and

neglect in the United States. Under the Harm Standard, children identified to the study were considered to be maltreated only if they had already experienced harm from abuse or neglect. Under the Endangerment Standard, children who experienced abuse or neglect that put them at risk of harm were included in the set of those considered to be maltreated, together with the already-harmed children.

Under the Endangerment Standard, the number of abused and neglected children nearly doubled from 1986 to 1993. Physical abuse nearly doubled, sexual abuse more than doubled, and emotional abuse, physical neglect, and emotional neglect were all more than two and one-half times their NIS-2 levels (Sedlack, A. & Broadhurst, D., 1996).

Sexual abuse under the endangerment standard classified children in certain economic situations. In this maltreatment category, in the year 1993, the risk for children in the lowest income families was more than twice that for children in families at the next income level (\$15,000 to \$29,999 per year) and more than 18 times the risk for children in families at the highest income level (\$30,000 per year or more). Children in families in the middle and upper income ranges also differed significantly in their risk of Endangerment Standard sexual abuse: those in families making \$15,000 to \$29,999 per year had more than eight times the risk of experiencing this type of maltreatment.

As part of evaluating cases for their countability in the

NIS-3, it was necessary to identify the perpetrator(s) of every alleged form of maltreatment and to determine that at least one of the persons responsible for the maltreatment qualified as an allowable perpetrator for that form of maltreatment under the study definitions (Sedlack, 1996). Cases of alleged neglect had to have been committed by a parent or custodian in order to be counted in the national estimates. Parents and custodians included the child's nature, foster, step-or adoptive parent, or both person, such as a family member, who had legal custody of the child or at least the primary responsibility for the day-and-night supervision and care of the child at the time of his or her maltreatment.

Perpetrators of sexual abuse appear to be distinctly different from perpetrators of the other types of abuse (physical and emotional). Slightly more than one-fourth of sexually abused children were sexually abused by a birth parent (29 percent). One-fourth were sexually abused by other parents or parent-substitutes, such as step-parents, fathers' girlfriends, etc. (25 percent). Only small fractions of physically and emotionally abused children suffered these forms of maltreatment at the hands of someone other than a parent or parent figure.

To determine whether or not there are interesting patterns of relationship between the perpetrators' relation to the child and the severity of injury or impairment, one should

look across the different perpetrator categories within each specific type of abuse. In fact, when one does so, some interesting patterns emerge: it appears that a sexually abused child was more likely to sustain fatal or serious injury or impairment when he or she was sexually abused by a birth parent, but more likely to suffer moderate or inferred injury or impairment when the perpetrator was someone other than the child's birth parent. In contrast, an emotionally abused child was more likely to sustain moderate injury or impairment when the perpetrator was a birth parent, but more likely to sustain inferred injury or impairment when the perpetrator was another type of parent or parent-substitute. There are no notable differences across the perpetrator categories in the severities of injuries or impairments in relation to physical abuse.

The finding concerning a strong association between income and maltreatment is consistent with findings from numerous other studies beyond the NIS-3. For example, Peltons' research (1978) concerning socioeconomic factors in child maltreatment suggests a strong association between economic and cultural impoverishments and maltreatment, as does the work of Kinard & Klerman (1980). While some continue to argue that even the diverse set of corroborating evidence on the greater risk of maltreatment at the lower socioeconomic levels reflects biases in detecting and investigating cases, there nevertheless are a number of problems associated with



poverty that are also plausible causal contributors to child maltreatment. Some of the causal contributors include factors such as social mobility, lack of education, and all the stressors that poverty adds to daily life. Low income is also associated with substance abuse and emotional disorders, problems likely to contribute to child maltreatment. Parents with income below the poverty level are over represented among the drug-using section of the population (U.S. Department of Health and Human Services, 1994) and, substance-abusing families are, in turn, over represented among the child-abusing population (National Center on Child Abuse and Neglect, 1993). Garbarino (1981) noted that socioeconomic factors are also associated with the availability of social support systems that can assist parents in their child care responsibilities.

It should be recognized that single-parent families generally have lower incomes, and it is possible that the differences in the incidence of maltreatment relating to family structure really derive from differences in income levels. To assess more clearly the relation between family structure and maltreatment incidence independent of family income, more complex, multi variate analyses would be needed. In another vein, differences in incidence relating to family size would be less ambiguous if the effect of family income were held constant when examining the relation between family size and maltreatment.

## RETURNING TREATED SEX OFFENDERS TO FAMILIES

The topic of childhood sexual abuse is disturbing enough without adding to the trauma of discussing how to possibly reunite a family where intra familial sexual abuse has taken place. Little has been researched regarding the implementation of proper treatment programs that can aid in this painful process.

Family's enter treatment either through court proceedings or by voluntarily requesting therapy. The families are typically made up of an adult male offender, a nonabusing adult female, male and/or female child victims, and other children who were not directly abused (Faller, 1988).

The family treatment program is based on the following general principles:

1. The primary goal of family therapy is to protect children from further abuse.
2. Children have a right to refuse to live with a child molester.
3. Child molesters should be seen as a continued risk to children even after therapy.
4. The family therapist never works in isolation.
5. Child molesters cannot have equal coparenting rights with nonabusing parents.
6. The reintegration process can take from one to three years (Faller, 1988).

The program also has very strict requirements which must be met in order to be accepted (O'Connell, 1986, 375):

1. The offender must be actively involved in a specialized treatment program, living away from the family, and willing to pay treatment costs and provide ongoing financial support for all family members;
2. The family must participate in all recommended treatment modalities (individual, group, marital, and family therapy); and
3. The family therapist must be able to obtain and release complete information with all other therapists involved in the case.

With these types of treatment programs, it is imperative that the family members openly discuss the patterns of the offender's abusive behavior. Issues such as how the offender arranged time alone with the victim, how the secretiveness was maintained, and how the family members were controlled and manipulated by the offender must be addressed. Family members should be able to recognize possible warning signs in the offender's behavior, to have established clear behavioral responses to these signs, and to have practiced these behaviors in family sessions and at home. For example, if the offender should attempt to isolate a child from the other family members by inviting her to go to the store with him, the family should have established and practiced appropriate responses.

It is also important to stress that the mother plays a pivotal role during the treatment process. Strong emphasis

should be placed on the mother's ability to understand the significance and extent of the offender's deviant sexual behavior.

Most importantly, however, is preparing the victims before placing them in therapeutic settings with their offenders (Saunders, 1989). Depending on the age and developmental level of the victims, it is recommended that they be able to talk about the abuse, identify and discuss feelings related to the abuse, place responsibility on the offender, maintain a positive relationship with their mother, show age-appropriate assertive behavior with all family members, and have confidence in the mother's ability to act as a protective parent.

The reintegration of a child molester into his family is a complex process that presents significant risks for the therapist and the family members. The program presents a structured approach that can assist therapists in preparing nonabusing parents and children for the reintegration process. The criteria and procedures should be used only as guidelines, however, as they are based on clinical, rather than empirical data.

#### **META-ANALYSIS FINDINGS**

After careful examination of all of the articles found regarding fathers and stepfathers that commit child abuse, 17 were finally selected for the purpose of this meta-analysis. The task was not easy, considering the fact that the subgroup

of fathers and stepfathers who commit such a violent act is not heavily touched upon in child abuse research. However, the findings gathered for this research clearly indicate that this particular group of abusers require much more attention by society than previously proposed since there is limited information from child abuse statistics.

The total number of victims of child abuse contained in all 17 studies are as follows:

<u>Confirmed Victims:</u>	2,583,445
<u>Unconfirmed Victims:</u>	55,006
<u>Total:</u>	2,638,451

Of the 17 studies described above, 10 came from the United States and seven came from Canada.

These high numbers clearly indicate that child abuse is a crime with its own particular ramifications. It will have a far reaching impact if not properly dealt with from all aspects of the criminal justice system, including police, courts, child abuse agencies and most importantly, society.

The studies also emphasized age or the average age range of all the victims which are as follows:

Table 1.

Confirmed Abuse Age of Victim Information

N = 6,247

<u>Age Ranges</u>	<u>Percent of Total</u>
Under 1 year of age	2.43%
1-3 years of age	15.5%
4-6 years of age	19%
7-9 years of age	17.7%
10-12 years of age	15.03%
13-15 years of age	17.8%
16-18 years of age	12.7%

The chart indicates that the age in which abuse is most likely to occur that has been confirmed is 4-6 years of age and the age least likely to occur is under 1 year of age. These young ages of victims seem to give the impression that younger children are easier targets for abuse. The reasons may include trust, and not a clear of understanding of what inappropriate contact by an adult may mean.

Table 2.

Unconfirmed Abuse Age of Victim Information

N = 19,056

<u>Age Range</u>	<u>Percent of Total</u>
Under 1 year of age	5.40%
1-3 years of age	22.64%
4-6 years of age	19.86%
7-9 years of age	16.16%
10-12 years of age	12.43%
13-15 years of age	11.02%
16-18 years of age	12.48%

When looking at the two studies described above dealing with confirmed reports of child abuse, both contained age ranges. There were a total of six studies reported that specifically dealt with age ranges from 0-17. Two confirmed study reports showed that the mean ages were 9.684 years and five years. When these two ages are weighed according to the sample size, the mean or average age of the two studies is 9.219. This mean age represents less than one percent of the total sample size of all of the confirmed abuses.

Unconfirmed Ages from Two Studies

Table 3.

N = 25,753

<u>Ages of Victims</u>	<u>Percent of Total</u>
Under 1 year of age	4.66%
1-3 years of age	20.86%
4-6 years of age	19.65%
7-9 years of age	16.54%
10-12 years of age	13.08%
13-15 years of age	12.72%
16-18 years of age	12.54%

With regard to the issue of race, nine of the studies included in Table 4 below did not deal with the racial issue. However, of the nine studies not included with this study, all fell under the category of confirmed abuse reports. This eliminated 1,554,092 individuals but still left a sample size of 1,029,353.

As shown by the figures in Table 4, the white population far outweighed the black, Hispanic, and other populations put together. The confirmed racial make-up of perpetrators is as follows:



Confirmed Cases Regarding the Issue of Race

Table 4.

N = 1,029,353

<u>Race</u>	<u>Population</u>	<u>Percent of Total</u>
Black	280,895	27.29%
White	546,182	53.06%
Hispanic	111,075	10.79%
Other	91,203	8.86%

Now moving into the category of unconfirmed reports regarding race, the unconfirmed racial make-up of perpetrators is as follows:

Unconfirmed Cases Regarding the Issue of Race

Table 5.

N = 55,006

<u>Race</u>	<u>Population</u>	<u>Percent of Total</u>
Black	20,216	36.75%
White	29,634	53.8%
Hispanic	1,908	3.47%
Other	3,248	5.91%

Information regarding the variables are as follows:

Age of Offender: Information for this category was available for 1,000,13 of the confirmed abusers. Ages ranged anywhere from 30-39 years; mean age of the abusers was 36 years and 4 months old.

Religion of Offenders/Victims: There was no information recorded under this category.

Duration of Abuse: The one study that emphasized this issue contained a sample size that was too small to be included in the meta-analysis.

Other Information: Limited information was provided regarding the mother's intervention, intervention effectiveness, background of abuse regarding father and stepfather, the mother's availability in the home, continuance of abuse after separation of child and offender, problems that the father/stepfather may currently be experiencing, economic status of perpetrator and victim, and alcohol and/or drug use of perpetrator and victim. It was intended to include these variables in the meta-analysis, however, only 10 of the studies, with a victim sample size of 907 confirmed cases (representing only 0.04 percent of the total confirmed cases) had any relevant information regarding these issues. Because the sample size was too small, it was not included in the meta-analysis.

Unconfirmed and Confirmed Types of Abuse

Table 6.

<u>Types of Abuse</u> (Unconfirmed)	<u>Types of Abuse</u> (Confirmed)
Other types of abuse = 0.36%	Other types of abuse = 0.01%
Sexual abuse = 3.69%	Sexual abuse = 12.80%
Physical abuse = 22.39%	Physical abuse = 23.60%
Neglect = 73.56%	Neglect = 53.56%
Emotional neglect = 0%	Emotional abuse = 10.03%

Regarding the information given on fathers and stepfathers, 30.3 percent of the unconfirmed abuses were reported by the biological fathers; 10.3 percent of the unconfirmed abuses were reportedly perpetrated by a stepfather; 36.1 percent of the confirmed child abuse cases were perpetrated by their biological father; and 5.0 percent of the confirmed child abuse cases were perpetrated by a stepfather. However, none of these studies made any distinctions between biological fathers and stepfathers regarding any of the above-mentioned variables.

## CHAPTER 4

### FURTHER DISCUSSION AND SUMMARY

#### SUMMARY OF MAJOR FINDINGS

After a review of the literature and the meta-analysis, similarities between biological father and stepfathers were found. The majority of these offenders reported childhood sexual abuse, dysfunctional families, alcoholism and/or drug abuse in the family bloodline. These problems tend to be common place in the abusers' current life styles. They often reported that the reasons they abused their victims is due to frustrations that they themselves were exposed to as children. These frustrations were then taken out on their own children. It is then difficult to pinpoint where the abuse originated. Is it the result of the abusers or the people who had abused them as children?

There were some differences found in the literature review between fathers and stepfathers who abused their children. Biological fathers were more likely to engage in vaginal intercourse then stepfathers. The duration of abuse by biological fathers was longer than that of the stepfathers. Stepfathers engaged in behaviors that were more similar to a "courtship" relationship with their victims. The fathers tended to see their children as property and did not see the need for a "courtship" style relationship prior to the abuse.

Since child abuse is common place, it is important to

understand the intake process that occurs and the need for the prevention efforts. If a family wants to deal with the crisis of abuse, then the steps that can be taken are presented in the next section of this chapter.

### INTAKE PROCESS

The intake process is the point at which reports are received concerning children who are suspected of being abused or neglected by the agency designated by the State. Regardless of the agency receiving the report, there are two primary decisions at intake:

\*Does the reported information meet the agency guidelines for child maltreatment?

\*How urgent is the referral?

The first decision consists of three essential steps: gathering sufficient information from the reporter to allow accurate decision-making; evaluating the information to determine if it meets the statutory and agency guidelines; and assessing the credibility of the reporter. Once the CPS agency determines that an initial assessment is warranted, the immediacy of the response is evaluated. The decision regarding the urgency of the response is based on an analysis of the information gathered to determine the level of risk of harm to the child.

Some CPS agencies provide guidelines for initial assessment response times. For example, in most States, if it

is determined that a child is high risk, a caseworker must respond immediately or at least within 24 hours. The initial assessment of cases of child abuse and neglect is also referred to as the investigation. CPS agencies and law enforcement are each responsible for conducting initial assessments/investigations in cases of child abuse and neglect.

Case closure occurs only when it has been determined that the risks of maltreatment have been reduced sufficiently or eliminated so that the family can meet the child's developmental needs and protect the child from maltreatment without societal intervention. However, sometimes cases are closed because the family resists all intervention efforts. Other times, cases are closed because it is determined that the parents will not be able to protect the child and meet his/her developmental needs in a time frame that is reasonable for the child's growth and development. In these cases, residual parents' rights are terminated so that permanent alternatives for the child can be found.

#### **TYPES OF PREVENTION EFFORTS**

Prevention is commonly categorized as primary, secondary, or tertiary. "Primary prevention addresses a sample of the general population, e.g., a program administered to all students in a school district regarding how to prevent sexual abuse" (Dubowitz, 1989). Secondary prevention is targeted at

"preventing breakdowns and dysfunctions among families at risk for abuse and neglect" (Meyers & Berner, 1987). Tertiary prevention, or treatment, involves situations in which child maltreatment has already occurred, and the goal is to decrease recidivism and avoid the harmful effects of child maltreatment (Dubowitz, 1989).

While many prevention programs are interdisciplinary, they are typically initiated by one sector of the community: the medical/health care profession, community support systems, the workplace, social services, and educational institutions. Thus, all members of the community have a role in working together toward the prevention of child maltreatment.

Child abuse and neglect is a community problem requiring a coordinated community response to prevent and treat it successfully. Beyond the responsibilities that all professionals have for combating child maltreatment, private citizens must be able to identify and report suspected cases and may be involved in their community's prevention efforts. Therefore, no one agency or individual has the necessary knowledge, skills, and resources to prevent and treat child maltreatment. Together, the community can make a difference in the lives of maltreated children and their families.

Alles, was wir an den Kindern ändern wollen,  
sollten wir zunächst wohl aufmerksam prüfen, ob es  
nicht etwas sei, was besser an uns zu ändern wäre.

If there is anything that we wish to change in the  
child, we should first examine it and see whether it  
is not something that could better be changed in  
ourselves.

-Carl Gustav Jung (1875-1961)

Swiss Psychologist

Gesammelte Werke vol. 17 (1972) 'Vom Werden der  
Persönlichkeit' (1932)



**Appendix A:**  
**Initial Assessment Investigation Form**

**DIANE D. DePANFILIS & MARSHA K. SALUS**

-----  
**A Coordinated Response to Child Abuse and Neglect:  
A Basic Manual**

**Initial Assessment/Investigation**

The initial assessment of cases of child abuse and neglect is also referred to as the investigation. CPS agencies and law enforcement are each responsible for conducting initial assessments and investigations in cases of child abuse and neglect.

**CHILD PROTECTIVE SYSTEM CASE PROCESS**

**Report**

**Intake**

**Referral**

**Initial Assessment**

**Family Assessment**

**Case Planning**

**Case Management  
And Treatment**

**Evaluation of  
Family Progress**

**Case Closure**

Some CPS agencies provide guidelines for initial assessment response times. For example, in most States, if it is determined that a child is high risk, a caseworker must respond immediately or at least within 24 hours.

**Appendix B:**  
**Offender's Family Contact Rules List**

**MARY B. MEINIG, M.S.W.**

-----  
**Child and Family Counseling**

**Offender's Family Contact Rules List**

**General:**

1. Never be alone with children
2. Never be responsible for supervising or disciplining children.
3. Never initiate physical contact with children.
4. Never discuss issues of sexuality with minors.
5. The offender should not present himself as wanting or needing care taking or special affection from children.
6. The use of alcohol is prohibited.

**Family Visits Outside the Home:**

1. The offender is never alone with children, a chaperon approved by the treatment team is present at all times.
2. Offender is not to discipline children. (Mother is responsible for determining appropriate disciplining of the children. She is responsible for administering rewards or punishment).
3. Any discussion of the abuse between the offender and the children will take place in the treatment setting.
4. The offender will minimize physical contact with children and will not initiate physical contact with children (i.e., hugs, hand-holding, etc.). The offender will not sit next to children in cars, restaurants, etc.
5. The offender is not to be around the children's friends.
6. The offender will have no secrets with the children.

7. No gift-giving to the children except through the chaperon.

**Home Visits:**

1. The offender will never enter the children's bedrooms.
2. The offender should use separate bathroom facilities when possible. In all cases, family members should lock the bathroom door.
3. The offender should be within eyesight of the chaperon at all times during home visits.
4. The offender is not to control or dictate children's activities.
5. The offender is not to confront children regarding their misbehavior.
6. The offender is not to sit next to children or have child sit on his lap.
7. The offender is never to be involved in the physical hygiene of the children.
8. The offender is not to criticize or compliment children's physical appearance (i.e., hair, clothes, makeup, etc.), unless specifically asked for his opinion by the child.
9. The offender is not to engage in horseplay, tickling with the children.

**Overnight Visits:**

1. Bedroom doors should all be equipped with locks. Children have the option whether to lock their doors or not.
2. The offender should be fully dressed any time he is outside his bedroom or bathroom.
3. The offender should not be awake and up about the house when his wife is asleep. If he needs to get up during the night, he is to awaken his spouse.

4. The offender is never to be left alone with the children. He is to remain out of the house when the children are home and the chaperon is not present.
5. When children invite friends to spend the night, the offender will leave the home, unless the parents of the friend know about the offender's deviancy and give their permission for their child to stay.

**Appendix C:**  
**Chaperon's Statement of Responsibility**

MARY B. MEINIG, M.S.W.

-----  
Child and Family Counseling

CHAPERON'S STATEMENT OF RESPONSIBILITY

In preparation toward becoming an approved chaperon, I have been informed of \_\_\_\_\_'s history of sexual deviancy. This persons's specific pattern of abuse includes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been informed of this client's probation and treatment rules and have received a copy of the Offender's Family Contact Rules List. Other rules specific to this client include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that minors are persons under the age of 21 and that any unsupervised contact with a minor or minors places these children at risk. I also understand that although this client is involved in treatment, a reoffense is possible. High risk situations for this client include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that supervising a sexual offender carries with it a certain responsibility and risk. I am aware that \_\_\_\_\_ has a history of \_\_\_\_\_ and could commit additional sex offenses.

As a chaperon approved to supervise \_\_\_\_\_, I understand that my failure to report suspected rule violations committed by this client may leave me open to civil liability. I agree to report any obvious or suspected rule violations to \_\_\_\_\_, primary therapist, or \_\_\_\_\_, family therapist, law enforcement, a children's protective services agency within twenty-four (24) hours of the occurrence of the violation or suspected violation. We have discussed ways in which this client may attempt to manipulate me into minimizing the importance of the stated rules or into not reporting rule violations. Specific ways



this client could attempt to manipulate include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I am approved to chaperon in specific types  
of situations which include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHAPERON**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

**CLIENT**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

**THERAPIST**

Signature \_\_\_\_\_

**Appendix D:**

**Checklist of Suggested Minimum Criteria For  
Visitation Between Offenders And Victims:  
Intra-Familial Sex Abuse**

MARY B. MEINIG, M.S.W.

-----  
Child and Family Counseling

**CHECKLIST OF SUGGESTED MINIMUM CRITERIA FOR  
VISITATION BETWEEN OFFENDERS AND VICTIMS:  
INTRA-FAMILIAL SEX ABUSE**

The following criteria are seen as the minimum behavioral requirements necessary prior to contacts starting between sex offenders and their victims. Each category listed has behavioral criteria associated with it so the clinician can, hopefully, observe the attainment of the level of competency necessary. These criteria are available from the author, and any interested clinicians should contact her directly.

**OFFENDER**

- Sexually deviant impulses are at manageable level.
- Willing to plan for visits and accept supervision during visits.
- Accepts total responsibility for the abuse.
- No major difference between offender and victim statements.
- Has intellectual understanding of impact on victim/family.
- Has approval for visits from therapists.
- Is willing to totally accept limits on visits by family/victim.
- Emotional empathy for victim is increasing.
- Has shown willingness to disclose to necessary others.
- Has shown ability to delay gratification.
- Offender character traits are decreasing.
- Has completed clarification letter and video.
- Has completed chaperon education assignment.
- Non-deceptive polygraphs regarding history and compliance with rules.
- Acceptance of possibility of re-offense is increasing.
- Accepts that spouse/family will decide about reunification.
- Is cleared for visits by legal system.

## VICTIM

- Victim's group or one-to-one treatment.
- Ability to talk about the sexual abuse in a clinical setting.
- Ability to discuss the abuse with the proposed chaperon or her mother.
- Places the responsibility for the abuse on the offender. No longer accepts blame for own molestation.
- Increased ability to make healthy demands for herself, does not perceive herself as the protector or destroyer of the family.
- Increased assertiveness and ability to identify and state feelings; symptoms decreased.
- Mother/daughter relationship issues have been addressed.
- Relationship issues with non-direct victim siblings have been addressed.
- Knowledge of sex offender characteristics and treatment requirements.
- Ability to identify ways in which the sexual abuse has impacted her life.
- Completion of initial clarification session with the offender present.

## MOTHER (non-offending parent)

- Women's group and/or one-to-one treatment involvement.
- Dependency issues have been addressed.
- Has developed an understanding of sexual deviancy, offender's characteristics, and offender's treatment needs.
- Knows the nature of the offender's sexual abusiveness and has a willingness to know his sexual history, including all past offenses and deviant acts.
- Places full responsibility for the sexual abuse on the offender.
- Has developed a support system outside of the immediate family.
- Can discuss the sexual abuse without minimizing, rationalizing or making excuses for the offender.
- Has demonstrated her ability to be supportive of the victim.
- Has demonstrated an ability to identify behavioral signs which would indicate the offender's return to pattern, and the actions she would take to protect her children.

## SECONDARY VICTIM SIBLINGS

- Family therapy involvement.
- Ability to talk about the abuse.
- Have an understanding of the nature of the abuse.
- Have an understanding of the systems involved with their family, and the function of each, i.e. C.P.S., Court, P.O., etc.
- Hold offender solely responsible for the abuse.
- Have been presented information on victim issues.
- Can identify ways the abuse has impacted their lives.
- Have been presented information on sexual deviancy and offender characteristics.
- Completion of initial clarification session with the offender present.

**Appendix E:**

**Laboratory Tests in the Physical Examination  
Following the Sexual Exploitation of a Child**

Ann Wolbert Burgess, R.N., D.N.Sc.  
 Christine A. Grant, R.N., Ph.D.  
 University of Pennsylvania School of Nursing  
 Philadelphia, Pennsylvania

-----  
**Laboratory Tests in the Physical Examination  
 Which May Be Utilized Following The  
 Sexual Exploitation Of A Child**

<u>Cultures</u>	<u>Serologic Tests</u>	<u>Pap Smear</u>	<u>Presence of Semen</u>
Gonorrhea	Syphilis	For Females	Acid phosphates test for seminal fluid
Herpes simplex virus type 2	Human immunodeficiency virus (HIV)		Wood's lamp to fluoresce seminal fluid
Chlamydia	Pregnancy test		Wet-slide preparation to note the presence or absence of sperm and motility versus non-motility
Trichomonas vaginalis			
Gardnerella vaginalis			
Human immunodeficiency virus (HIV)			Slide preparation with gram stain or Haematoxylon and eosin to document presence of sperm
*Follow-up cultures may be indicated	*Follow-up blood samples may be indicated		

**Appendix F:**  
**Sample Letter to Therapist**



**Kenneth V. Lanning**  
**Child Sex Rings: A Behavioral Analysis**

-----

Dear \_\_\_\_\_:

Enclosed is a brief synopsis of the facts of the case under investigation involving \_\_\_\_\_ (Victim's Name).

Please note that the information you have been provided is intended for **therapeutic purposes only**. Please do not discuss the contents of this synopsis with the children or other parents-other than to remind each individual child what the child has said to either me or the police officer who did the initial interviews. It is **absolutely essential** that you not tell one child what another child has told the police or you. It is important that, before considering group therapy, the investigative team be consulted.

Prior to our leaving, we admonished the children about speaking to each other about what happened to them and what they have told their therapist, me, or the police. We urge you to reiterate that warning when you speak with them. We have encouraged them to speak with you about what happened to them as individuals. We have also told them that the reason they may want to speak with you is that it will make them feel better. We emphasize this to you, as your contact with the children should be **strictly therapeutic** and not investigative.

We acknowledge and want to emphasize that your role is to help the children work through their feelings about what happened to them and to make them feel better about their unfortunate experiences.

At this time, we would also like to thank you for providing both a psychological and physical environment that allow the children to feel comfortable enough to speak with us. It is our belief that, without you and the rapport you have developed with those children, we would not be in a position to prosecute this case properly.

Please do not hesitate to call if you have any questions about the content of this letter or the information you have been provided.

Sincerely,  
Investigator's Name

**Appendix G:**  
**Therapist's Questionnaire**

**Kenneth V. Lanning  
Child Sex Rings: A Behavioral Analysis**

-----  
(NAME OF AGENCY)

Date & Time

File #

THERAPIST INTERVIEWED:

SUBJECT:

PRESCHOOL:

VICTIM:

1. How long have you been treating victim? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What specific information is he/she disclosing regarding abuse? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Whom has the victim named as perpetrator(s)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. In your opinion, would this child be able to testify in court?

Why?/Why Not?

\_\_\_\_\_  
\_\_\_\_\_

5. Additional information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Appendix H:**  
**Child Interview Report**



**Appendix I:**  
**Coding Sheet**

CODING SHEET

Study I.D. # \_\_\_\_\_ Year \_\_\_\_\_ Country \_\_\_\_\_

Author of Study \_\_\_\_\_

Source of Data \_\_\_\_\_

Type of Study \_\_\_\_\_

Sample \_\_\_\_\_ (Size)

Characteristics:   Victim Age \_\_\_\_\_   Victim Gender \_\_\_\_\_  
                          Race \_\_\_\_\_   Religion \_\_\_\_\_  
                          Offender \_\_\_\_\_   Mother \_\_\_\_\_  
                          Offender Age \_\_\_\_\_

Family Structure:   Victims of Biological Fathers \_\_\_\_\_  
                          Victims of Non-Biological Fathers \_\_\_\_\_

Number of Victims: \_\_\_\_\_

Number of Abusers:   Fathers \_\_\_\_\_  
                          Stepfathers \_\_\_\_\_

Type of Abuse:       Emotional \_\_\_\_\_   Physical \_\_\_\_\_  
                          Neglect \_\_\_\_\_       Sexual \_\_\_\_\_

Duration of Abuse:   Year Abuse Began \_\_\_\_\_ (Fathers)  
                          Year Abuse Ended \_\_\_\_\_ (Fathers)  
                          Year Abuse Began \_\_\_\_\_ (Stepfathers)  
                          Year Abuse Ended \_\_\_\_\_ (Stepfathers)

Intensity of Abuse: \_\_\_\_\_

Intervention: (Preferably By Mother) Yes \_\_\_\_\_ No \_\_\_\_\_  
Intervention Effectiveness:            Yes \_\_\_\_\_ No \_\_\_\_\_

Background of Abuse to Father/Stepfather: \_\_\_\_\_

Mother's Availability in the home: \_\_\_\_\_

Continuance of abuse after separation of child and offender:  
\_\_\_\_\_

Current Problems in Father's/Stepfather's Life: \_\_\_\_\_

Economic Status of Perpetrator and Victim: \_\_\_\_\_

Alcohol and Drug Abuse of Perpetrator and Victim: \_\_\_\_\_

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July 27, 1999

Dr. Tammy A. King, Assistant Professor  
Department of Criminal Justice  
Jennifer Misel, Graduate Student  
Department of Criminal Justice  
UNIVERSITY

RE: HSRC Protocol #05-2000

Dear Dr. King and Ms. Misel:

The Human Subjects Research Committee has reviewed your Protocol, "Fathers and Stepfathers Who Commit Child Abuse: A Meta Analysis," (HSRC #05-2000), and determined that it is exempt from full committee review based on a DHHS Category 4 exemption.

Any changes in your research activity should be promptly reported to the Human Subjects Research Committee and may not be initiated without HSRC approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the Human Subjects Research Committee.

Sincerely,

Eric Lewandowski  
Administrative Co-chair  
Human Subjects Research Committee

ECL/cc

c: File

*Celebrating*  
  
30 Years  
as a State University