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CHILD SEXUAL ABUSE: TREATMENT, PREVENTION AND DETECTION

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FOREWORD

This report arises from the Inquiry into Paraphiliac Sex Offending, auspiced by the National Centre for Health Program Evaluation. The steering committee established for the purposes of the inquiry was under the chairmanship of Dr D Dunt, Co-Directorof the National Centre.

The initial work of the inquiry was conducted by Mr Grant Nichol, who prepared a review of Paraphiliac Sex Offending. Mr Nicholl's review concerned paraphiliac offending in general, and paid particular attention to the chemical and behavioural treatment of individual paraphiliacs. Proposals following from Mr Nicholl's review and pertaining to the treatment of paraphiliacs are presented in a separate document.

The review conducted by Mr Nicholl has relevance to this report, and may be consulted for further details regarding offence incidence (Section 3), and chemical/behavioural treatment techniques (Section 5).

The current report adresses in detail one form of paraphilia, namely Child Sexual Abuse, and focusses on intra-familial abuse (incest). It considers the area with respect to the offender, the victim, and the family, and outlines the limitations of existing programs and structures. The relationship between criminal sanctions, abuse disclosure, and the nature of treatment programs is examined. Recommendations are made regarding the treatment, prevention and early detection of intra-familial child sexual abuse, and a multi-disciplinary Research and Treatment Centre for Child Sexual Abuse is proposed.

SUMMARY

This report considers issues relevant to the treatment, prevention, and early detection of child sexual abuse, and makes recommendations.

A Some conclusions regarding the nature of child sexual abuse

(see Chapter 4)

1 The process of sexual abuse can be subtle and binding. With a significant number of incest victims, the child may love, need, or depend on the perpetrator.

2 There is limited information regarding the nature of extrafamilial abusers (ie. offenders against children not of the same family), versus intrafamilial abusers (those committing incest, or sexual abuse of family members). However it is possible that extrafamilial abusers are more child fixated, in the sense of engaging in more compulsive, repetitive and indiscriminate abuse than do intrafamilial abusers.

3 Approximately half of mothers of sexually abused children in incest cases have been sexually abused themselves. They tend to have a negative attitude to sexual behaviour, and a poor relationship with the daughter that may contribute to a low capacity to protect the daughter.

4 Disclosure of the abuse may be important in reducing or preventing intergenerational transfer (the abused girl becoming the mother of an abused child).

5 There is evidence that many incest families have multiple forms of dysfunction.

6 The friends and siblings of the abused child should be considered to be themselves at high risk.

7 There is little evidence for a single factor explanation for intrafamilial abuse. For example, the idea that all or nearly all the fathers were themselves molested as children was not supported.

8 Many incest fathers (but certainly not all) tend to be passive, with low self-esteem, and an impaired sense of masculine identification, consistent with their having been abused (physically and sexually) and neglected by their own fathers.

9 Only a minority of incest fathers may have a focussed deviant sexual attraction to children in general.

10 Incest fathers exhibit lower empathy and bonding with their daughters, suggesting a lack of concern for the well-being of their daughter, as is an awareness of the consequences of their actions for the feelings of others. This lack of empathy and concern may be related to a lack of involvement in the early care of the child, although it could also be a symptom of pre-existing poor parenting capacities.

11 It should finally be noted that virtually all studies represent biased samples, in that the subjects have disclosed or been disclosed.

Because of this and given the tendency for incestuous fathers to deny their abuse, the more normal appearing and less disturbed abusers may be more effective at preventing disclosure. All the above conclusions arrived at could be weaker if they included undetected abusers.

B Conclusions regarding Treatment Models

For eliminating the deviant behaviour and impulses of the offenders themselves, the treatment literature suggests that behavioural methods (eg. using covert sensitization) have the greatest promise.

However the majority of offenders are likely to offend against family members, and in incest cases treatment of the offender must be coordinated with that of the child and other family members.

Incest, where the victim still has strong bonds to the offender, represents the toughest part of child sexual abuse. It represents a distortion of parenthood, and a betrayal of a child which becomes worse as realisation reaches the growing child.

Estimates suggest that the vast majority of incest cases are not disclosed, and of those disclosed most are effectively denied and not prosecuted. The difficulty in obtaining disclosure is exacerbated where (as in Victoria) legal penalties are the only option.

Where disclosure is made, there is a need for the prevention of system-induced trauma stemming from the insensitive handling of victims. The prosecution of incest offenders through the courts places great stress on the victim, the effects of which may be worse than the abuse itself.

In this context, it is proposed that the treatment model of choice for intra-familial abuse (incest) is one that possesses the following characteristics:

1 Is not controlled by any one paradigm, but is sympathetic to both preference/ pedophile and situational/cultural factors
(see Chapter 1).

2 Recognises that disclosure needs to be facilitated, and that post-disclosure situations may be as or more traumatic for the child as the abuse itself.
(see Chapter 2).

3 Allows for the treatment of offenders both inside and outside the family context, and can operate in both a family based context (where the adult offender admits responsibility and leaves home, and then the offender, the victim, and the family are treated in a co-ordinated way) and an individual-only clinical context. In both modes behavioural techniques and other clinical skills are relevant.

4 Is available as an alternative to criminal penalties, but with the criminal justice system only suspended, not replaced. It is essential that the process of prosecution and/or sentencing be available in the event that the offender does not sincerely co-operate in therapy. Furthermore an appropriate investigation agency should always fully investigate all cases prior to any decision to refer for therapy.

5 Operates such that the interests of the child are given the greatest weight. In cases of intra-familial abuse, court proceedings and other associated post-disclosure actions may be far more traumatic than the original abuse. However there is a need to avoid victim stereotyping. Some children need to see the offender punished and are able to give evidence in court. Official recognition and criminal penalties applied to the offender will be appropriate in some cases. In others a pre-trial diversion program would be most beneficial.

(See Chapter 5).

6 Includes research and evaluation as significant components of the program. There is a marked absence of systematic evaluations of treatment programs.

C The Victorian Situation

Child sexual abuse services in Victoria are in need of major reform. There is evidence of rising notifications of abuse, in the context of a system where incest offenders by and large escape responsibility for their actions, while the child victims appear to suffer irrespective of whether or not disclosure occurs.

Victoria does not possess integrated services of the type that are advocated in the literature as appropriate for the treatment of incest cases. To the contrary, services are fragmented and uncoordinated. There are no effective treatment services available to offenders, victims and other family members within a family context.

On the other hand there is very considerable support for such services to be developed. The Law Reform Commission has set the stage for treatment intervention in place of criminal sentencing, which is in the interests of the victim.

Field agencies (eg. RCH and CSV child protection units) support the development of integrated services that include a family based incest treatment service.

D Prevention/ Early detection of Abuse

Prevention efforts need to target simultaneously the potential victim, potential perpetrator, and those aspects of the social fabric that nurture abusive behaviours.

In the Victorian context this means the development of treatment and research services that will encourage abuse reporting, encourage admission by the perpetrator, and develop and evaluate prevention programs. The treatment of offenders is more likely than punishment to reduce further offending and is consequently better for the community and more cost effective.

There are a number of noteable programs operating in Victoria in prevention. However the international literature indicates a need for considerable research into ways of structuring school directed programs to ensure maximum effectiveness, considering issues such as the mode of educating children (eg. role playing versus feeling good/bad) etc., with careful evaluation of behaviour outcomes.

It is evident that a major focus of prevention efforts should be on potential perpetrators and the public at large. There is a need to increase awareness in the home of child sexual abuse issues, to publicly advertise that children are being taught in schools to disclose incidents of sexual abuse, and to develop and advertise treatment services to encourage referral and disclosure. The merit of programs directed at developing parent-child bonding should also be investigated.

It is suggested that the development of a research and treatment facility in child sexual abuse would offer the opportunity to conduct research in both treatment and prevention. Both treatment and prevention programs would benefit from this, both need to be built on sound research into the nature of child sex offenders, sexually abusing families, the role of broad societal factors, and the effectiveness of existing programs.

E Conclusions

1 The need for Incest treatment services

It is apparent that Victoria requires an integrated research and development effort to systematically and comprehensively address child sexual abuse. While there is considerable practical experience among the specialist units of CSV, the Police, and the Health Sector (particularly the Royal Childrens Hospital), no one agency has had the resources or charter to combine the research, clinical and practice-derived skills needed to develop and refine the necessary programs.

The area is particularly complex because the social, behavioural and clinical elements of the area cut across academic disciplines on the one hand, and the responsibilities of government authorities on the other.

The most obvious need is in the area of incest services. A program has recently been developed to provide behavioural treatment to individual offenders (ie. the Parliament Place clinic), but there is no program available to address the needs of abuse in families.

The needs of incest families are such that the offender, the victim, and other family members require to be treated within the one treatment program. As discussed in this report, coordination of offender and victim/family services is essential. It should be noted that in such a treatment program the adult perpetrator must admit responsibility and leave home as a condition for admission. Any later contact between the perpetrator and child is determined by the treatment program.

2 The need for research

While there is an urgent need to develop a family based incest treatment program, the program must be structured to have a major research component. Knowledge in the area is still in its infancy, and the harnessing of the practical experience of field agencies, the expertise of clinical professionals, and the research skills of behavioural and biomedical scientists is necessary for a practical and effective program. The area is one that needs innovation and flexibility: any initial program that is developed is likely to require modification.

At the same time issues of prevention and early detection require systematic research and evaluation. Work in this area requires the same inter-disciplinary co-operation and knowledge base as the

development of effective treatment programs, ie. understanding of the nature of child sexual abuse and the roles of offender, family and societal factors.

3 Recommendation to establish a Research and Treatment Centre for Child Sexual Abuse

It is recommended that a Research and Treatment Centre for Child Sexual Abuse be established. This Centre could be structured so as to have access to the knowledge and research skills of Social Work, Psychiatry, and Psychology, and the experience base of the government departments of Health, CSV, and Police. Such a centre might also assist with the current and necessary moves to co-ordinate the relevant activities of these government departments.

3.1 Terms of reference

It is suggested that the Centre have the following responsibilities:

a The development, implementation and evaluation of a pilot treatment program for incest families, addressing offenders, victims, and other family members.

b Research into the effectiveness of behavioural/ biomedical treatment methods for individual offenders.

c Research into the development and evaluation of prevention/early detection programs.

d General research into the nature and determinants of child sexual abuse.

e Co-operation with Government departments and agencies to assist in the refinement of existing programs.

f Assist in the training of those working in the area.

3.2 Board of management

The Centre is conceived of as being primarily a research and development body, and it is proposed that the Centre be managed by a board formed from the research and professional disciplines of Social Work, Psychiatry, and Psychology.

The Board would have the responsibility of setting the research agenda in consultation with government, overseeing the conduct and commissioning of research, and directing the activities of the pilot treatment program.

It is recommended that five bodies be approached to provide representatives to the Centre Board, these being:

The Department of Psychiatry, University of Melbourne;
The Department of Child and Family Psychiatry, Royal Childrens Hospital;
The Child Protection Unit, Royal Childrens Hospital;
The Department of Social Work, Monash Medical Centre;
The Department of Psychology, La Trobe University.

This range and mix of agencies is necessary to provide the expertise necessary for research and program development in the complex area of child sexual abuse.

3.3 Link with government

To allow the ongoing operations of the centre to be agreed and funded, and for the Centre to be answerable to Government, it is suggested that the Board of the Centre answer to a joint Inter-departmental Committee formed of representatives from the Ministries of Health, Police and Emergency Services, and Community Services.

3.4 Structure for routine liaison government field services

It is very important that a mechanism(s) be established to ensure that the work of the centre is conducted in close contact with the existing agencies working in the field. This is of benefit to all parties. Field agencies such as the relevant units of the Police and Community services know the practical problems of the area, and would have a great deal of knowledge to share in assisting the Centre to develop new and effective programs. In turn the expertise and research findings of the Centre need to be directly available to field agencies.

In addition, a mechanism is necessary to handle case referrals. For example, in incest cases careful assessment of the offender and family is important before they are offered treatment, eg. knowledge of the results of a fully investigation by the child exploitation unit of the Police to determine the extent of the offence.

To allow this interaction, it is suggested that a liaison group be formed, say consisting of 3 to 6 representatives, one or two representative from the Centre and one or two each from the child protection units of the Police and CSV.

4 Pre-trial diversion

A pre-trial diversion program has been introduced effectively into other Australian states. For example, New South Wales runs such a program for incest offenders, employing a family based approach.

It is recommended that this option be introduced in Victoria. It has been recommended by the Victorian Law reform Commission, and the benefits to the victim are argued in this paper.

In essence, the current system does not protect the child. Punishment does not reform the offender, who on release may reoffend within the same family, or join/start a new family and reoffend there. Furthermore the conviction and trial process for many children is extremely damaging. For some, it is likely to cause greater harm than the abuse experience itself.

Pre-trial diversion into a family based program should facilitate public reporting and offender disclosure. It minimises damage to the child following the disclosure, and allows the family to be strengthened, eg. the mother-child relationship adressed so the mother is in a stronger position to protect the child, and other family relationships modified to develop healthy behaviors.

In the event that a pre-trial diversion program is introduced, then it is proposed that a further responsibilty for the proposed Research and Treatment Centre for Child Sexual Abuse be added, namely:

"g Conduct clinical assessments to be used by the court in deciding whether a client is appropriate to a pre-trial diversion program."

CHILD SEXUAL ABUSE: TREATMENT, PREVENTION, AND DETECTION

1 CONCEPTUALISATION AND TYPOLOGY IN CHILD SEXUAL ABUSE

As pointed out by Conte (1984), professionals have tended to view child sexual abuse primarily in two ways - as pedophilia and as incest. In the past there has been virtually no communication among professionals working with incestuous offenders and those working with pedophile paraphilliacs, and this has been reflected in separation of the two bodies of literature with limited integration between them.

Conte also discusses several conceptual obstacles to working effectively with cases of child sexual abuse, including the lack of empirical grounding for common beliefs and assumptions about child sexual abuse; the emphasis on mental health aspects of the problem, which ignores social, economic, and cultural factors; and a failure to adequately acknowledge the importance of power and betrayal in these cases.

It is the impression of the author that this differing orientation and ambiguity in the literature, due to conflicting definitions and theoretical positions, has continued into the 90's.

1.1 Pedophilia

An example of the literature which reflects the pedophile orientation is a much cited article by Abel et al (1987). Abel et al report the results of nine years of interviewing sexual offenders who had acknowledged they had a problem with aberrant sexual behaviour, and who had volunteered for assessment and/or treatment in a psychiatric setting.

These subjects were categorised as paraphiliacs, who, according to the DSM II and DSM III definitions used, admit to fantasies which are consistently and involuntarily repetitive and involve either (1) preference for the use of a non-human object for sexual arousal, (2) repetitive sexual activity with humans involving real or simulated suffering or humiliation, or (3) repetitive sexual activity with non-consenting partners.

Non-incestuous and incestuous child sex abusers are placed in this group and termed Pedophiles, with the condition that the child victims be sexually immature. Abel et al approached pedophiles, transexuals, fetishists, coprophiliacs etc., as members of the same clinical group, whose characteristics

could be discussed in common. The group of pedophiles seen to be of greatest concern by Abel et al were those engaging in the extrafamilial sexual abuse of boys.

More recently, Ames and Houston (1990) noted that surprisingly little is known about the etiology of pedophilia, or its relation to other forms of abnormal sexual behaviour. They express the view that one major difficulty in conducting or interpreting research in the area lies in the different definitions "pedophilia" has received. Much of the research has accepted a legal definition of pedophilia, treating all offenders convicted of "child molestation" as pedophiles, regardless of the age or appearance of the victim. Ames and Houston argue that a distinction should be made between biological children and sociolegal children, with "true" pedophiles being identified by their preference for sexually immature children. By using legal classifications, researchers were seen to be confounding attempts to understand pedophilia.

1.2 Child Sexual Abuse

The use of the term pedophile, with its emphasis upon those whose principal or exclusive sexual orientation is to sexually immature children and who engage in contacts with a very large number of children outside (although also possibly inside) their own family, may be contrasted with the term 'child sexual abuse'. Those who use this latter term tend most commonly to be concerned with incest, and to be as much concerned with the nature of incest families as with the offender. The biological sexual maturity or otherwise of the child is, by and large, considered to be of lesser interest.

Placed in this stream may be the comment of Friedman (1990), who suggested there was an error in assuming that all sexual offences against children are committed by men who have a sexual preference for minors, noting that "the offender may be sexually intimate with a child our of curiosity or loneliness, or he may be using the child as a surrogate for a more risky and desired person (Langevin, 1988, p.281; cited in Friedman, 1990). Wodarski and Johnson (1988) in a comprehensive review of child sexual abuse from this perspective, propose that "incestual child molesters are a special case of situational offender", who "seldom prefer children as sexual partners", and whose "offence is related to family dynamics and opportunism rather than inappropriate sexual preference" (Wodarski and Johnson, 1988, p.164).

Those working from this viewpoint most typically refer to the abuse of a girl by her biological father, step-father, or mother's de-facto, where the abuse may have occurred repeatedly over many years and where the daughter may represent the perpetrator's sole victim. The behaviour will tend to be examined in the context of the family, and the abuse is seen to be as much the result of family dynamics as the psychological make-up of the offender: the nature of the mother may be seen to be as relevant to the abuse as that of the perpetrator.

1.3 Preference/fixated abuse versus situational/regressed abuse

An approach to the conceptualisation of the sexual abuse of children that allows for both the pedophile (paraphiliac) and the incestuous family orientation is the notion that the actions of individual offenders may be located on a dimension which has preference abuse at one end and situational abuse at the other.

As described by Lanyon (1986), preference molesters are seen as having primary sexual orientation to children and as being relatively disinterested in adult partners for the fulfilment of both emotional and

sexual needs. These people are seen to be usually unmarried, and any marriage or other apparent heterosexual relationship may be for convenience or as a cover to assist access to desired children.

Situational molesters, on the other hand, are viewed as abusers who have had a more or less normal heterosexual development, although with some deficits in heterosexual skills. Their primary sexual orientation has been towards adult partners but their life situation has somehow led to a child becoming their target for sexual behaviour.

Groth et al (1982) earlier used the terms fixated versus regressed in a similar way, although from a more psychoanalytic viewpoint. Incest offenders were seen as regressed in that while they initially prefer peers and adult partners for sexual gratification, they regress and engage in pedophilic behaviour under situational crises as a means of coping with stress. He contrasted these regressed offenders to "fixated" pedophiles, for whom sexual activity with children reflects a pervasive immature orientation. According to Groth, fixated offenders were those most likely to engage in extrafamilial sexual abuse.

1.4 Finkelhor's multi-factor approach to viewing child sexual abuse

In contrast to a dichotomising typology, Finkelhor (eg. see Williams and Finkelhor, 1988 has proposed that four complementary components contribute to the making of a child molester, and the diversity of abusive behaviour may be accounted for by the relative contribution of these various elements.

The components are suggested to be the need for a relationship with someone on the abusers emotional level (emotional congruence), a predisposed sexual orientation to children (sexual arousal), the inability to get sexual and emotional needs met in appropriate ways (blockage), and the overcoming of social norms that sexual abuse is wrong or harmful (disinhibition).

Finkelhor has further hypothesised that male sexual socialisation is the key causal factor for the predominance of male sexual offenders. He suggests that men are brought up to meet there emotional needs through sex more than women, that men are socialised to be attracted to younger, smaller, and less powerful partners, and that because men tend to be largely exempted from child care they empathise less with children and may rationalise their abusive actions.

1.5 The approach adopted in this report.

The findings in the area of child abuse tend to be extremely varied, reflecting differences in definitions used, disciplinary background, and the conceptualisation adopted by the investigation. As far as possible this report has avoided subscribing to any particular approach. The terms child sexual abuse and child sexual abuser will commonly be used, but should be considered atheoretical.

Whatever the role of a priori preference versus situational factors, it is apparent that sexual attraction to children is not an infrequent characteristic among members of western society.

Evidence of this is a study by Briere and Runtz (1989), who administered a survey to 193 male undergraduates regarding their sexual interest in children, and examined their responses to questions theoretically relevant to pedophilia. They found that child-focused sexual thoughts and fantasies were not uncommon. 21% of subjects reported sexual attraction to small children, 9% described sexual fantasies involving children, 5% admitted to having masturbated to such fantasies, and 7% indicated some likelihood of having sex with a child if they could avoid detection and punishment.

2 THE IMPACT OF CHILD SEXUAL ABUSE

2.1 The impact

Vargo et al (1988) reviewed the impact of sexual abuse on the child victim, noting a range of direct effects in adulthood from guilt and depression to inability to engage in or enjoy sex. Indirect effects included being later victims of domestic violence (citing Briere, 1984, as finding 45% were battered in adulthood versus 18% of non-victims). Vargo et al also noted a finding of Finkelhor (1979) that the older the perpetrator, the greater the trauma experienced, and that trauma was worse if force was used.

Alter-Reid et al (1986) in a review of the area concluded that incest appeared to disrupt the normal development of children and adolescents, with studies of victims in both inpatient and outpatient settings reporting pathologies such as depression and suicidal behaviour. However there was an absence of studies that separated out the effects of incest from global family pathology effects. There was also seen to be a need for studies of the relationship between age at onset, duration of incest, and symptomatology.

Plunkett and Oates (1990) in their review of methodological considerations in sexual or child sexual abuse, noted that consistent trends in the reported effects of child sexual abuse were low self-esteem, depression, low levels of social interaction, feelings of social isolation, poor family relationships when adults, substance abuse, and anxiety.

2.2 Post-disclosure effects

Plunkett and Oates (1990) have drawn attention to the considerable evidence that subject characteristics, family interactions and subsequent life events could be just as important as the abuse itself in determining short and long term outcomes. Thus the work of Conte and Schermann (1987) is cited in its indication that the number of stressful events experienced by children between initial referral and subsequent follow-up are consistently related to adjustment at follow-up. The more stressful the events, the less positive the child's clinical outcome. Amongst such events are those experience by the child which result from the disclosure of the abuse, e.g removal from the family, changing schools, moving house etc.

It is apparent that the post-abuse care of the child plays a major role. As suggested by Freidrich and Reams (1987; cited in Plunkett and Oates, 1990), the support the child receives after disclosure may be crucial to outcome.

Consistent with this, Pine (1987) has noted that the removal of a child and placement in a foster home may in fact be a punishing banishment from home, family and friends. The removal of the perpetrator, and possible protection, may cause the child to endure the agony of the courtroom proceedings with the knowledge that his or her testimony may send a parent to jail. Also the adversarial courtroom procedure may itself cause severe stress to the child. Carroll (Child Exploitation Unit, Victoria Police; see Carroll, 1991b), has documented examples of the distress brought about in the child as the defense barrister seeks to discredit the child as a witness.

Wodarski and Johnson (1988) in their review of the area also placed stress on the need to recognise the problems arising for the child and family from the process of disclosure, the physical examination of the child, removal from the home, and the court/ child protective and investigation processes.

2.3 The need to be aware of confounding variables

Socio-economic status and family factors are also relevant, as some families in which a child is sexually abused are very chaotic, with e.g. frequent changes in the parent figure.

Indeed Wolfe and Moske (1983; cited in Plunkett and Oates, 1990) concluded, following a study of adjustment to child abuse, that incidents of abuse may be less important than other aversive family interaction patterns. Blum et al. (1988; cited in Plunkett and Oates, 1990) found a significantly increased rate of poor outcome in a large study of children in Ontario, but this effect disappeared when variables such as poverty and family dysfunction were controlled for.

While in some cases the direct effect on the child can be very severe and traumatic, effects on the child are likely to vary markedly. Post-disclosure and family factors may sometimes be the major causes of harm.

3 INCIDENCE OF CHILD SEXUAL ABUSE

3.1 Incidence

As observed by Hallett (1988), in spite of professional and public concern and a growing body of research in the field of child abuse, there is a lack of knowledge regarding the incidence of child abuse, as well as the characteristics of abusing families. The variety of definitions of child sexual abuse used by researchers and health and welfare agencies makes accurate estimates of incidence rates difficult.

However in a review of the findings of the preceding decade concerning the incidence and effects of child sexual abuse, Alter-Reid et al (1986) put child sexual abuse cases known to professionals as up to one fourth of actual cases. Others would consider the actual proportion of cases reported to be much lower than this.

Alter -Reid et al (1986) also concluded that incest accounts for between 24% and 43% of sexual abuse victims, with the total percentage of offenders known to the victim estimated from 54% to 91%. Of cases which are known, female victims were estimated to be 4:5 times the number of male victims.

In Victoria, data from the Royal Childrens Hospital (detailed later in section 6.2) revealed that 54% of child sexual abuse victims presenting to the hospital were abused by a blood relation, and a further 13% werer abused by a step-father/mother's de-facto, a total of 67%. Consistent with Alter-Reid, 82% of victims were female, and 18% male.

It may also be noted that younger children (under age 14) may present a greater risk for abuse, they accounting for 74% to 89% of abuse victims. The majority of offenders are male, and are known to the victim, these accounting for 74% to 89% of cases. For father-daughter incest, step-daughters were 5-6 times at risk versus biological daughters (cf. Finkelhor, 1980).

3.2 Accuracy of incidence data

As pointed out by Scott (1988), we have very little reliable empirical data on the epidemiology of child sexual abuse, and it is methodologically extremely difficult to obtain such data. See also Plunkett and Oates (1990).

However the numbers are clearly considerable. In 1990 the Victorian Police calculated that they had directly received 1456 notifications of child sexual abuse, and to this needs to be added 641 notifications reported by CSV (further details are provided in section 6.5).

4 CHARACTERISTICS OF ABUSE, ABUSERS, AND ABUSE FAMILIES

4.1 The process of abuse.

Conte, Wolfe and Smith (1989) have described the process of seduction reported by a group of 20 adults who had sexual abused children, 16 of whom included incest (DSM III definition). It was apparent that many offenders began with a process of identifying children who were likely to respond to friendship through being lonely or unusually trusting of adults, followed by providing extra attention to make the child feel special. Children were then desensitised to non-sexual touch, through games or other normal contact.

Conte et al. speculated that one of the consequences of the desensitisation and relationship building process was that by the time the child knows abuse is taking place (perhaps because a preventive program has taught her), the child may feel the consent has already been given, e.g. because she did not say no when the back of her head was rubbed.

A parallel study, of the victims experience of the process of abuse, was reported by Berliner and Conte (1990). This study reported the experience and views of 23 child victims, about half of whom had been victimised by one person, and half by more than one (generally by two offenders).

Fourteen of the victims (the majority) described their relationships with the offender as positive. Six described it as neutral, and only three as negative. More than half the children said they loved him, liked him, needed or depended on him. However, their feelings were often ambivalent. Slightly less than half also endorsed the statement "I hate him".

In terms of process, the sexualisation of the relationship was generally described as taking place gradually, beginning with normal affectionate contact. Most of the offenders were also reported as having made statements to rationalise or justify the behaviour, and most tended to use the child's vulnerability e.g. need to feel loved, valued, and cared for, to keep the child engaged in a sexual relationship. The threat of abandonment and rejection was generally sufficient to avoid the need for more overt coercion.

Few of the children felt that if they said no the abuse would have stopped, although almost all the children now felt that telling their mother or someone else after the first time would have stopped the abuse. Offenders also report that a threat to tell someone would have the greatest impact on deterring them from abusing.

Berliner and Conte noted that the most insidious and powerful component of offender strategy is the least amenable to education: children's vulnerability to adult attention.

Given the work of Conte et al cited above, this aspect is likely to be compounded for children who are lonely or neglected. It may be as Durfee (1989) has commented, namely that the development of good self-esteem may be the most effective tool in enabling children to resist or report molestation.

4.2 Extrafamilial abusers

Child sexual abusers are predominantly male. Other than that they are unlikely to be readily identifiable. Abel et al (1987), on the basis of 561 voluntary subjects studied over a nine years period,

concluded that they came from a broad spectrum of socio-economic backgrounds, and were unremarkable in terms of age, education, or marital status.

Examination of the data also reveals that approximately two-thirds were living alone, consistent with other studies that have found that social isolation and lack of social skills are characteristics of child molesters in general (e.g. see Williams and Finkelhor, 1988).

Of the various categories of pedophilia found in the subjects of Abel et al, the majority of child molestations were committed by those who target young boys outside the home. In terms of total numbers of acts, Abel et al concluded that these numbered approximately 5 times those concerning the molestation of young girls in the home, and many more times again the number of victims.

Thus reporting on 153 offenders, they found there to be an average of 150 victims each, and an average of 1.9 acts per victim.

The next greatest number of molestations were determined to be carried out by individuals involved in incest with a female family member, with 159 offenders interviewed reporting an average of 1.8 victims and 45 acts per victim.

There were also categories of non-incestuous female-targeting offenders (224 subjects, average of 19.8 victims, 1.2 acts), and incestuous male-targeting subjects (44 subjects, average of 1.7 victims, 36.5 acts).

On the basis of these data, Abel et al concluded that the high percentage of crimes committed by adults who molest young boys "is a true representation of the high percentage of molestations completed by this category of molesters when compared with other categories of molester" and that "since only limited resources are available to provide assessment and treatment for child molesters, it would be advantageous to target those individuals who molest boys specifically since effective treatment of this group would dramatically reduce the total number of current and future child molestations."

Despite the publicity this comment has received in subsequent literature, it is not clearly supportable. Abel et al's sample was made up of volunteers. Those engaged in incestual abuse are notoriously unwilling to disclose or admit their offence, as will be discussed in subsequent sections. Hence the relative proportions of extrafamilial versus intrafamilial abusers is likely to be heavily biased in favour of extrafamilial. Moreover the actual number of children abused is likely to be off-set by the extent of the abuse. The disturbance of a child that results from abuse that proceeds over years may be considerably greater than that of a child abused once or twice.

Also in cases of incest the damage to victims is potentially greater because of the loss of trust in the care-giver, and the lack of support upon disclosure from at least one parent and frequently both (Gurry, 1991).

4.3 Intrafamiliar abuse: families

4.3.1 Intergenerational transmission: sexual abuse of the mother

Frequent reference is often made to the role of child sexual abuse in leading to later offenders. However, evidence suggests that child sexual abuse of the mothers of victims may play an equal if not greater part.

Fuller (1989) reported a sample of 154 cases of intra-familial abuse where the offender was a biological father or step-father (legally or de facto). The data indicated that the mothers were more likely than the offenders to have experienced sexual abuse, with 50% of mothers having been directly sexually abused as a child, as opposed to 27% of the offenders (compared with an average of about 21% for women and 7% for men in the general population; see Finkelhor, 1986).

Furthermore in cases where the offender was the step-father, the family prior to the step-father also had high rates of the biological father abusing the child (close to one third of these cases).

There were also significant differences between the three types of father - biological, step-father, and non-custodial father. In biological abuse cases the mother and father were equally likely to have experience of sexual abuse as a child, while in step-father cases it was the mother who was far more likely to have experienced sexual abuse. In contrast, offender fathers living apart from the child and mother were more likely to report sexual abuse in childhood.

Goodwin et al (1982, cited Alter-Reid et al, 1986) also found that mothers of physically or sexually abused children had a much lower rate of successfully disclosing sexual abuse during their childhood compared to non-abusing mothers who had been victimised as children. In other words it is not only the child sexual abuse of women that is a factor, it is the fact that women never disclosed (or had disclosed) the abuse.

Alter-Reid et al (1986) proposed that facilitating disclosure during childhood would help interrupt intergenerational sexual abuse, and that it was important to design programs to counteract poor follow-up rates in treatment of children and families involved in sexual abuse.

It should be clear that this does not mean that the mother is the cause of the abuse. For example, women sexually abused by their fathers may be less able to discriminate abnormal traits associated with a tendency to child sexual abuse in potential partners.

4.3.2 Mothers sexual role and behaviour

Alter-Reid et al (1986), in their review of the literature, found that high risk factors for incest included birth order, with females found to be the oldest or only daughters in 65% to 80% of cases. Incapacitated mothers, whether through psychiatric problems or alcoholism were also common, and consistent with this 45% of abused girls versus 5% in a comparison group were reported to have taken on a maternal role in the family.

It has also often been suggested that the mothers of sexually abused children are passive-dependent, or have an aversion to sex or denied sex to their husbands (Meiselman, 1978, cited Alter-Reid et al, 1986). This latter suggestion of negative attitudes to sexual behaviour is consistent with Finkelhor's (1980) finding that a mother who punished sexual behaviour was a major predictor of victimisation. However the significance of these observations is unclear. Such traits could be the result of the child sexual abuse in the family, not a cause.

4.3.3 Mother-daughter relationship

Koch and Jarvis (1987) have written of the dynamics of the mother-daughter relationship in many incestuous families. They suggested that the relationship between mother and daughter results in a

role reversal that diminishes the capacity of the mother to recognise clues that incest has occurred or to protect her daughter when the abuse is finally apparent. They commented that the mother may put up with the incest because she is dependent on the husband and feels she cannot influence the situation (Herman, 1981; cited in Koch and Jarvis, 1987), or because she is fearful of violence from the husband (Gorbarino, 1980; cited in Koch and Jarvis, 1987).

Finkelhor (see Williams and Finkelhor, 1988) has also reported evidence of poor mother-daughter relations being an important factor in child sexual abuse. In a questionnaire survey of 796 male and female undergraduates, Finkelhor concluded that there were eight identifiable risk factors of sexual abuse. These included:

living without mother at some point in childhood;
not being close to mother;
sex-punitive mother; and
mother never finished high school.

In addition were: having a step father (the single biggest risk factor); no physical affection from father; low family income; and two friends or less in childhood.

Finkelhor found that among those with five factors, two thirds had been victimised.

4.3.4 General family dysfunction

A number of investigators have looked for general family dysfunction. Williams and Finkelhor (1988) concluded that studies confirmed a picture of isolation, disorganisation, conflict and antagonism. For example Olson (1982; cited Williams and Finkelhor, 1988) found incestuous families to differ significantly from controls. They were seen to be an unusual degree of parent-child co-alition, low empathy, an inability to accept responsibility, a tendency to make intrusive remarks and obliterate others' autonomy etc. However the extent to which these factors are caused by or exacerbated by the disclosure and its aftermath is difficult to evaluate.

Koch and Jarvis (1987) refer to incestuous families as fused, when individuals take over or incorporate parts of other individuals. The father may use a child to bolster or reinforce his low self-esteem, to meet his sexual needs, or as a weapon against his wife in order to establish dominance and control. Both parents use the children to meet their emotional needs.

Curtis (1986) also concluded that factors such as family dysfunction, psychopathology, substance abuse, social ineptitude, withdrawal and isolation, history, and psychosocial stresses and crises figure in child sexual abuse, with factors seen as interrelated and cumulative.

4.3.5 Child associates of the abused are also at great risk

It is important to note that where intrafamiliar abuse occurs, friends or siblings of the child may also be at risk.

Muram et al (1991) reported a medical evaluation for all children who were closely associated with a victim of sexual assault, even if these children denied being victims themselves. In a 6-month period, 247 girls, age 12 and under, were referred for medical evaluation. Of these, 188 were primary victims of sexual abuse, and 59 girls were secondary victims, associates of victims of abuse. Of these 59 girls,

45 girls were found to have abnormal genital findings. It was recommended that siblings of sexual abuse victims, as well as other children who are closely associated with them and exposed to the perpetrator, should be evaluated to determine whether they have abnormalities suggestive of sexual assault.

4.3.6 Adolescent offenders

It needs also to be recognised that sybling incest and adolescent offenders are not uncommon, and involve difficult issues in regard to assessment, management and treatment. Kosky (1989) refers to American crime statistics that over half of child molestations are committed by males less than 18 years of age.

The Child Protection Unit of the Royal Childrens Hospital (RCH, 1990) has also expressed concern for this group, and noted that many adolescent offenders appear to offend as a response to their own sexual abuse.

4.4 Intrafamiliar abuse: fathers

Williams and Finkelhor (1988) provide a valuable review of studies of incestuous fathers (both natural and step-fathers) that had been completed in the ten years 1978 to 1987. They limited their review to studies (including PhD dissertations) which attempted to quantify characteristics and which used for comparison either a control group or statistical norms from widely used psychological measures.

4.4.1 Childhood Experiences.

In opposition to the assumption found among many clinicians, William and Finkelhor found that the while studies reviewed tended to find a substantial incidence of incestuous fathers being sexually molested themselves as children, the percentage reported was 35%, and the mean only about 20%.

On the other hand, the rates of physical abuse in the background of incestuous fathers was considerably higher than sexual abuse, and in three of five studies the rates were over 50%, suggesting that physical maltreatment may be of greater importance than sexual. Perhaps consistent with the later point, studies have also demonstrated disturbed parental relationships, particularly with fathers. The theme of paternal rejection was found evident in a number of studies.

4.4.2 Psychological characteristics.

While some studies reported some fathers with evidence of psychological disturbance, Williams and Finkelhor found that the majority of incestuous fathers are unlikely to manifest severed psychiatric impairment. Indeed, they felt they could state with confidence that "there are an important group of incestuous fathers, at least a quarter or a third, who seem virtually completely normal, and who would likely pass psychological testing or psychiatric evaluation without problem." (p.11)

In terms of dominance/passivity, studies based on tests that measure personality traits find that incestuous fathers tend to be more passive (i.e. reserved, shy, non-assertive etc.) than both normal controls and other child molesters, and no more authoritarian than the normal controls. On the other hand, several studies also found that incestuous fathers were more likely to abuse their wives than the community at large.

4.4.3 Sexual and social role.

A major issue in the context of discriminating incestuous fathers from other child sexual abusers is the issue of their sexual preference for children.

While the early work of Abel et al. (1981; cited Williams and Finkelhor, 1988) had found inappropriate sexual preferences among a sample of six incestuous fathers, Langevin et al. (1985; cited Williams and Finkelhor, 1988) in a study of 34 incest offenders concluded that only between a quarter and a third had a pedophilic erotic preference, and that as a group they scored between heterosexual pedophiles and normal controls on measures of desire for both pre-pubertal and pubescent children.

Other studies (e.g. using phallometric assessments) have concluded that incestuous fathers were much closer in erotic preference to normals than to extrafamiliar child molesters. Marshall et al (1986) found that although 19% of the incestuous fathers studied might have been classified as having deviant arousal to children according to one proposed cut-off criterion, so would 18% of the normals. However incestuous fathers did not appear to make as much differentiation between pubescent females and adults as did normals, and in this way were similar to other child molesters. Williams and Finkelhor concluded that as the basis of such studies some incest offenders have deviant patterns of sexual arousal, but that probably a majority do not.

In discussing these issues, it should be noted that research has demonstrated considerable difficulty in distinguishing sexual preference based on phallometric testing. Freund et al (1979; cited Friedman, 1990) found that using such measures appeared to give inaccurate results in the order of 1/3 for those admitting a sexual abuse offence, and 2/3 in those denying it.

A large number of incestuous abusers have also been found to have conflicts and dissatisfactions about their sexual relationships with adults. Saunders (1986; cited Williams and Finkelhor, 1988) found that virtually all the couples in incest families report substantial sexual relationship dysfunction.

Of some interest is the finding that the studies reviewed appeared to run counter to the idea that might be derived from feminist theory that incestuous fathers would generally be men with traditional, rigid masculine outlooks. Studies by Brandon, 1985; Strand, 1986; Fredericksen, 1981 (cited williams and Finkelhor, 1988) tended to suggest that incestuous fathers had sex role problems more in the realm of inadequate masculine identification (consistent with rejection they experienced from their fathers) than in overidentification with stereotypical masculinity.

4.4.4 Family and social relationships.

There is evidence that incestuous fathers tend to be less involved in the early care of the child than other fathers. Parker and Parker (1986; cited in Williams and Finkelhor, 1988) found that incestuous fathers, according to their own assessments, were less likely to perform child care and nurturing activities (53% vs. 24%) and had a higher level of discomfort about these activities.

Also a much higher percentage of incestuous fathers (59% vs. 14%) reported being out of the household during all or part of their daughters first three years, a possible critical period for some aspects of bonding.

The role of early bonding in preventing sexual behaviour between family members might also explain the reason why step-fathers abuse daughters at up to 7 times that of biological fathers, and why

biological father abuse is associated with higher levels of drug and alcohol abuse, marital problems etc. than step-father abuse (Gordon, 1989; although alcohol abuse is not a factor for the majority of incestuous fathers).

In noting Abel et al.'s work indicating that a significant percentage of incestuous fathers commit extra-familial offences as well, Williams and Finkelhor suggested that this was likely to be a different group from those who molested only within the family.

4.5 Some conclusions regarding the nature of child sexual abuse

1 The process of abuse can be subtle and binding. With at least a significant number of incest victims, the child may love, need, or depend on the perpetrator.

2 There is limited information regarding the nature of extrafamilial abusers versus intrafamilial abusers. However it is possible that extrafamilial abusers are more child fixated, in the sense of engaging in more compulsive, repetitive and indiscriminate abuse than do intrafamilial abusers.

3 Approximately half of mothers of sexually abused children in incest cases have been sexually abused themselves. They tend to have a negative attitude to sexual behaviour, and a poor relationship with the daughter that may contribute to a low capacity to protect the daughter.

4 Disclosure of the abuse may be important in reducing or preventing intergenerational transfer (the abused girl becoming the mother of an abused child).

5 There is evidence that many incest families have multiple forms of dysfunction.

6 The friends and siblings of the abused child should be considered to be themselves at high risk.

7 There is little evidence for a single factor explanation for intrafamilial abuse. For example, the idea that all or nearly all the fathers were themselves molested as children was not supported.

8 Many incest fathers (but certainly not all) tend to be passive, with low self-esteem, and an impaired sense of masculine identification, consistent with their having been abused (physically and sexually) and neglected by their own fathers.

9 Only a minority of incest fathers may have a focussed deviant sexual attraction to children in general.

10 Incest fathers exhibit lower empathy and bonding with their daughters, suggesting a lack of concern for the well-being of their daughter, as is an awareness of the consequences of their actions for the feelings of others. This lack of empathy and concern may be related to a lack of involvement in the early care of the child, although it could also be a symptom of pre-existing poor parenting capacities.

11 It should finally be noted that, as observed by Williams and Finkelhor (1988), the studies represent biased samples in that all subjects have disclosed or been disclosed.

Because of this and given the tendency for incestuous fathers to deny their abuse, the more normal appearing and less disturbed abusers may be more effective at preventing disclosure. All the conclusions arrived at could be weaker if they included undetected abusers.

5 TREATMENT MODELS

There broadly appears to be four different forms of treatment for child sexual abusers. These are physiological, psychoanalytic, behavioural, and family based. They may be employed alone or in combination.

5.1 Physiological

Physiological approaches are those that involve the reduction of male sex hormones either through surgical means (castration) or chemotherapy, ie. the administration of anti-androgen drugs.

Surgical treatment has been reported to have a wide variety of physical and psychological side effects, and studies have not demonstrated a reliable reduction in sex drive (Langevin, 1983). Chemotherapy has also had a mixed reception, although there are those who are enthusiastically support its use, particularly for a small minority of offenders for whom other treatments have consistently failed or are unsuitable (Lanyon, 1986).

5.2 Psychoanalytic approaches

Individual psychoanalytic therapy was virtually the sole treatment method prior to the 1960's. Groth et al (1982, cited Lanyon, 1986) after treating child sex offenders from a general psychoanalytic perspective, indicated pessimism regarding the ability of this approach to bring about rehabilitation.

Lanyon (1986) found no systematic outcome data to indicate the effectiveness of this approach.

5.3 Behavioural Approaches

The application of behaviour therapy approaches to child sexual abuse has developed actively in the last 20 or so years. Most of the studies reported use some form of aversion procedure, the most frequent being aversive imagery (covert sensitisation) either alone or in conjunction with other procedures. A number of studies have reported positive outcomes, and behavioural techniques have become accepted as valuable tools in the treatment of child sexual abuse.

However, as Lanyon (1986) has observed, the behaviour therapy literature has suffered from a consistent under-emphasis on the need to deal with inter-personal and system issues within the marital or family unit.

5.4 Family Systems approaches for Intra-familial abuse

Alter-Reid et al (1986) concluded that, on the basis of studies of adult incest victims, for the minority who disclosed during childhood to family or outside agencies, intervention resulting in an end to the abuse very rarely occurred.

With the accumulation of evidence concerning the complexity and likely role of family factors in child sexual abuse, and recognition that intrafamilial abuse so often goes unreported and/or treated, has come reliance on an approach that treats all members of the family. The pioneering figure in this movement has been Giarretto.

Giarretto (eg. see Giarretto, 1989) is an exponent of the view that the family is an organic system and that family members work to maintain its stability. This system is seen to become unhealthy in that roles become confused and parents fail to meet children's needs for nutrience and socialisation. Nutrience becomes sexualised and disagreements and sexual interaction are kept within the family.

With the development of systems approaches to the conceptualisation and treatment of family problems in general came an interest in using such an approach with incestuous child abuse. Approaches that treat each member of the family individually, and if appropriate, together, have become the most widely used in incest cases.

Vargo et al (1988) in a review of treatment models for child sexual abuse, noted Giarretto's program (The Child Sexual Abuse Treatment Program, CSATP, of Santa Clara County, California) as having the highest reported success rates.

The Giarretto program makes use of professional staff, volunteers and self-help groups with the majority of referrals being father-daughter incest cases. Particular emphasis is placed on the family dysfunction associated with intra-familiar sexual abuse. Treatment usually begins with individual counselling (for the child, mother, and father) and then proceeds to involve the mother-daughter counselling, marital counselling, family counselling and group counselling. The program has provided services for over 20,000 clients between its establishment in 1971 and 1988.

Koch and Jarvis (1987) have also advocated the provision of separate but co-ordinated treatment for mothers, children and perpetrators, to break the symbiosis of incestuous families and to allow individual members to become stronger. It is seen as essential that treatment for mothers, fathers and children is co-ordinated. Following individual treatment, marital and family therapy may help family members rebuild relationships on a more healthy basis.

A further argument for family based treatment is that the convicted offender will frequently return to the family, even if only on access visits. If not, the offender may begin another relationship which in turn could lead to child sexual abuse. Even if the offender has undergone individual treatment, most therapies aim not at a cure but at increased control. Future protection of the family is likely to depend on the strengthening and/or development of proper parent child roles.

Lanyon (1986), in a review of treatment models, concluded that from a clinical perspective, the family oriented approach is widely considered to be the treatment of choice for incestuous families, and Keller et al (1989) has provided data to indicate that this approach had become dominant in the U.S.A. In a 1986 survey of what was hoped were all child sexual abuse treatment programs then operating in the United States, of 553 programs reported 70% included the family as a client, and of these programs the majority focused attention on both the victim and the abuser.

The family oriented approach has also been adopted in the United Kingdom, with Bentovim (eg. Bentovim et al., 1987) developing an offender/victim/family treatment model in the Department of Psychological Medicine, Hospital for Sick Children, Great Ormond Street, London, in 1981.

While there are differences between the Giaretto and Bentovim models, both advocate some combination of individual, group, dyad (mother-daughter), and family treatment. Offender and victim are initially separated, and any contact between them is determined by the treatment process. Legal processes play an important role, with offenders attending either as part of sentence or where the

sentence /prosecution process is conditional on satisfactory progress. The interests of the child and the family are seen to be served by this type of process. (refer RCH, 1990).

5.5 The Complex Role of Criminal Sanctions in Intra-familial abuse.

Gurry (1991) makes the point that for the sexually abused child the worst scenario is that the she will not be believed by her own mother. If protective services do believe her, to protect her from continuing abuse, they may remove her from the family and make her both continuing victim and villain, "the disrupter of family peace and honour". Under such circumstances children often retract their stories.

Fein and Bishop (1987) have noted that offenders often refuse to assume responsibility for the abuse and refuse to participate actively in a treatment program as this is tantamount to admitting to a criminal act, and makes him liable for prosecution.

The pressure for members of the families to deny the reported abuse is considerable. This is not helped by the penalties for admission. Admission by the father is likely to lead to his removal from the home and subsequent prosecution. If a conviction is made the penalties are imprisonment with associated family disgrace and economic hardship, and the child may again become the victim due to the guilt of responsibility for the family break-up. Furthermore on release from prison the offender may rejoin the family with the potential for re-abuse.

Alternatively the offender may be successful in denying the charge and, with lack of physical evidence generally being the case, there may be no attempt at prosecution, no conviction, and no protection of the child. Gurry makes the point that this is what usually happens.

Informal advice from the CSV Child Protection Unit supports this as occurring in Victoria. They advise that of 100 cases that come to their attention, approximately 5 go to court, and of these the number of convictions would be 1/5 or less.

It should also be noted that the low rate of detection and effective prosecution may be a factor in the high estimated rates of abuse. If potential offenders judged that detection and prosecution was likely then overall offence rates might diminish (Briere and Runtz, 1989, found that a high proportion of college students reported they would commit child sex abuse if they thought they could escape detection; Carroll, 1991a).

Gurry (1991) argues for placing the welfare of the child first, and to permit the offender to confess without going to prison. He advocates a rapid pre-trial diversion of the offender into a treatment program. This allows speed, avoiding the slow process of attempted prosecution followed by temporary imprisonment if successful. An essential element of this is that the offender leaves home, and hence the abuse is stopped immediately. The child does not leave. This aspect is intrinsic to the family treatment approach, eg. as in the Bentovim or Giarretto models.

However it also tends to be the accepted view that offender treatment is unlikely to be effective without the provision of an authoritarian incentive such as the threat of criminal penalties. Sgroi (1982, cited Wodarski and Johnson, 1988) has seen this as particularly important in intrafamily abuse.

In Giaretto's Santa Clara program offenders under probationary suspension are enrolled in a program that leads to reduced incarceration or allows them to avoid prison if they participate in treatment. However acceptance of responsibility and dedicated involvement in therapy is essential. To encourage

this, the threat of criminal charges needs to continue to be present. The RCH Child Protection Unit, CSV, and the Victorian Police Child Exploitation Unit have also argued for this.

5.6 Conclusions

For eliminating the deviant behaviour and impulses of the offenders themselves, the treatment literature suggests that behavioural methods (eg. using covert sensitization) have the greatest promise.

However Lanyon (1986) has observed that in many cases the family and related problems (financial, multiple crisis, police involvement etc.) are so severe that they are beyond the capacity of the treatment setting to resolve. In these cases the fact that aversive imagery may be successful in eliminating deviant characteristics is essentially irrelevant because the clinician is unable to set the stage for its successful use.

As noted by Gurry (1991), incest, where the victim still has strong bonds to the offender, represents the toughest part of child sexual abuse. It represents a distortion of parenthood, and a betrayal of a child which becomes worse as realisation reaches the growing child. The difficulty in obtaining disclosure, which is exacerbated when legal penalties are the only option, works to prevent effective intervention.

There is a need for the prevention of system-induced trauma stemming from the insensitive handling of victims. The prosecution of incest offenders through the courts does not encourage this, and may fail to recognise the stress this places on the victim. There is also a need for clinical innovation. (Conte, 1984).

In this context it is proposed that the treatment model of choice for intra-familial abuse is one that possesses the following characteristics:

1 Is not controlled by any one paradigm, but is sympathetic to both preference/ pedophile and situational/cultural factors
(see Chapter 1).

2 Recognises that disclosure needs to be facilitated, and that post-disclosure situations may be as or more traumatic for the child as the abuse itself.
(see Chapter 2).

3 Allows for the treatment of offenders both inside and outside the family context, and can operate in both a family based context (where the offender admits responsibility and leaves home, and then the offender, the victim, and the family are treated in a co-ordinated way) and an individual-only clinical context. In both modes behavioural techniques and other clinical skills are relevant.

4 Is available as an option as an alternative to criminal penalties, but with the criminal justice system only suspended, not replaced. It is essential that the process of prosecution and/or sentencing be available in the event that the offender does not sincerely co-operate in therapy. Furthermore an appropriate investigation agency should always fully investigate all cases prior to any decision to refer for therapy.

5 Operates such that the interests of the child are given the greatest weight. Court proceedings and other associated post-disclosure actions may be far more traumatic than the original abuse. However there is a need to avoid victim stereotyping. Some children need to see the offender punished

and are able to give evidence in court. Official recognition and criminal penalties applied to the offender will be appropriate in some cases. In others a pre-trial diversion program would be most beneficial. This may not avoid all contact between the child and the courts, eg. the family court may still be involved in the early stages, but would prevent the child appearing at a criminal trial.

(See Chapter 5).

6 Include research and evaluation as significant components of the program. As Vargo et al (1988) has stressed, there is a marked absence of systematic evaluations of treatment programs. Alter-Reid et al (1986) has also noted that the majority of empirical research work has focussed on the victim, and much more research needs to be conducted on the offender.

6 THE VICTORIAN SITUATION

6.1 Current Treatment Services

6.1.1 Offender programs

Offender treatment services in Victoria are highly limited. There is a pilot psycho-sexual behavioural treatment program run for those placed by the criminal justice system on community based or parole orders following sexual offences (the Parliament Place clinic), and a psychosexual therapy unit for prisoners with some sort of deviant sexual behaviour who are in the last 12-18 months of their sentence (PTU) is being developed. Private psychologists and psychiatrists also provide services.

These services are by and large individual offender oriented. There are no family treatment services of the Giaretto/Bentovim type.

6.1.2 Victim and family services

Child and Sexual Assault (CASA) units are available to provide limited counselling for female family members with sexual assault problems, including child sexual abuse. Such counselling does not include male offenders and may be refused if the male perpetrator is still in the family home.

The Royal Childrens Hospital (RCH) and Monash Medical Centre also provide services from their Child Protection Units, the RCH unit being a major contact point. However the hospital based agencies generally have no contact with adult male offenders.

6.1.3 Investigation and prosecution authorities

The primary agencies involved in the investigation and prosecution of child sexual abuse in Victoria are the CSV and Police. It is these bodies that invoke intervention orders (where the perpetrator is removed from the family) and protection applications (where the child is taken from the family). The former occurs if there support in the home for the child (eg from the mother), the latter where the child is not being supported in the report of abuse but is judged to be at risk.

Both these agencies may counsel families as part of their investigation and monitoring activities. However neither is resourced or trained to provide anything other than limited counselling.

6.2 Evidence from the Child Protection Unit of the Royal Childrens Hospital

In 1988 an examination was carried out by Goddard (1988) of all cases of sexual abuse presenting to the RCH Child Protection Unit between 1 January and 30 October 1987. These numbered 104 cases, of which 14 were also physical abuse cases. All were 16 years or less, and abuse ranged from sexualised kissing to intercourse.

The health data is probably biased in that it will include a high proportion of children who need medical attention. On the other hand Goddard suggests that community agencies may find it easier to refer cases to a hospital as opposed to the police or protective services, and hence the sample may be a broad one.

6.2.1 Age and Sex

82% were female, 18% male, with a mean age of 6.6 years for girls and 7.4 for boys. 28% of the cases were older than 10 years.

6.2.2 Relationship to offender

Over half of the children were abused by blood relatives (54%). and approximately two-thirds (67%) of the cases involved a blood relation or step father/mother's de-facto.

The natural father made up the single largest group of offenders, ie. 24%. Furthermore in 15% of cases more than one perpetrator was involved, most commonly the natural father plus grand father or mother's de-facto. Counting such multiple perpetrator cases, the natural father was involved in 35% of cases. In contrast the natural mother was involved in only 4% of cases.

It is apparent the majority of abuse cases were intrafamilial, with a ratio of approximately 2:1. A similar ratio had previously been reported by Russell (1986; cited Goddard, 1988).

6.2.3 Duration of Abuse

Of 34 cases where the duration of abuse was available, 41% had lasted for a year or more.

6.2.4 Effect of age on subsequent protection applications

Of those that could be traced after presentation to the Unit, older victims were far more likely to have protection applications taken out, at a ratio of 5:1. Goddard suggested that this was due to older victims being more able to describe the abuse and be accepted as reliable witnesses.

6.2.5 Involvement of Authorities

Police were involved with 56 adult offenders, CSV with 10.

Of the 56 adult offenders with which the police were initially involved, by April 1988 (six to 16 months after assessment), no further action had been taken in 35 cases, no record or record of sexual abuse existed for 12 cases, 1 offender had disappeared, 3 cases were pending, and 5 cases had resulted in a conviction.

6.3 Experience of Victorian Sexual Assault Centres

Kaufman (1988) interviewed 35 sexual assault workers from eight Victorian centres.

Workers felt that there was a "conspiracy of silence" in families where abuse occurred, which made disclosure by the victim or non-offending parent extremely difficult. When disclosure did occur the resulting disbelief or denial had an extremely damaging effect on the victim. Reporting of the abuse to CSV or the Police was often seen as a way of assuring the victim that the worker believed the child, and was treating the allegation seriously.

On the other hand the outcome of reporting was generally viewed pessimistically. Reporting was seen to increase but not guarantee the childs safety. Comments were made such as 'if treatment does not

follow reporting, along with the legal process, then negative effects will ensue - the child will see all the offender predicted coming true'.

Future co-operation of the non-offending parent was seen as essential if the child was to be safeguarded, and this was often difficult to obtain. Non-cooperation of the non-offending parent could mean statements would not be made to the authorities and access to the child may be withdrawn,with the child then unprotected and un-monitored.

Alternatively CSV may judge there is sufficient evidence of abuse to make action necessary, and if the non-offending parent does not support the child then removal of the child from the home is seen as the only option.

In this event while reporting may lead to the abuse being stopped by the child being removed from the home, this removal was seen to undo all the positive effects of disclosing.

A high rate of refusal of cases by the CSV was also reported, and this was seen as a major problem.

In essence sexual assault workers did not feel confident that response to reporting would be necessarily beneficial. The investigation, and prosecutory aspects of the criminal justice system were damaging to the child, and if prosecution did not take place or failed the child frequently attributed it to disbelief of them which then lead to increased feelings of guilt, responsibility, and powerlessness.

6.4 The Process of Police involvement

Brereton and McCole (1988) examined the internal records of the Victorian Police to determine the outcome of notifications made to them of child sexual abuse.

The sample examined was small, and may not be representative.

Brereton and McCole estimated that of cases notified to the police, approximately 60% did not make it to the prosecution stage. Informal advice from the Police is that this figure is more likely to be 90%.

Of those that made it to the stage of having a brief of evidence prepared, the major factor which determined whether prosecution was authorised was the availability of an admission from the suspect. Where an admission existed, 97% were authorised for prosecution. Where it did not, 32% were authorised.

Analysis was also conducted of the factors related to the presence of an admission. Key factors were found to be the age of the child, and the relationship of the alleged offender to the child.

The average age of the children where no admission was made was 7.2 years, while the average age in the case of admissions was 9.5 years. Brereton and Cole suggested this may in part be due to the offender believing he was more likely to avoid successful prosecution in cases where the victims evidence would be (or be deemed) less reliable on the grounds of very young age.

In cases that advanced to the extent of a brief, where the offender was a family member admissions were present in 56% of cases, where the offender was known to, but not part, of the family 72% made admissions, while persons unknown to the family had made confessions in 93% of cases.

Brereton and McCole stated that the data also indicated that the closer the social proximity of the suspect to the child (eg. relation versus previously unknown) the less likely it was that a brief would be prepared.

Such information indicates that intra familiar sexual abuse cases are less likely to receive convictions even when notified to the police.

This study has been criticised by Carroll (1991a) on the grounds that the sample was very small, and that it did not take into account practices outside the normal administrative procedures. Also the introduction of the new Crimes (Sexual Offences) Act 1991 (proclaimed 5 August 1991) will make prosecution more likely, as corroboration of child evidence is no longer required before the defendant can be convicted, and pre-recorded and close circuit TV evidence from the child will be allowed (however this only applies to the initial presentation of evidence: cross examination of the child will still occur).

However Carroll supported the proposal that there is a far greater likelihood of prosecution to proceed for extra-familial as opposed to intra-familial cases, and that offenders are more likely to admit when faced with complaints from multiple victims.

6.5 Recent trends: The CSV experience

Prior to 1990, CSV and the Police followed a "dual-track" system, whereby notifications of child sexual abuse could be made to either authority. Since then a process has been put in place which will lead to CSV becoming the sole point of initial notification, with the Police gradually withdrawing. In this transition period, data regarding numbers of notifications of child sexual abuse is somewhat confused. However notifications made by CSV officers alone reveal a steady increase in the rate of notifications of child sexual abuse. In the four succeeding six month periods between January 1989 and December 1990 (ie, the calendar years 1989 and 1990) the total notifications were 212, 231, 266, and 375.

For the police alone in 1990, there were 1456 notifications of child sexual abuse (under 16 child sexual assault), of which about 100 (or 7%) resulted in a criminal court hearing (Carroll, 1991a).

Evidence from the field suggests that the CSV and the Police are both under an enormous and increasing load.

6.6 The Victorian Law Reform Commission Report on Sexual Offences Against Children

The Victorian Law Reform Commission Report on Sexual Offences Against Children (1988) has set the scene for the development of a pre-trial diversion program to allow offenders to be directed to treatment without the requirement of a trial. It recommended the establishment of a program which could allow for court-ordered treatment of offenders in cases of intra-familial sexual abuse. Such an option would be available only for offenders who had been charged and who admitted their guilt.

Recommendation 42 of the Report states that:

(a) A pre-trial diversion program, under which offenders can be ordered by a court to undergo treatment, should be established for people who commit sexual offences against children within the family. It should be available only to accused who are charged, and formally admit the commission of the offence at a court hearing.

(b) An expert panel should be established to advise on the type of program to be established and the manner in which it should be administered.

Under this approach, a person charged with an offence who meets specified criteria is offered a program for treatment and counselling before the trial is held. To be accepted, accused persons have to formally admit they committed the offence. Criteria which render offenders ineligible might include the use of significant violence in the offence(s), and previous conviction of a sexual offence.

As noted by Scott (1988), the introduction of a pre-trial diversion program is likely to encourage the reporting of offences and provide an incentive for offenders to seek treatment, given that criminal prosecution would no longer be mandatory. Furthermore children would not have to appear in court, for even if the offender failed to complete the treatment program, the admission of the offence would mean the child would not need to provide evidence.

6.7 Observations

Child sexual abuse services in Victoria are in need of major reform. There is evidence of rising notifications of abuse, in the context of a system where incest offenders by and large escape responsibility for their actions, while the child victims appear to suffer irrespective of whether or not disclosure occurs.

Victoria dose not possess any form of integrated services of the type that are advocated in the literature as appropriate for the treatment of incest cases. To the contrary, services are fragmented and uncoordinated. There are no effective treatment services available to offenders, victims and other family members within a family context.

On the other hand there is very considerable support for such services to be developed. The Law Reform Commission has set the stage for treatment intervention in place of criminal sentencing, which, as has been argued, is in the interests of the victim.

Field agencies (eg. RCH and CSV child protection units) also fully support the development of integrated services that include a family based incest treatment service.

7 PREVENTION/ EARLY DETECTION OF ABUSE

The bulk of this report has concerned treatment services. The following considers the international literature relevant to the prevention of child sexual abuse.

This section is not an examination of Victoria's activities in preventing child sexual abuse, being largely confined to a brief overview of what lessons may be learnt from the international literature. However Victoria is actively involved in this area, with the Protective Services Division of CSV pursuing the development of major programs. CSV has launched initiatives directed at sensitising professionals to the issues surrounding child sexual abuse, including the targetting of primary school teachers and General Practitioners. Also a campaign to increase public awareness of the problem is progressing, eg. advertising the fact that child sex abuse can be committed by family members. In addition CSV is encouraging the further development of the counselling and treatment services offered to victims at the Royal Childrens Hospital and the Monash Medical Centre.

It is obviously most desirable if abuse can be prevented from occurring, ie. primary prevention, or at least stopped early in its course, ie. secondary prevention/early detection. Many programs have been developed towards this end, particularly in America, most focussing on the potential victim.

Internationally, these programs are still largely in their infancy. Durfee (1989) commented that prevention programs have proliferated in North America only since the mid to late 1980s.

This section does not aim to comprehensively review the area. Recent major review articles by Kolko (1988), Miller-Perin and Wurtele (1988), and Repucci and Haugaard (1989), may be referred to for this purpose. The following provides an outline only, and suggests areas deserving of particular attention.

7.1 Education of Children

In North America programs aimed at educating children are by far the majority, and these are most commonly run in schools. They aim to teach children how to recognise abusive situations, and what to do if such occur.

7.1.1 The nature of programs

Programs for children are generally concerned with the following themes:

- educating children about what sexual abuse is;

- broadening their awareness of the identity of possible abusers to include people they know and like;

- teaching that each child has the right to control the access of others to his or her body;

- describing the types of touches that a child can experience- good, bad, or confusing;

- action steps that a child can take, such as saying 'no' to adults or leaving or running away;

- teaching that some secrets should not be kept and that a child is never at fault for sexual abuse;

- stressing that the child should tell a trusted adult if touched in an inappropriate manner and should keep telling someone until something is done to protect the child.

While each of these aims can be supported, Repucci and Haugaard (1989) point out the complex nature of the process that a child must go through if he or she is to successfully repel or report an abusive approach.

(a) the child must recognise that he or she is in an abusive situation.
(b) the child must believe that he or she can or should take some sort of action.
(c) the child must possess, and use, self-protective skills.

Regarding the first aspect, there is lack of agreement as to what constitutes an abusive act. Although most adults agree that certain acts always entail sexual abuse, eg. sexual intercourse with a child, there is considerable disagreement about other acts, as whether the act is abusive or not can depend on the situation. Caveats are generally necessary, eg. while an adults touching your genitals is generally wrong, doctors can touch your genitals, and parents can if they are helping you clean yourself, or if you are hurt there, etc.

This makes definitions difficult. If definitions are broad, then nonabusive incidents may be reported that will cause unwanted pain and suffering. If definitions are narrow, then abusive acts may go unreported. If definitions are vague, then many children, particularly younger children, may have no idea what is expected of them.

Some programs have dealt with this issue by trying to teach a concept of touches that feel good, bad, or confusing. Daro (1988; cited Williams and Finkelhor, 1988) has suggested that this is not easy for young children.

Repucci and Haugard (1989) have observed that programs tend to approach the subject from a protective as opposed to a sexual standpoint. The possibility that 'bad' touches may actually feel good tends not to be mentioned. Also reference to the development of abuse through intimate or gradual adult behaviour is generally avoided, the aim being to minimise controversy and hence obtain maximum co-operation from schools.

In fact the discrimination of sexual abuse is likely to be very difficult for children. As noted earlier, Conte, Wolfe and Smith (1989) described the process of seduction reported by a group of adults who had sexual abused children. They concluded that teaching children about the relationship warning signs in such cases would be virtually impossible, as many of the factors were normal and even positive, e.g. an adult paying attention to a child.

Conte et al concluded that possibly the most important lesson was to try to teach children that they can withdraw consent, or that consenting to an action at one time is not consenting to another. Budin and Johnson (1989) have also claimed that little scientific basis exists for the content of school-based programs.

Pettis and Hughes (1985) discuss detection and intervention, treatment and long-term management, and prevention of child sexual abuse, as these relate to educators, and suggested that interventions in the classroom should be guided by the individual needs of a child. Thus children at risk (eg. children of single parents or remarried parents etc.) could be specifically considered.

7.1.2 The effectiveness of programs

Few programs have been evaluated, and of those that have only a few investigations used appropriate controls. Repucci and Haugaard (1989) reviewed three that did employ a nontreatment control group, and found that while the differences in two of the studies were statistically significant, the actual magnitude of the effects were relatively slight.

Thus Wolfe et al (1986; cited Williams and Finkelhor, 1988), who examined fourth and fifth grade children, found that the actual percentage of children answering the question correctly was never more than 10% higher than the control group. The third study (Swann et al, 1985; cited Williams and Finkelhor, 1988) found no difference between pre and post-test groups in a study of video presentation due to high accuracy under both conditions.

None the less there is substantial evidence that children can learn many of the concepts presented in such courses (eg. Daro, 1991). However as pointed out by Kolko (1988), the demonstration that trained children have learned more about abusive situations and preventive tactics does not necessarily mean that there will be a reduction in abusive episodes. Hazzard et al (1991) made a similar point, ie. that evidence of increased knowledge and safety discrimination skills per se is not evidence that such can be used to prevent future sexual abuse.

The avoidance of potential abuse would need to be documented if primary prevention was to be shown to,be occurring. In fact a study by Fryer et al (1987, cited Repucci and Haugaard, 1989) does go someway towards this.

Fryer et al examined a program using role playing to reduce the susceptibility to stranger abduction of kindergarten, first and second grade children. The test conditions were where the children were asked by a researcher who was unknown to them to assist in going to a car and help carry something into the school. About half of each of two pre-test groups did, while only 22% of a group who received the program did on post-test.

In terms of secondary prevention, or early detection, there are very few studies that have reported on disclosure rates. One that has gives some evidence of increased reporting by children of sexual abuse after participation in a prevention program is a study by Hazzard et al (1991). In this study, a 3-session adaptation of the Feeling Yes, Feeling No curriculum was provided to 286 third and fourth graders from four schools whose responses were compared to 113 delayed-treatment control children from two schools. Over 5% of participating children reported ongoing or past sexual abuse, but control conditions were poor. There was no definite follow up to confirm the accuracy or otherwise of these reports.

7.1.3 Teaching rules and role playing actions versus feeling good/feeling bad

The effectiveness of the Fryer et al program was attributed to the fact that it taught specific concrete rules and steps to follow, used role play techniques, and also the existence of the pre-test conditions meant that children had an example of recent behaviour to reflect on. Wurtele et al (1989, cited Hazzard et al, 1991) also reported finding that teaching behavioural skills and concrete rules to pre-schoolers were more effective than programs using affective (feeling-based) rules about touching.

In the Hazzard et al (1991) study treatment children exhibited significantly greater knowledge and better ability to discriminate safe from unsafe situations on the video measure than control children at posttesting, gains that were maintained at a 6-week follow-up testing.

However while the children taught using the feeling approach were more knowledgeable than non-treated children in terms of differentiating between safe and unsafe situations, they did not differ in preventive skills responses, ie. when required to indicate what action they should take in unsafe situations (say no, leave, tell adult). Both treated and untreated groups gave 2/3 correct responses.

This relatively high level of correct responses in both groups suggests that even without training children may already be fairly capable of determining what is appropriate behaviour in a threat situation, although this does not mean they would or could carry it out.

7.1.4 Negative effects of programs

Hazzard et al (1991) found no differences in treatment and control children's self-reported anxiety or parents' reports of negative emotional/behavioural consequences. However some studies have shown evidence of adverse effects, although Repucci and Haugaard (1989) concluded that even though a sizeable number of children may express some worry after a prevention program, only a small percentage of school age children showed clear negative responses.

Daro (1991), the Director of the National Centre on Child Abuse Prevention Research, U.S. National Committee for Prevention of Child Abuse, reports that sharp disagreement has arisen among professionals regarding the merits of these programs, due both to concern that such programs cause unnecessary anxiety in children, and also that they can raise unrealistic expectations that children exposed to such programs can fend off abuse.

However Daro argues that the serious consequences upon children of abuse requires that programs be continued, particularly since sexual abusers themselves have indicated to researchers that they are deterred by a child who indicates he/she would tell a specific adult about an assault. In contrast Repucci and Haugaard (1989) propose that evaluations have shown few unequivocal positive effects, and hence possible adverse effects need to be considered carefully.

It is obviously very important to evaluate child-directed programs carefully, using control conditions. Behaviour needs to be examined, not just knowledge or attitude. This work has by and large yet to be carried out, and needs to be a major element of Victorian programs.

7.2 Education of Parents and Other Adults

While the majority of effort has been invested in developing programs to educate children, there is a strong case for arguing that programs aimed at parents and other adults would be equally or more productive. Gilgun and Gordon (1985) have suggested that the current focus on what children can do to prevent child sexual abuse overlooks the power of the offender in determining whether abuse takes place, with a need to develop abuser-focused prevention programs. The work of Conte et al (1989) and Berliner and Conte (1990) discussed in Section 4.1 certainly suggests that the insidious nature of sex abuse may be hard for a child to resist.

Adult directed programs could aim at four levels:

- increased discussion in families of the danger of sexual abuse and what to do;

- increased empathy /bonding of parents with their children;

- increased public awareness that children are being educated to disclose and hence offenders are likely to be caught;

- the development and advertisement of individual and family referral and treatment services for child sexual abuse.

7.2.1 Increased discussion in families

Parents tend to avoid talking about sexual matters with their children, and this is likely to be heightened with respect to sexual abuse. Finkelhor (1984, cited Repucci and Haugaard, 1989) found that only 29% of a random sample of 521 parents of 6-14 year old children had spoken to them of sexual abuse, and only 22% had suggested that a family member may be involved (ie. 6% of the total sample).

It is desirable that this lack of openness be overcome. Budin and Johnson (1989) in a survey of those imprisoned for child sexual abuse found that offenders beleived that parents could help prevent child abuse and that they must be involved if programs are to be effective.

Programs to increase parental openness with their children on such matters have reported success (eg. see Christian et al, 1988, although other parent directed programs have reported less success, eg. Berrick, 1988). There is also evidence to suggest that parents who attend educational meetings are likely to be better informed and discuss such matters with their children anyway (see Repucci and Haugaard, 1989).

However increased open discussion of the area is necessary, particularly in the case of incest, with the message that abusers may be to all appearances totally normal members of society. Dhooper et al (1991) found in a U.S. statewide survey that a majority of adults may have a "deviance" perspective on child abuse, considering abusers as markedly abnormal. Increased openness on this matter may lead to an increased ability to discriminate and report abuse.

7.2.2 Parent-child bonding

Durfee (1989) has argued that abuse prevention programs, including sexual abuse, should move away from the narrow focus on an educational model for children with a narrow age group, and instead move towards a broad based program with a strong focus on the adults around the children. In particular Durfee proposes that infancy and the perinatal period is the time to begin. Preparation during pregnancy by both parents and active involvement in positive child care was seen to be important to allow both parents to develop intimacy with the child in an appropriate way. Durfee proposes that the development of such early basic parenting behaviour leads to bonding that prevents the lack of empathy characteristic of incestuous abuse.

In this context it may be recalled that Williams and Finkelhor (1988) referred to evidence that many incestuous fathers seem to have little to do with caring for the child during the child's early years.

Durfee suggests that comprehensive child sexual abuse prevention programs need to involve support programs to help all caretakers become competent in caring for infants and toddlers, including older siblings who can be both recipients and perpetrators of sexual abuse.

Germain et al (1985) have also suggested that to reduce the likelihood of the occurrence of maltreatment, parents and other caregivers be given training in self-understanding and interpersonal skills, as well as help to reduce life stresses.

There may be merit in conducting special programs for the parents of at-risk children, eg. people who have been incest victims themselves.

7.2.3 Public awareness that disclosure is likely

Several studies of offenders have indicated that adults will not abuse children if they believe the child will inform another adult. Advertisement in the mass media that children are being taught in schools to disclose could be effective in discouraging abuse.

7.2.4 The development and advertisement of individual and family referral and treatment services

Dhooper et al (1991) also found that while three-quarters of the respondents were aware that under state law they were obligated to report cases of child abuse to the authorities, one-fifth knew someone who had abused a child, but only a third of these actually reported the case.

A recent CSV survey found Victorians had a similar tendency not to report sexual abuse, and CSV felt that market research indicated that this arose in part due to the public's view that no treatment was available. ie. if treatment services were known to be available, then increased reporting might occur.

In fact American experience tends to bear this out. Barth and Daniel (1985) examined the relationship between the establishment of comprehensive treatment programs for sexual abusers of children and the incidence of reporting of child sexual abuse. Results demonstrated a significant increase in the reporting of child sexual abuse in counties with coordinated treatment programs. there were more reports in counties with treatment programs than for size-matched counties without such programs, despite the fact that no differences preceded the development of such programs.

Findings support the conclusion that the establishment of comprehensive sexual abuse treatment programs increases the subsequent reporting of child sexual abuse.

7.3 Education of Professionals: teachers, doctors, etc.

Prevention programs aimed at teachers, doctors, day care workers, clergy, and the police are designed to provide information to allow detection of child sexual abuse and reaction in a constructive manner.

Repucci and Haugaard (1989) found three evaluations reported of such programs. In two of these studies, both aimed at American elementary school teachers, increases in knowledge and preventive behaviours were found, but there was no evidence of increased reporting of suspected cases. The third study concerned school counsellors and nurses (Swift, 1983, cited Repucci and Haugaard 1989). This study did find increased reporting rates by 500%, however the percentage of unfounded reports was not determined.

There is no doubt that such work is worthwhile, given evidence that many professionals, like the public at large, are loath to become involved in identifying or reporting such cases. Hazzard (1984, cited Miller-Perin and Wurtele, 1988) has noted how many teachers have concerns regarding educating children on the topic of sexual abuse. Burton (1988) has also indicated that teachers had to be taught what clues to look for, what official procedures may be invoked, and how to support abused children in school, reporting a great reluctance on the part of teachers to acknowledge that children can be sexually abused even by those they love and trust.

7.4 Conclusion

As Cohn (1986), the Executive Director of the National Committee for Child Abuse (U.S.A.), has commented, the major responsibility for prevention should not be placed with on the victim or potential victim, particularly because these are children. Cohn has proposed a prevention strategy which included the following elements:

1. Quality sex education for adolescents and young children to enhance their knowledge of what is normal and abnormal.

2. Education for parents to increase attachment and bonding at the time their babies are born.

3. Media messages that child sexual abuse is a crime, that children get hurt when they are sexually abused, that abuse is a chronic problem unless help is sought, and that help is available.

Daro (1991) also concluded that prevention efforts need to target simultaneously the potential victim, potential perpetrator, and those aspects of the social fabric that nurture abusive behaviours.

It is evident that a major focus of prevention efforts should be on potential perpetrators and the public at large.

In the Victorian context this means the development of treatment and research services that will encourage abuse reporting, encourage admission by the perpetrator, and develop and evaluate prevention programs. As Kosky (1989) has argued, the treatment of offenders is more likely than punishment to reduce further offending and is consequently better for the community and more cost effective.

As noted earlier, there are a number of noteable programs operating in Victoria in prevention. However there is a need for research into ways of structuring school directed programs to ensure maximum effectiveness, considering issues such as the mode of educating children (eg. role playing versus feeling good/bad), and careful evaluation of behaviour outcomes.

There is also need to increasing awareness in the home of child sexual abuse issues, to publicly advertise that children are being taught in schools to disclose incidents of sexual abuse, and to develop and advertise treatment services to encourage referral and disclosure. The merit of programs directed at developing parent-child bonding should also be investigated.

The development of a research and treatment facility would offer the opportunity to combine program development in both treatment and prevention in the one centrte. Both treatment and prevention

programs and evaluations need to be based on sound research into the nature of child sex offenders, sexually abusing families, and the role of broad societal factors.

8 CONCLUSIONS AND RECOMMENDATIONS

8.1 The need for Incest treatment services

It is apparent that Victoria requires an integrated research and development effort to systematically and comprehensively address child sexual abuse. While there is considerable practical experience among the specialist units of CSV, the Police, and the Health Sector (particularly the Royal Childrens Hospital), no one agency has had the resources or charter to combine the research, clinical and practice-derived skills necessary to develop and refine the necessary programs.

The area is particularly complex because the social, behavioural and clinical elements of the area cut across academic disciplines on the one hand, and the responsibilities of government authorities on the other.

The most obvious need is in the area of incest services. A program has recently been developed to provide behavioural treatment to individual offenders (ie. the Parliament Place clinic), but there is no program available to address the needs of abuse in families.

The needs of incest families are such that the offender, the victim, and other family members require to be treated within the one treatment program. As discussed in this report, coordination of offender and victim/family services is essential.

It should be clear that in such a treatment program the adult perpetrator must admit responsibility and leave home as a condition for admission. Any later contact between the perpetrator and child is determined by the treatment program.

8.2 The need for research

While there is an urgent need to develop a family based incest treatment program, the program must be structured to have a major research component. Knowledge in the area is still in its infancy, and the harnessing of the practical experience of field agencies, the expertise of clinical professionals, and the research skills of behavioural and biomedical scientists is necessary for a practical and effective program. The area is one that needs innovation and flexibility: any initial program that is developed is likely to require modification.

At the same time issues of prevention and early detection require systematic research and evaluation. Work in this area requires the same inter-disciplinary co-operation and knowledge base as the development of effective treatment programs, ie. understanding of the nature of child sexual abuse and the roles of offender, family and societal factors.

8.3 Recommendation to establish a Research and Treatment Centre for Child Sexual Abuse

It is recommended that a Research and Treatment Centre for Child Sexual Abuse be established. This Centre could be structured so as to have access to the knowledge and research skills of Social Work, Psychiatry, and Psychology, and the experience base of the government departments of Health, CSV, and Police. Such a centre might also assist with the current and necessary moves to co-ordinate the relevant activities of these government departments.

8.3.1 Terms of reference

It is suggested that the Centre have the following responsibilities:

a The development, implementation and evaluation of a pilot treatment program for incest families, addressing offenders, victims, and other family members, as described previously in Section 5.6.

b Research into the effectiveness of behavioural/ biomedical treatment methods for individual offenders.

c Research into the development and evaluation of prevention/early detection programs.

d General research into the nature and determinants of child sexual abuse.

e Co-operation with Government departments and agencies to assist in the refinement of existing programs.

f Assist in the training of those working in the area.

8.3.2 Board of management

The Centre is conceived of as being primarily a research and development body, and it is proposed that the Centre be managed by a board formed from the research and professional disciplines of Social Work, Psychiatry, and Psychology.

The Board would have the responsibility of setting the research agenda in consultation with government, overseeing the conduct and commissioning of research, and directing the activities of the pilot treatment program.

It is recommended that five bodies be approached to provide representatives to the Centre Board, these being:

The Department of Psychiatry, University of Melbourne;
The Department of Child and Family Psychiatry, Royal Childrens Hospital;
The Child Protection Unit, Royal Childrens Hospital;
The Department of Social Work, Monash Medical Centre;
The Department of Psychology, La Trobe University.

This range and mix of agencies is necessary to provide the expertise necessary for research and program development in the complex area of child sexual abuse.

8.3.3 Link with government

To allow the ongoing operations of the centre to be agreed and funded, and for the Centre to be answerable to Government, it is suggested that the Board of the Centre answer to a joint Inter-departmental Committee formed of representatives from the Ministries of Health, Police and Emergency Services, and Community Services.

8.3.4 Structure for routine liaison with government field services

It is very important that a mechanism(s) be established to ensure that the work of the centre is conducted in close contact with the existing agencies working in the field. This is of benefit to all parties. Field agencies such as the relevant units of the Police and Community services know the practical problems of the area, and would have a great deal of knowledge to share in assisting the Centre to develop new and effective programs. In turn the expertise and research findings of the Centre need to be directly available to field agencies.

In addition, a mechanism is necessary to handle case referrals. For example, in incest cases careful assessment of the offender and family is important before they are offered treatment, eg. knowledge of the results of a fully investigation by the child exploitation unit of the Police to determine the extent of the offence.

To allow this interaction, it is suggested that a liaison group be formed, say consisting of 3 to 6 representatives, one or two representative from the Centre and one or two each from the child protection units of the Police and CSV.

8.4 Pre-trial diversion

A pre-trial diversion program has been introduced effectively into other Australian states. For example, New South Wales runs such a program for incest offenders, employing a family based approach (eg. see Cintio, 1987).

It is recommended that this option be introduced in Victoria. It has been recommended by the Victorian Law reform Commission, and the benefits to the victim have been argued in this paper.

In essence, the current system does not protect the child. Punishment does not reform the offender, who on release may reoffend within the same family, or join/start a new family and reoffend there. Furthermore the conviction and trial process for many children is extremely damaging. For some, it is likely to cause greater harm than the abuse experience itself.

Pre-trial diversion into a family based program should facilitate public reporting and offender disclosure. It minimises damage to the child following the disclosure, and allows the family to be strengthened, eg. the mother-child relationship adressed so the mother is in a stronger position to protect the child, and other family relationships modified to develop healthy behaviors.

In the event that a pre-trial diversion program is introduced, then it is proposed that a further responsibilty for the proposed Research and Treatment Centre for Child Sexual Abuse be added, namely:

"g Conduct clinical assessments to be used by the court in deciding whether a client is appropriate to a pre-trial diversion program."

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