

表1-5 個室の有無

	非行	一般		
	被害者	一般女	一般男	一般計
総数	105	109	100	209
ある	72.4	53.2	70.0	61.2
きょうだいと一緒に	10.5	35.8	14.0	25.4
もっていない	17.1	11.0	16.0	13.4
無回答	0.0	0.0	0.0	0.0

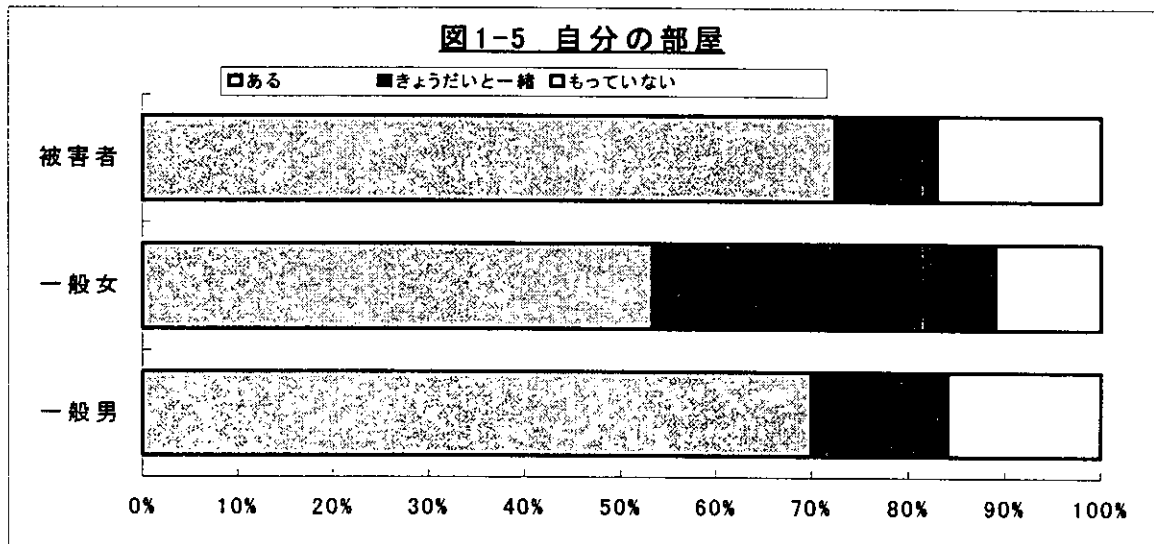


表2-1 身体的虐待経験割合

頻度	虐待する者	一般			被害者
		男	女	一般計	
	総数	100	109	209	105
「よく+時々+たまに」	父親	60.0	61.5	60.8	72.4
	母親	54.0	66.1	60.3	81.0
「よく+時々」	父親	26.0	24.8	25.2	33.3
	母親	19.0	25.7	22.5	32.4
「よく」	父親	16.0	12.8	14.4	20.2
	母親	15.0	14.8	15.0	21.2

表 2-2-3 暴力的行為(罪種別)

	父 親	一 般			被 害 者
		男	女	一 般 計	
	総 数	100	109	209	105
父 親	大声でしかられる	24.0	30.3	27.3	38.1
	手をたたかれる・ぶたれる	11.0	11.0	11.0	23.8
	顔をたたかれる・なぐられる	16.0	9.2	12.4	21.9
	顔を平手打ちにされる	13.0	7.4	10.1	19.0
	お尻をたたかれる	8.0	7.3	7.7	13.3
	物を使ってたたかれる	7.0	5.5	6.2	12.4
	物を投げつけられる	10.0	4.6	7.1	12.4
	ひどくつねられる	3.0	1.8	2.4	9.5
	家の外(ベランダなど)に出される	10.0	7.4	8.6	8.6
	押入等に入れられる	3.0	1.8	2.4	2.0
	髪を切られる	2.0	0.9	1.5	1.0
母 親	大声でしかられる	29.0	33.9	31.6	45.7
	手をたたかれる・ぶたれる	15.0	14.7	14.8	17.1
	お尻をたたかれる	8.0	8.2	8.1	16.2
	顔をたたかれる・なぐられる	6.0	8.2	7.2	14.3
	顔を平手打ちにされる	9.0	8.3	8.6	12.4
	物を使ってたたかれる	7.0	6.4	6.7	11.5
	物を投げつけられる	4.0	3.7	3.8	9.6
	家の外(ベランダなど)に出される	5.0	7.4	6.2	7.7
	ひどくつねられる	7.0	3.7	5.3	4.8
	押入等に入れられる	2.0	1.8	1.9	4.8
	髪を切られる	0.0	0.9	0.5	1.9

表 2-3 両親からの身体的虐待(%)

	被 害 者	一 般	
		男	女
両親いずれからもなし	52.4	69.0	63.3
母からのみ	14.6	5.0	11.9
父からのみ	14.6	12.0	11.0
両親から	18.4	14.0	13.8

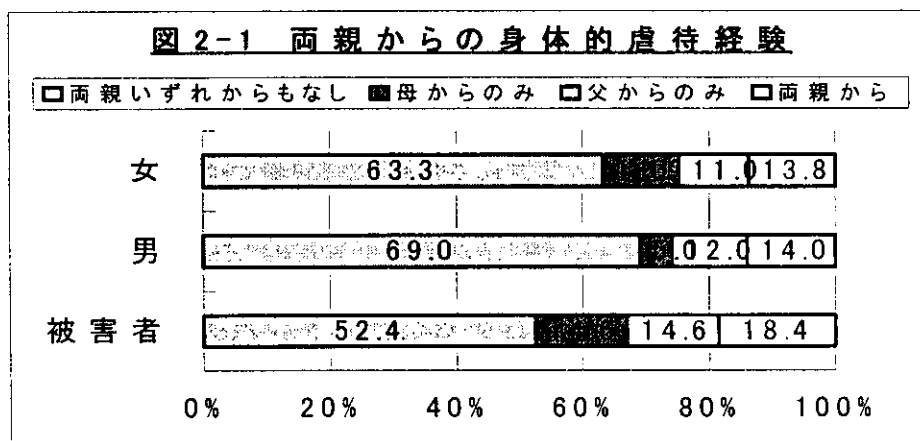


表2-4 ネグレクト経験

		ネグレクト					
		父親			母親		
		「よく」	「よく+時々」	「よく+時々+たまに」	「よく」	「よく+時々」	「よく+時々+たまに」
一般	男	12.0	24.0	54.0	7.0	15.0	45.0
	女	11.0	29.3	61.4	6.4	25.7	64.2
	一般計	11.5	26.8	58.0	6.7	20.6	55.1
	被害者	21.9	38.2	66.7	16.2	33.3	75.3

表2-5 ネグレクト

		一般			被害
		男	女	一般	
	総 数	100	109	209	105
父親	泣いても放っておかれる	###	###	23.4	34.3
	1人で家においていかれる	1.0	1.8	1.5	7.7
	風呂に入れたり下着を替えてもらえない	3.0	1.8	2.4	6.7
	食事を与えられない	4.0	1.8	2.9	1.0
	自動車内等に放置される	0.0	0.9	0.5	0.0
	る	1.0	0.0	0.5	0.0
	母親	泣いても放っておかれる	###	###	18.7
1人で家においていかれる		2.0	5.6	3.8	6.7
食事を与えられない		4.0	3.7	3.9	6.7
風呂に入れたり下着を替えてもらえない		1.0	0.9	1.0	2.0
自動車内等に放置される		1.0	0.0	0.5	0.0
裸のままにされ		0.0	0.0	0.0	0.0

表2-6 両親からのネグレクト

	被害者	一般	
		男	女
両親いずれからも	46.6	70.0	60.6
母からのみ	15.5	6.0	10.1
父からのみ	19.4	15.0	13.8
両親から	18.4	9.0	15.6

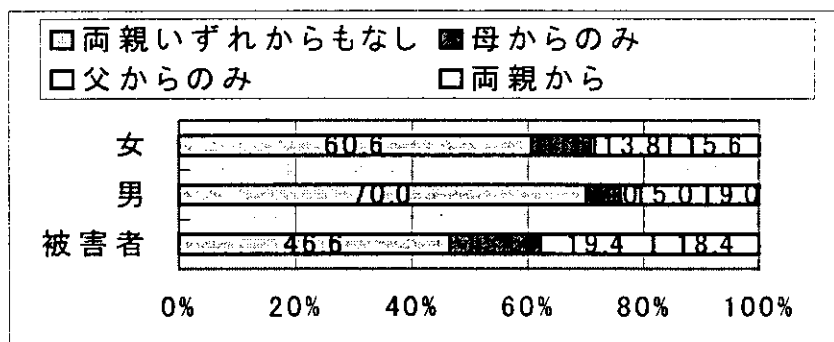


表2-7 心理的虐待の経験者

		父親	母親
福祉犯被害者		47.6	62.1
一般群	男	37.0	42.0
	女	38.5	52.3
	一般計	37.8	47.4

表2-8 心理的虐待

		一般			被害者
		男	女	一般	
	総 数	100	109	209	105
父親	気に入らないことがあると私に八つ当たりする	15.0	17.4	16.3	27.6
	他の兄弟姉妹とくらべて不公平なあつかいをする	13.0	17.4	15.3	23.8
	「いないから出て行け」と言われる	7.0	11.1	9.1	22.8
	私をほめたことがない	6.0	5.5	5.7	17.1
	私は、親に対して、いつもびくびくしている	1.0	6.4	3.8	14.3
	むりやり行きたくない塾や習い	8.0	2.7	5.3	5.8
	「生まれてこなければよかった」と言われる	2.0	0.9	1.5	7.6
母親	刃物をつきつけるなど怖い思いをさせる	0.0	1.8	1.0	4.8
	他の兄弟姉妹とくらべて不公平なあつかいをする	20.0	27.5	24.0	29.5
	気に入らないことがあると私に八つ当たりする	14.0	30.3	22.5	40.0
	「いないから出て行け」と言われる	7.0	14.7	11.0	29.5
	むりやり行きたくない塾や習い事に行くように言われる	19.0	7.3	12.9	7.7
	私をほめたことがない	4.0	1.8	2.9	13.3
	「生まれてこなければよかった」と言われる	0.0	4.6	2.4	17.2
	私は、親に対して、いつもびくびくしている	1.0	6.4	3.8	10.5
刃物をつきつけるなど怖い思いをさせる	1.0	0.9	1.0	9.5	

表2-9 両親からの心理的虐待

	被害者	一般		
		男	女	計
両親いずれからもなし	27.2	44.0	37.6	40.7
母からのみ	25.2	19.0	23.9	21.5
父からのみ	10.7	14.0	10.1	12.0
両親から	36.9	23.0	28.4	25.8

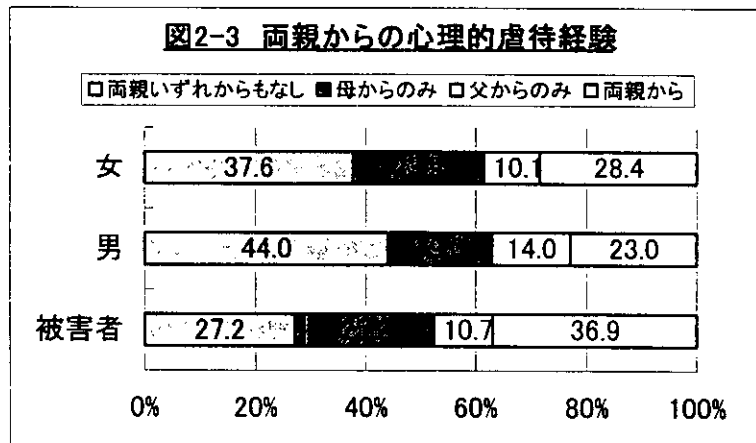


図2-4 両親からの虐待

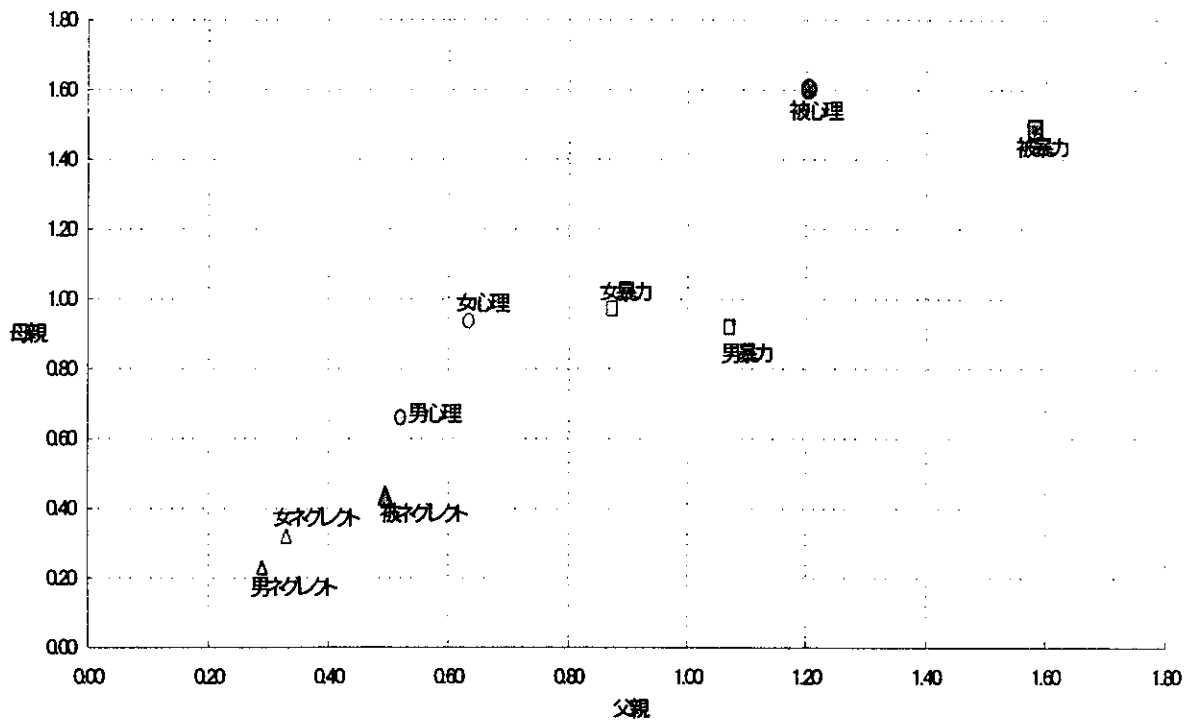


表 2-10 性的虐待

	被害者	一般女
総 数	105	109
むりやり、キスされた	6.8	2.7
むりやり、からだや乳房をさわられた	11.5	1.8
むりやり、性器をさわられた	9.5	1.8
異性(あるいは同性)から、むりやり裸や性器をみせられた	4.8	0.0
ポルノ雑誌やアダルトビデオをむりやり見せられた	2.0	0.0
むりやり、性交をさせられそうになった	2.9	0.0
相手の性器にさわられるよう強制された	2.9	0.9
むりやり、性交をさせられた	4.9	0.0
むりやり、裸や下着姿の写真をとられた	0.0	0.0
むりやり、他人の性交をみせられた	0.0	0.0
性器の露出が強制された	13.5	5.5

表2-11 性的虐待被害の時期

経験あり	被害者					一般女				
	105					109				
総数	小あり 中あり	小あり 中なし	小なし 中あり	不明	計	小あり 中あり	小あり 中なし	小なし 中あり	不明	計
ア 身体接触	2.9	1.9	4.8	2.0	11.5	0.9	0.9	0.0	0.0	1.8
イ 裸や下着姿の写真撮影	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ウ 雑誌やビデオ見せ	1.0	0.0	0.0	1.0	2.0	0.0	0.0	0.0	0.0	0.0
エ キス	1.0	1.0	2.9	2.0	6.8	0.0	2.8	0.0	0.0	2.7
オ 裸や性器見せ	1.0	1.0	1.0	1.9	4.8	0.0	0.0	0.0	0.0	0.0
カ 性器接触	1.9	1.0	3.8	2.8	9.5	0.9	0.9	0.0	0.0	1.8
キ 性器接触強要	1.0	0.0	1.0	1.0	2.9	0.0	0.9	0.0	0.0	0.9
ク 他人の性交見せ	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ケ 性交未遂	0.0	0.0	1.0	1.9	2.9	0.0	0.0	0.0	0.0	0.0
コ 性交	1.0	0.0	2.9	1.1	4.9	0.0	0.0	0.0	0.0	0.0

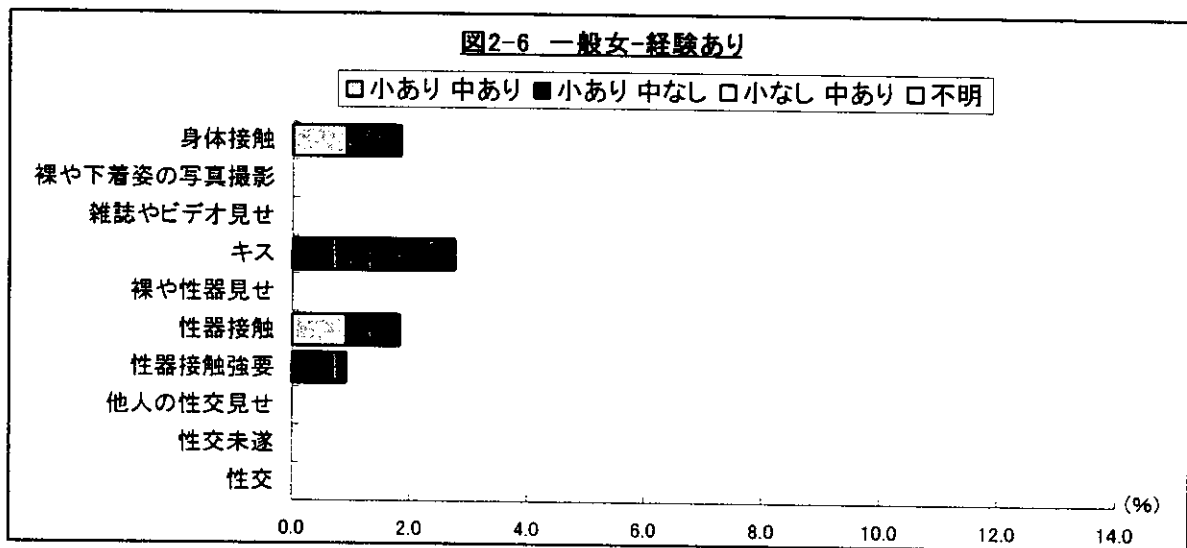
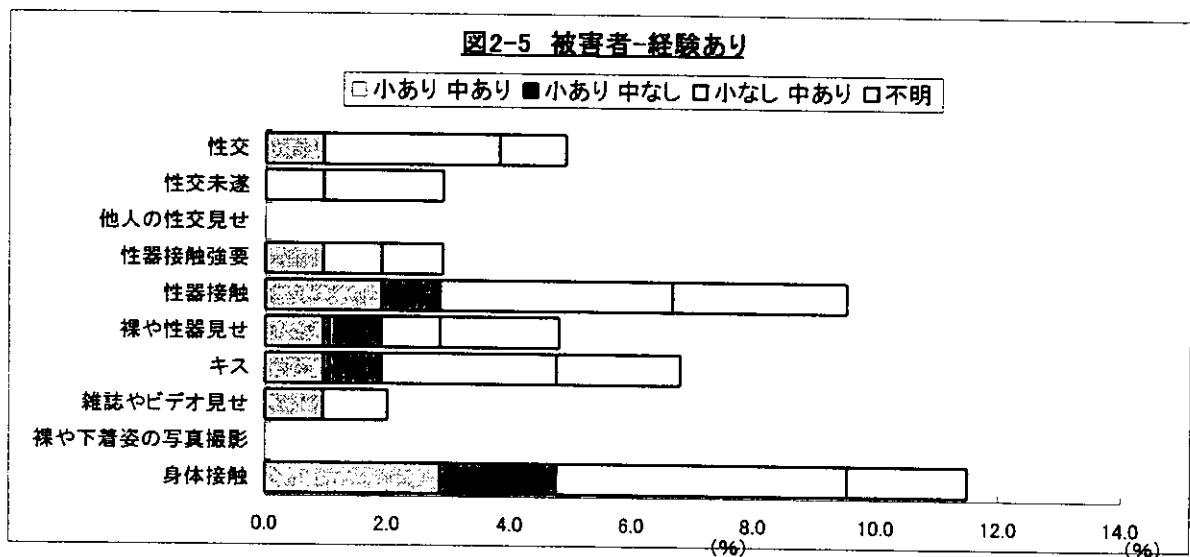


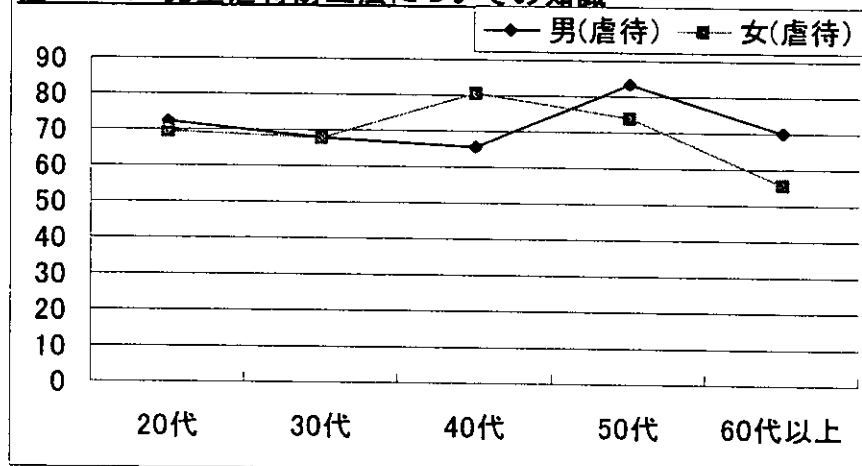
表 2-12 虐待のパターン 2 (性的虐待を含む)

虐待のパターン		被害者	一般男		
			男	女	計
4種類	暴力 + ネグ + 心理 + 性	5.8	1.0	1.8	1.4
3種類	暴力 + ネグ + 心理	35.9	16.0	22.0	19.1
	暴力 + ネグ + 性	1.0	0.0	0.9	0.5
	暴力 + 心理 + 性	0.0	1.0	0.9	1.0
	ネグ + 心理 + 性	1.9	0.0	0.0	0.0
	計	38.8	17.0	23.9	20.6
2種類	暴力 + ネグ	4.9	6.0	6.4	6.2
	暴力 + 心理	16.5	17.0	13.8	15.3
	暴力 + 性	1.0	1.0	0.0	0.5
	ネグ + 性	2.9	4.0	6.4	5.3
	ネグ + 性	0.0	0.0	0.0	0.0
	心理 + 性	1.0	1.0	1.8	1.4
計	26.2	29.0	28.4	28.7	
1種類	暴力	5.8	5.0	7.3	6.2
	ネグ	1.0	3.0	1.8	2.4
	心理	8.7	16.0	15.6	15.8
	性	1.0	0.0	0.0	0.0
計	16.5	24.0	24.8	24.4	
なし		12.6	29.0	21.1	24.9

表4-2-1 虐待行為の認知

	当然				当然+やむを得ない			
	母親		父親		母親		父親	
	非行	一般	非行	一般	非行	一般	非行	一般
泣く	8.5	9	7.7	11.1	59.2	62.6	44.9	63.6
食事	0.7	0.7	1.3	0.9	6.8	6	6.9	7.1
風呂	5.7	5.5	3.3	4.7	14.2	15.7	11.3	17.7
大声	16.9	11.7	17.8	15	80.5	75.4	57.6	71.8
尻	17.4	12.6	11.2	11.2	78.5	79.6	52.1	67.9
手	14.7	6.6	8.2	5.8	72.6	62.4	48.6	51.6
頭	4.8	1.5	4.1	2.7	31.2	16.8	25.9	18
顔	3.9	1.8	4.4	2.6	36.3	19.8	31.2	21.1
つねる	2.3	0.7	1.1	0.7	15.8	9.1	10.4	7.7
物で叩く	2	0.4	0.8	0.6	11.4	6	8.4	5.1
物を投げる	0.9	0.1	0.8	0.4	6.3	3.2	5.7	2.7
髪	1.3	0.9	0.8	0.7	6.2	6.5	4.1	5.1
押入れ	3.1	2.5	3.1	2.6	34.8	38.1	24.9	32.5
ベランダ	2.9	2.1	2.7	1.9	34	29.7	23.7	27.7
家に放置	2.5	2.5	2.1	2.4	27.6	25	16.2	20.9
裸	0.5	0.1	0.4	0.1	1.6	1.7	2	1.7
自動車に放置	0.8	0.4	0.5	0.3	2.5	2.9	2.4	2.6

図5-1-1 児童虐待防止法についての知識



第3章

海外文献資料からみた考察

**A Summary of the Literature on
Child Sexual Abuse and
Exploitation: An Introduction**
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Child sexual abuse and exploitation is an important, and relatively recently acknowledged, part of the child abuse and neglect problem. Beginning in the 1970's, a significant number of researchers turned their attention to this aspect of child abuse; what followed was an exponential growth in our knowledge about child sexual abuse and the creation of a substantial body of literature on the topic. It should be noted that, while there has been a knowledge explosion in this area, there remains a significant number of unanswered questions about child sexual abuse and exploitation, in all of three major areas of research on the topic: risk assessment, intervention and prevention. In response to this large body of research, as well as to a high level of interest among its members in identifying available resources, the International Society for Prevention of Child Abuse and Neglect (ISPCAN), through the generous support of UNICEF, undertook a project to summarize the literature on child sexual abuse and exploitation. The intent is to provide a starting point for

professionals and interested others when the need to refer to the literature on child sexual abuse and exploitation arises.

The three papers presented here summarize the major evolution in thought and practice in the field of child sexual abuse and exploitation. The papers focus on changes and advancements in three areas:

- a) the understanding of professionals on the causes and impacts of sexual abuse (i.e., risk factors),
- b) intervention efforts for both victims and offenders and
- c) prevention efforts.

Each paper explores our current knowledge about best practice and provides suggestions for future research in order to continue expanding our knowledge base. These papers were written by noted experts working in the field of child sexual abuse and exploitation: the risk factors paper was written by Irene Intebi, M.D. from the Program de Asistencia del Matrato Infantil, Gobierno de la Ciudad de Buenos Aires, Argentina, the intervention paper was written by Lucy Berliner, MSW from Harborview Medical Center, University of Washington, and the prevention paper was written by Deborah Daro, Ph.D., Chapin Hall Center for Children, University of Chicago.

In addition to this summary, the ISPCAN project on child sexual abuse

and exploitation contains two additional components: a) a general bibliography of citations provided to ISPCAN via its network of members, councillors, faculty and partners as worthy of inclusion in this project and b) an annotated bibliography containing brief summaries of the child sexual abuse and exploitation literature most frequently referred to by a group of experts on this issue. Both of these bibliographies are available by visiting the ISPCAN website (www.ispcan.org.)

訳：性的虐待及び性的搾取は、1990年に関心が高まり、それらの研究論文は3つの領域に分かれる。1) リスクアセスメント、2) 介入、3) 予防。この研究は、ユニセフの援助によってISPCANが実行したもので、性的虐待の文献にあたろうと思ひ、専門家などに対してStarting Pointを提供することを目的としている。これから紹介する3つの論文は、a) CSAの原因と影響について、b) 被害時と加害者への介入効果、c) 予防への取組み、d) Irene Intebiのリスクファクター報告書、e) Lucy Berlinerの介入報告書、f) Deborah Daroの予防報告書。その他、ISPCANプロジェクトには、1) 様々な専門職を通して、一般的引用文献について、2) 注釈文献についても収集、分析が含まれている。

Child sexual abuse:

Risk factors

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Introduction

Researchers and clinicians agree that

the exact incidence and prevalence of child sexual abuse in general population are not known precisely, due to the fact that most of the cases are not reported when they occur and that surveys show considerable variability as a result of differences in research methodology (Berliner & Elliott, 1996). The population surveyed, survey method, type and number of screening questions, and definitions of sexual abuse all influence the reported figures of abuse (Finkelhor, 1994).

At the same time, risk factors associated with child sexual abuse are a result of factor analysis of the data obtained through surveys in general population and from clinical samples. Risk is the likelihood of an event occurring. And risk assessment is a prediction on the future. It is not something that can be observed, but rather something that can only be inferred from the presence/absence of risk factors. It should be regarded as a continuum, rather than a yes/no dichotomy (de Paúl Ochotorena & Arruabarrena Madariaga, 1996).

Not everyone at risk will have the event or problem occur. The risk referred to in the risk assessment instruments is the likelihood of an adverse outcome. The use of the term "Risk Assessment" implies that these instruments may have a utility in determining whether children are likely to become victims of abuse. Relatively speaking, risk indicates probabilities of low frequency occurrences such as the likelihood of

abuse. Risk assessment for abuse in general populations may identify as "at risk" large numbers of children who have not been victims of maltreatment (Runyan, D.K., 1998).

In studies of risk factors, investigators attempt to identify characteristics of the family (or child or perpetrator) that increase the likelihood of sexual abuse occurring. In studies of risk the risk factors serve as the exposure variables. Such studies have two purposes: to identify high-risk groups so that prevention programs can be targeted appropriately, and to understand how sexual abuse occurs (and the factors that contribute to its occurrence). Although research on risk factors has been fairly common in studies of other types of maltreatment (i.e., physical abuse or neglect), such research concerning sexual abuse has been limited (Leventhal, 1998).

訳: CSA のリスクファクターを正確に把握することは難しい。被害児は申し出ないことが多いということと、研究の方法論上の問題や定義があげられる。CSA の発生要因は、一般人口や臨床からのデータを因子分析し得られる。リスクとは、予測のことであり、観察されるものではない。必ずしも可能性のある人すべてが、虐待を受けるわけではない。リスクアセスメントとは、被害児における可能性を示唆しているにすぎない。家族の特性に対して、予防計画を立てるために、high-risk グループを明らかにし、多様な変数を適切に計画をしていくのである。そしてリスク研究では、CSA の原因子を理解することである。CSA の研究は、身体的・精神的と同様の制約を受けてきた。

Current strategies

Risk assessment for child sexual abuse mainly pursues two goals: a) an effort to identify high-risk groups through epidemiological research on risk factors; and b) an effort to identify both strengths and weaknesses that each child and each alleged offender bring to a case, in order to assess case vulnerability and collaborate in decision-making (Hewitt, 1999). Thus, factors related to the child, to the family, and to the perpetrator should be considered.

訳: CSA の目的 1) リスク因子に関する疫学調査による high-risk グループの同定、2) 被害児、加害児の傷つきやすさを理解し、意思決定に協力するために強さと弱さを明らかにする。CSA は、被害児、加害者、家族の因子を考慮する必要がある。

Quinsey et al. (1995) (authors who deal primarily with appraising the risk of new violent or sex offenses among men who are known to have committed at least one sex offense in the past), describe two types of offender and situational variables related to recidivism: variables that cannot be changed through active intervention, such as offense history, age, and demographic characteristics, called static predictors, and variables that are changeable, such as pro-criminal attitudes or quality of supervision, termed dynamic predictors. Static predictors can be used to determine the degree of risk that an offender presents. Dynamic predictors are the focus of

treatment and supervision because they involve issues about which something can be done and can, at least in principle, modify an offender's level of risk.

It would be interesting to consider the same types of variables when assessing both the risk of children in general population and the re-victimization risk of sexually abused children.

訳：加害者の5つのタイプと再犯に関する調査。強力な介入でも変化しない因子：犯罪歴・年齢等→加害者のリスクの特質。悪化因子としては、犯罪を起こす前の態度、ス・パ・ビ・ジ・ョ・ン→犯罪リスクを修正するようなもの（治療・ス・パ・ビ・ジ・ョ・ン）

Risk factors related to the child:the general population

Girls are at higher risk for sexual abuse than boys. Both girls and boys are at increased risk if they have lived without one of their natural parents, have a mother who is unavailable, or perceive their family life as unhappy (Finkelhor & Baron, 1986; Finkelhor et al., 1990 cited by Berliner, 1996)

Studies have indicated that males who have been sexually abused are at an increased risk of sexually abusing, that girls living with step-fathers are at an increased risk compared to girls living with biological fathers (Russell, 1986), and that children with handicaps or developmental delays are at an increased risk compared to normal children (Sobsey, 1992; Tharinger, Horton, & Millea, 1990; National Center on Child Abuse and Neglect [NCCAN], 1993, cited by Berliner, 1996).

訳：CSAでは、被害児の再被害リスクと一般の児童のリスクを同じ変数で格付しているというところが興味深い。少女は、少年よりリスクが高い。両者とも片親がいない時には高い。両者の家族が不幸せと思っていると高い。被害男児が加害者になることが多い。継父と暮らしている女子のリスクが高い。ハンディキャップをもっているとリスクが高い。

Risk factors related to the child:sexually abused children

Hewitt (1999) affirms that each child and each alleged offender bring to a case both strengths and weaknesses and she suggests a list of factors therapists need to consider when assessing case vulnerability. She emphasizes that these lists have been drawn from clinical experience, that they are not the product of factor analysis coming from research, and that they may be modified pending the outcome of research.

Hewitt considers low-risk children those that: are clear about their own boundaries and capable of stating them; have sufficient ability to verbalize; are capable of recognizing problems and talking about them; are assertive and confident in voicing their own views and concerns despite some adult opposition. Usually they are older than preschoolers. On the other hand, high-risk children are younger children or older who are passive, dependent, withdrawn, anxious, fearful, powerless, unable to articulate concerns, unable to recognize problem behavior, much less report it.

訳：low-risk の子どもたちは、心理的境界

をもち、さらに言語能力もあわせもっている。大人と反対の意見を述べる能力ももっている。

Risk factors related to families:the general population

Berliner and Elliott (1996) state that empirical studies have found that families of both incest and nonincest sexual abuse victims are reported as less cohesive, more disorganized, and generally more dysfunctional than families of nonabused individuals (Elliott, 1994; Harter, Alexander, & Neimeyer, 1988; Hoagwood & Stewart, 1989; Madonna, Van Scoyk, & Jones, 1991). The authors add that the areas most often identified as problematic in incest cases are problems with communication, a lack of emotional closeness and flexibility, and social isolation (Dadds, Smith, Weber, & Robinson, 1991).

訳：近親姦でない性的被害児あるいは近親姦の家庭では、家庭内のまとまりがないということが報告されている。またコミュニケーションの問題もあげられている。

According to Leventhal (1998), few studies have examined family factors in more detail. He mentions one of the few longitudinal studies of risk factors for sexual abuse, in which Fergusson, Lynskey, and Horwood (1996) prospectively studied, from birth to the age of 16, a cohort of 1,265 children born in Christchurch, New Zealand in 1977. When the children were 18, retrospective reports of sexual abuse before age of 16 were obtained and risk

factors, which had been prospectively assessed, were examined.

Of the 1,019 subjects interviewed at age 18, 10.4% indicated that they had been sexually abused (17.3% of females and 3.4% of males). The five major risk factors identified were female gender of the victim, marital conflict, poor parental attachment, paternal overprotection, and parental alcoholism or problems with alcohol. These variables together accounted for about 10% of the variance when predicting the occurrence of sexual abuse. Although risk factors were clearly identified, the authors concluded that the level of prediction was not strong.

訳：10.4%は、性的虐待があると予測されている。(女性の17.3%、男性の3.4%)。被害者は女性であったり、夫婦げんかがたえなかったり、両親の愛情不足、両親の過度な保護、両親のアルコール依存症の変数があると10%の割合で性的虐待が起こっている。

Other studies of family factors have identified other risk factors, such as mothers that have not finished high school, that are sexually repressive/punitive, fathers that show no physical affection (Finkelhor, 1979, cited by Kuehnle, 1996), parental drug abuse, a poor parent-child relationship, and a parent with emotional instability (Leventhal, 1998).

訳：どちらかの親の感情が不安定であったりすると、リスク要因として特定されている。Finkelhor (1994), on the other hand, has summarized the risk factors into two major categories: (1) those factors that decrease the quantity and the quality of

parental care of children; and (2) those that produce vulnerable, emotionally needy children. Other authors support the fact that child sexual abuse also occurs in many families where other types of abuse are present, such as spouse battering and/or physical and emotional abuse of children. (Paveza, 1987, Kuehnle, 1996).

訳：性的虐待のリスク要因としては、配偶者に対する暴力と子どもに対する心理的あるいは身体的虐待が存在する。

Risk factors related to the families of sexually abused children

The list of low-risk family related factors important to assessing case vulnerability, according to Hewitt (1999) are: parents who are fully cooperative; respectful; able to put the child's needs first; aware of the child's reactions and emotional needs; capable of empathy; accepting of the responsibility for their own behavior; not controlling and dictatorial of the child; able to wait for the child to lead; and aware of and respectful toward the touch rules that have been agreed to.

While factors related to high-risk parents are: parents who minimize or deny their own involvement in the child's allegation; project anger onto others; accept no responsibility for their own behavior; are domineering, insensitive, impulsive, explosive, angry, or demeaning; display no empathy; have an inability to give up narcissistic focus; have a history of antisocial behavior; have an uncontrolled chemical

dependency status; consistently display poor boundaries relative to feelings or touch with the child; have sexualized interactions with the child although no sexual abuse is seen specifically; argue and are unable to control anger; often create difficult situations with the therapeutic manager in the child's presence.

Risk factors related to alleged perpetrator

Quinsey et al. (1995) report that among child molesters, those whose victims are males have the highest recidivism rates; those whose victims are unrelated females, lower rates; and heterosexual incest offenders, the lowest rates; and that the likelihood of subsequent sexual recidivism is related to the number of prior offenses as past criminality is associated with higher probability of re-offending. (Christiansen et al, 1965; Correctional Services of Canada, 1991). They state that variables related to criminal history (including sexual offense history), victim choice (including age, gender, and relationship of the victim), as well as offender variables such as age and marital status, have been shown to be related to recidivism.

訳：再犯率に関しては、身内でない女性が犠牲になることがある。加害者は、起訴に至らない小さな犯罪を多く犯しているのので、再犯率という統計は過小データをもとにしている。

The authors also discuss the fact that follow-up data of conviction reports underestimate the amount of

re-offending that actually occurred because small numbers of sexual assaulters commit large numbers of offenses for which they are seldom charged.

訳：再犯の可能性は、過去の加害の回数による。

Future strategies

De Paul Ochotorena and Arruabarrena Madariaga (1996) suggest that risk assessment instruments should help professionals to focus on factors that are relevant to the situation they need to assess.

Good risk assessment instruments would be those that include:

- Assessment of all risk areas or risk factors
- Identification of high-risk factors
- Identification of risk factors that may interact dangerously
- Assessment of duration, severity, and possibility of controlling risk factors.
- Assessment of positive aspects and strengths of the family.

Leventhal (1998) suggests that future studies on risk factors can strengthen the understanding of how sexual abuse occurs: what characteristics prevent the sexual abuse from occurring in individuals and families that present risk factors; and what factors contribute to sexually abused boys not becoming perpetrators of sexual abuse or what factors contribute to boys who have not been sexually abused becoming perpetrators.

訳：性的虐待をうけた男児が、加害者にならず、性的虐待をうけない男児が、なぜ加害

者になるのか。

Regarding sex offenders, Quinsey et al. (1995) report that the most important need at present is the identification and evaluation of dynamic predictors, such as situational predictors (including such things as gaining or losing employment); changes in attitude or mood (which may or may not be related to identifiable situational phenomena); treatment-induced changes (such as skill acquisition). It is highly likely that the most relevant dynamic predictors will involve criminogenic needs (the antecedents of sexual offending) or variables related to the opportunity to commit further offenses, such as compliance with supervision. The ultimate result of research on dynamic factors is the ability to specify how much a particular course of action would reduce a particular sex offender's likelihood of recidivism. The authors regret that few sex offender follow-up studies have attempted to identify variables that predict recidivism, and even fewer have attempted to identify dynamic predictors.

And a final recommendation: researchers and professionals working on the child sexual abuse field in different parts of the world should be encouraged in order to develop good risk assessment instruments that contemplate the local characteristics and scope of the problem.

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Intervention in Sexual Abuse

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Introduction

Intervention in sexual abuse cases has several important purposes: (1) assess risk to children and establish a safe family environment; (2) identify sexual offenders, hold them accountable and/or protect the community; and (3) treat the psychological consequences of abuse experiences and promote healthy development that will reduce risk for long term negative outcomes. Child protection, criminal justice, and therapeutic interventions may be necessary depending on the individual case circumstances.

Current Strategies for Intervention

Child Safety. Most sexually abused children are victimized by someone they are related to or someone they know. Protection against future victimization by someone who is not in a caretaker role can be accomplished when parents do not allow contact with the offender or always supervise contact. When the abuser is a member of the immediate family, a parent/parent figure or a sibling, government child protection authorities usually become involved in countries with such systems. First, an investigation is conducted and a determination is made about whether sexual abuse occurred. If abuse is substantiated, it has become common practice in many Western societies to separate children and offenders at least

temporarily. It is preferred practice to remove the offender instead of the child when the non-offending parent is supportive of the child.

Studies have shown that children are more distressed when they are interviewed more times as part of initial investigations. However, no deleterious effects have been found for placement out of the home or for removal of offenders. Accurate information does not exist on how many families in incest cases choose to stay together following sexual abuse or to be reunified following separation between the offender and the child victim. Anecdotal data suggest that in most cases, especially when offenders are not biological parents or siblings, the families do not seek reunification. There are clinical models for family reunification therapy, but no information is available on how often these interventions are successful in restoring families or on the rates of reabuse following reunification.

訳：加害者が実の父または兄でない時は、再度、家族のまとまりをもたせるようなプロセスは不必要である。

Offender Accountability/Community Protection. In the United States, about 60% of cases confirmed during investigation are referred for prosecution. The rates are higher for cases investigated and referred by police than cases referred from child protection authorities. On average, more than half of those cases result in

prosecution. Cases involving older children, more serious abuse, extra familial offenders, more and better evidence, children with fewer problems, and the presence of maternal support for the child are more likely to be prosecuted. A large majority cases where charges are filed result in conviction mostly be plea. In only about 15% of cases do children testify in court. Of convicted offenders about half are incarcerated.

訳：加害者が60%警察などに検挙されている。年長の子どもより重篤な虐待、家族外加害者、より多くの正確な証拠、あまり問題をもっていない子ども、そして母親のサポートが存在する場合において、より告訴されやすい。告訴されたほとんどは、有罪となり、子どもの15%は法廷で証言をしている。有罪の半数は、有期刑となり刑務所行きとなる。

Studies do not show that involvement in the criminal justice system is harmful to children. Although children do express apprehensions about testifying, there is no evidence that children who testify suffer more than temporary distress.

Children who testify more than once or experience long and harsh cross-examination are more likely to be negatively affected. Interventions designed to reduce stress about testifying have been shown to be effective. Recidivism rates for sex offenders vary widely depending on risk factors. Identified risk factors include deviant sexual interests, psychopathy, having any male victim, having unrelated victims, the number of prior charges/offenses, and younger age of the

offender.

This means that some offenders are at relatively low risk, for example, those who have only offended against a female child in the family, whereas other offenders are at extremely high risk. While the evidence for treatment effectiveness remains unclear, it appears that modern treatment approaches can reduce risk at least for certain offenders. While offenders are incarcerated there is no risk to children.

訳：再犯要因として、性格偏向、病的、被害男児、身内外の被害児、前科の数、加害者の年齢がある。

Therapeutic Interventions. There is a large body of clinical literature and a growing empirical literature on treatment for sexually abused children. One complication for planning treatment with sexually abused children is that the effects of sexual abuse vary widely. This is primarily because sexual abuse encompasses a broad range of experiences. The most typical sexual abuse experience consists of one or several events committed by a known but not related offender, but sexual abuse can involve violent attacks by strangers, ongoing abuse by parents, persuasion to participate in an exploitive relationship and commercial exploitation through pornography or child prostitution. More serious outcomes are associated with violent experiences, when there is the perception of life threat, longer or more frequent abuse, when there is sexual penetration, and when the offender is

closer or more important to the victim. Children who have a prior history of trauma or pre-existing psychiatric conditions are at higher risk for problems. Up to half of sexually abused children will develop Post-Traumatic Stress Disorder. Sexual abuse in childhood is also associated with increased risk for a variety of mental health conditions, relationship problems, and revictimization in adulthood. In addition, sexual abuse often co-occurs with other forms of abuse and adverse childhood experiences that effect their adjustment.

訳：重大な結果をもたらす虐待とは、暴力を伴うもの、生命の危険を感じるもの、より長くより多くの暴力、性交がある加害者が被害児の近親者あるいは重要な人、虐待以前にトラウマをもっている、心理的虐待をうけた子どもは重症化しやすい。CSA の半数は PTSD である。

This variation in impact means that an assessment should be conducted before undertaking a course of treatment. In addition to determining the specific impact of abuse on a child, it is important to determine the parental response. While most parents believe and support their children, some do not, especially in incest cases, and this compromises the children's psychological situation. The level of parental distress about the sexual abuse also has an effect on children's distress. Enhancing parental capacity and reducing their distress may be important treatment targets. A developmental perspective that