

What Happens to Sexually Abused Children Identified by Child Protective Services?

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Fifty-eight sexually abused children who had received child protective services were followed up on average a little under three years after initial identification. About half of the cases were still receiving child welfare services. Close to half of the children were out of their homes at follow-up, and those who had been placed had spent on average more than three years in placement. Family composition change, other than removal of the child, had occurred in more than half of the victim's families. There were substantiated re-referrals for child maltreatment on approximately one fourth of the cases. These findings are examined in terms of what constitutes good child welfare practice.

Remarkably little is known about the effects of intervention in cases of child sexual abuse. This is so despite heightened awareness of sexual victimization as a problem and increasing attempts to address it in the last ten years. In 1976, when the federal statute, the Child Abuse Prevention and Treatment Act, was passed, sexual abuse by caretakers was included in the definition of child maltreatment. States have modified their child protection laws to make them consistent with the federal statute, and today virtually all states include sexual abuse as a condition professionals are

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mandated to report to child protective services (Faller, 1981; Mayhall and Norgard, 1983). The number of sexual abuse cases substantiated by child protective services per year has increased from 6,000 in 1976 to 113,000 in 1985 (American Association for Protecting Children, 1987). While initially sexual abuse was 3.2% of all child maltreatment reported to protective services, it now represents 13.3% (American Association for Protecting Children, 1987), and in some communities, it constitutes as much as one-third of the protective services caseload. In Michigan, victims of sexual abuse are 42% of the children removed from their homes by the Department of Social Services (Kelley, 1988). In response to the demand for services, treatment programs for intrafamilial sexual abuse have been developed. In addition, strategies for handling sexual abuse cases both in juvenile and criminal court proceedings have evolved.

However, efforts to evaluate the impact of intervention in intrafamilial sexual abuse have been the exception rather than the rule. Despite concern about iatrogenic trauma (Giarretto, 1976; Schultz, 1979; Sgroi, 1982), professionals are just beginning to explore this in a systematic way (Dawber, 1988; Truchess, 1988). There appear to be no follow up studies to see what happens to children as a result of child protection intervention. Almost no evaluation has been done of treatment of sexually abused children and their families (Berliner, 1987), the work of Bander, Bishop, and Fein (1982) and Kroth (1979) being exceptions. The effect on the children of providing court testimony has been special focus of child advocates, and many states have passed legislation to accommodate child witnesses; yet there are very few studies that have actually addressed the effects of testifying in court (Runyon, 1987; Tedesco and Schnell, 1987).

This report addresses the need for information about one aspect of intervention in cases of sexual maltreatment, the results of protective services involvement.¹ The findings are examined in light of current guidelines for good child welfare practice.

The Sample

The sample consists of 58 cases that were initially identified by county-based public child protection agencies in Michigan and were subsequently referred to the Interdisciplinary Project on Child Abuse and Neglect (IPCAN) at the University of Michigan, which provides diagnostic and treatment services for maltreated children and their families. Only cases found to be valid reports of sexual abuse by both protective services and

¹Protective services is responsible for cases where a caretaker sexually abuses a child or is negligent and allows someone else to sexually abuse his/her child.

IPCAN are included in this study.² The mean length of time between the protective services investigation and the IPCAN evaluation was 1.2 months.

The mean age of children in the follow-up study when the sexual abuse was first diagnosed was 7.9 years, the minimum being 2 years and the maximum 16. The overwhelming majority of victims were girls, 87.9%, while only 12.1% were boys. Although the cases came from 14 different counties in Michigan, most of the families resided in the more populous southeastern part of the state, where the University of Michigan is located. The services available to sexually abusive families and their victims varied somewhat from county to county and improved slightly during the time frame of the study; however, none of the counties could be said to have a comprehensive, coordinated approach to sexual abuse with an array of treatment resources. Thus, the study provides follow-up information on children and families receiving typical protective services intervention for sexual abuse, rather than exemplary or extraordinary services.

Procedure

Extensive information was collected for research purposes when cases were originally seen by IPCAN. This included data about the victim's family, the perpetrator, the sexual abuse, its effects, intervention, and demographic data. Data collected at follow-up was also wide ranging. Information relevant to this report includes current case status, placement information, re-referrals for child maltreatment, current family composition, and changes in family composition since initial referral.

To gather information for the follow-up study, forms were sent to the worker of record to be completed. In counties where there was a large number of follow-ups to be done, agency administrators decided that it would take too much worker time. Consequently research assistants were sent to the agencies to gather follow-up information. They read agency records and then interviewed workers to collect information not available from the records. Half of the follow-up protocols were completed by workers and half by research staff.

At the time the follow-up study was undertaken, IPCAN had seen 72 cases referred by child protection agencies where sexual abuse was documented. Data were collected on 58, which represents a rate of return of 80.6%. Ten of the families for whom no follow-up information was obtained had left the county or state and could not be traced. In the remaining four instances, workers did not respond to repeated attempts to solicit

²For an extensive discussion of the procedures used by IPCAN to validate cases, see Kathleen Coulborn Faller, *Child Sexual Abuse: An Interdisciplinary Manual for Diagnosis, Case Management, and Treatment*.

follow-up data, and the counties were too distant to make it worthwhile to send a researcher.

A comparison was done on age and sex between cases with follow-up and those where none was available. The mean age for cases without follow-up information was 7.9, the same as for follow-up cases, and the breakdown by sex for cases without follow-up was 81.3% female and 18.7% male (versus 87.9% female and 12.1% male; N.S.).

The follow-up cases were initially evaluated by IPCAN between the years 1977 and 1984, with 89.6% seen during the years 1982 through 1984. They were followed up in 1984, 1985, and 1986. The mean length of time between initial assessment and follow-up was 34.1 months (stand. dev.= 18.9 months). Thus there was a delay on average of close to three years between initial contact and follow-up, but also some variation among cases in that length of time.

Means and distributions were computed on the variables under consideration. *T* tests and *chi squares* were employed to test for statistical significance in differences where appropriate.

Findings

The results of the follow-up study will be presented in four sections:

1. case status;
2. placement;
3. re-referrals; and
4. family structure.

Case Status at Follow-up

At the time follow-up information was collected, 30 (51.7%) of the cases were still open to the Department of Social Services; 26 (44.8%) were closed.³ Of the open cases, one was being served by Preventive Services,⁴ which handles situations where there is serious risk for maltreatment. Six were still active with Protective Services, 21 were Foster Care cases, and 5 were being provided Adoption Services. Thus, in about half of cases, no resolution that allowed the agency to close its case had been effected in on average almost three years.

³Data are missing for two cases.

⁴In Michigan Preventive Services is an entity within the Department of Social Services that is separate from Protective Services. However, its cases consist of closed Protective Services cases, closed Foster Care cases, and situations not quite serious enough to warrant Protective Services.

Placement

Thirty-six children (62%) were placed outside of the home for some time between the initial report of sexual abuse and follow-up. Nineteen of these children experienced one placement, fifteen two placements, and two three placements. Of those who were placed, 25 (43.1%) were out of the home when follow-up data were collected. Eleven children had been returned to their families.⁵ These findings reinforce those cited earlier, related to the kind of DSS service victims were receiving at follow-up, that a large percentage of sexual abuse cases are not readily resolved with the reunification of families.

The types of placements children experienced are found in Table 1.

Table 1
Types of Placements for Sexual Abuse Victims[†]

	Other Parent	Relative	Foster Care	Other
N	1	8	32	6
%	2.1	17	68.1	12.8

[†]As many as four placements could be coded per victim. These were combined for this table.

More than two-thirds of the placements were into foster care and less than a fifth were with a relative. Children who were coded as "other" either went into institutional programs or were placed on independent living.

The length of time children had spent in placement by the time of follow-up ranged from two days to 4910 days (the latter figure referring to a child who had already been in care when referred for evaluation of sexual abuse). The mean number of days in placement for all children removed from the home was 1193 days or 3.3 years. For those children

⁵As might be expected, a significantly higher proportion of cases where the victim was out of the home at follow-up remained open [18 (78%) versus 5 (39%); *chi square* =8.4; *p*=.004].

who had returned home, the average time in care was 208 days or almost seven months. For those in care at follow-up, it was 1551 days or about 4.3 years.

Family Structure at Follow-up

In 32 cases (55.2%), changes in family composition other than removal of children had occurred since initial assessment; in 24 (41.4%) family composition remained the same.⁶ Since the initial evaluation, parents of nine victims had separated, those of 12 children had divorced, and four mothers had remarried. Six cases were coded other for change in marital status.⁷ Changes in family composition did not appear to be related to whether or not the victim was part of the family at follow-up, as these were found in 67% of families in which the victim was out of the home at follow-up and 55% of those in which the victim was part of the family (N.S.). At follow-up, families of 23 victims (39.7%) were single parent, 18 (31%) two parent, and 2 (3.5%) other.⁸

Re-referrals for Child Maltreatment

Data were collected on substantiated re-referrals for both victims and offenders. If the report involved the same victim and offender or the same victim and a new offender, it was counted as a re-referral for the victim. In 13 (22%) cases, there were new reports on the victims. Ten of the children were living at home when the revictimization occurred, two with relatives, and one in foster care. In seven (53.8%) instances, the case was still open to the Department of Social Services at the time and in six (46.2%) the case had been closed (N.S.). There were an additional four re-referrals on offenders who abused other children than their original victims. All of the new victims were female. Thus, there were 17 new referrals, the rate being about one case in four.

The distribution of reasons for new referrals appears in Table 2.

Cases might be re-referred for a wide variety of problems. However, the most common reason for a new report was sexual abuse; this was followed by physical abuse. It is interesting that the next most common reason was child behavior problems, which may be a reflection of sequelae of sexual abuse. All four of the new victims of old offenders were sexually abused.

⁶Data are missing for two cases.

⁷These changes included a spouse dying and boyfriends moving in and out.

⁸Data are missing for 15 cases.

Table 2
Reason for Re-Referrals for Victims of Sexual Abuse

	Sex Abuse	Physical Abuse	Physical Neglect	Parental Absence	Other Parent Problem	Child Behavior	Other Problem
N	6	4	2	2	1	3	2
%	30%	20%	10%	10%	5%	15%	10%

Discussion

These findings suggest that disclosure of sexual abuse leads to major upheaval in the lives of victims and their families. In close to two-thirds of cases, children are removed from their families, and in about half of cases, there is an additional family disruption, usually separation or divorce. In addition, cases do not resolve in a timely fashion. At close to three years later, more than half of cases are still open to the Department of Social Services, and almost half of the children were still out of the home. Only five children were approaching permanency by means of adoption. Moreover, whatever intervention occurs does not always protect the child from future maltreatment. In about a fourth of cases, there was a validated re-referral for child maltreatment. For children at home, the rate of re-referral was almost one case in three, and for those out of the home it was about one child in eight.

Though it might be argued that the results of this study reflect the fact that these victims and their families did not receive adequate service to enable the family stay together and the victim to remain at home, an equally appropriate concern is whether the child protection model of service delivery really fits sexual abuse. The model on which child protection systems are predicated is one of crisis intervention. It assumes that the maltreatment of the child is precipitated by a stressful event, and that the provision of short-term intervention will enable the family to return to an appropriate level of functioning. In Michigan the anticipated length of protective service involvement is six months, and in other states it is comparable (Faller, 1981; Mayhall and Norgard, 1983).

Clinical and research findings suggest that sexual abuse is much less likely to be the result of a stressful event than physical abuse and more likely to be related to perpetrator psychopathology (Faller, 1988; Gebhard et al., 1965; Groth, 1979; Quinsey and Marshall, 1983). Many experts in sexual abuse regard the propensity to sexually abuse as a chronic condition and speak of control rather than cure (Groth, 1979; Knopp, 1984). In addition, intrafamilial sexual abuse usually has a gradual rather than a sudden onset and often has persisted for years before coming to the attention of professionals (Faller, 1988; Herman, 1981).

It follows from these observations that short-term intervention is not usually the intervention of choice. If the problem is chronic and in large part the result of offender psychopathology, sustained treatment will be necessary to effect change. Even estimates for the length of family focussed treatment necessary range from one and a half (Lilliston, 1987; Boulder County Protective Services, 1983; Long, 1985) to three years or more (Zaphiris, 1977), and in a proportion of successfully treated cases the perpetrator is permanently excluded from the home. And victims, themselves, who have endured years of sexual abuse, are not likely to be "cured by a quick fix."

The results of this study also indicate practice which violates accepted child welfare standards regarding placement (PL-96-272, 1980; Laird and Hartman, 1985; Kadushin and Martin, 1988; Stein and Rzepnicki, 1983). According to guidelines for good child welfare practice, whenever possible, children should be served in their own homes, and home-based intervention should be employed to prevent placement. Moreover, when children must be removed, they should be placed in the least restrictive setting and should be returned home as soon as feasible. As already noted, close to two-thirds of the victims were removed from their homes, and only 11 children out of 36 placed had returned after a passage of time of almost three years. Furthermore, the least restrictive placement setting, which would have been a relative placement, was chosen in only about one fifth of the instances.

However, what is good child welfare practice regarding placement for other types of maltreatment may not be so for sexual abuse. Unlike other types of maltreatment, the most likely way the child protection system comes to know about sexual abuse is through victim revelation. Because of the pivotal role victims play in the diagnosis, they frequently subjected to pressure to retract their accusations and are blamed for the consequences of revelation by the family. In order to protect them from this emotional maltreatment as well as the risk of further sexual abuse, it may be necessary to remove them from the home. Moreover, relative placement may be inappropriate because the child may be subject to similar pressures from the extended family. In addition, sexual abuse is often

imbedded in the family and is found both intergenerationally and laterally in the extended family, making a family placement potentially high risk.

Furthermore, it is not necessarily an indication of bad practice that a large percentage of victims are not reunited with their families. As noted earlier, sexual abuse may require extended treatment. In addition, often treatment is not successful (Prentky, 1988; Quinsey, 1988).

For these reasons, the family disruption that occurred in more than half of the cases in this study should not necessarily be interpreted negatively. If the offender is untreatable, then dissolution of the union may be in the best interest of the child, and a reconstituted family with a more appropriate paternal caretaker might be rehabilitative for the victim.

The finding that there was a considerable number of substantiated re-referrals may be an index of the difficulty of addressing sexual abuse. In Michigan, re-referral rates for all types of child maltreatment have increased from about 33% in 1981 to 45% in 1986 (MDSS, 1981; MDSS, 1986), (however, data are not available on the rate of substantiation of re-referrals), indicating the problem of recidivism is not unique to sexual abuse. These recidivism rates suggest the need to re-think the role of protective services, including its role in cases of sexual abuse.

Finally there are some limitations to this study. It can be argued that the results of this study need not be taken too seriously because, if there were more appropriate and extensive treatment resources in the communities, then outcomes from intervention might be very different. This certainly may be the case, but follow-up studies that track cases identified by the child protection system, including those receiving model services, are needed in order to support this argument. Furthermore, the reality is that budget constraints prevent many communities from developing treatment resources especially tailored to sexual abuse.

It also might be argued that cases requiring an evaluation by a program such as IPCAN are not representative of the total protective services caseload. That might also be true. They might represent those more difficult to diagnose. Whether these would be more difficult to treat or easier is unknown.

In conclusion, although this study is the first to the author's knowledge to follow up sexually abused children served by protective services, findings must be accepted cautiously. Services that are more sophisticated might yield different results, and there is potentially a sample bias. Additional comparable studies are needed before any firm conclusions can be drawn. Nevertheless, the findings argue for a careful examination of what we are doing to sexually abused children and perhaps a rethinking and reorganization of the services provided them.

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