addresses children's functioning in key areas such as relationships with family and peers, school performance, and socialization should always inform an assessment. Promoting a normal course of development may serve as the key protective factor against long-term harm.

In cases where children have no or few symptoms and a supportive environment, formal treatment may not be necessary and a brief psychoeducational an intervention may be sufficient. In other cases children will have significant abuse effects that will benefit by abuse-focused therapy.

Typical consequences are posttraumatic stress, depression, and anxiety. Some abuse related problems may need to be triaged to a higher priority and require additional specialized intervention. For example, about one third of children will develop sexual behavior problems that should be addressed immediately to prevent harm to other children. In yet other cases, children will have abuse effects and other problems that may be unrelated to the abuse but require immediate attention such as substance abuse, suicidality, or antisocial behavior.

訳：典型的なこととしては、トラウマをもっていたり、デプレッション、そして不安があったりする。子どもたちの 1/3 は性的な問題行動をもつようになる。

The treatment approach for the traumatic impact of abuse that has been found to be effective in rigorous treatment outcome studies is trauma-specific cognitive behavioral therapy. This intervention relies on well-established psychological principles that are adjusted for application to sexually abused children. It is based on the premise that children may develop conditioned negative emotional associations to their memories or reminders of the abuse experience and that they may adopt cognitive distortions about the event(s). These reactions can cause distress (e.g., intrusive memories, flashbacks, nightmares), can lead to maladaptive avoidance (e.g., irrational restriction of activities, dissociation), or can eventually alter beliefs about self and others (e.g., fear of all men, low self esteem). The approach includes learning to identify and express negative abuse related emotions, anxiety management strategies, cognitive coping, gradual exposure, correction of cognitive distortions, and abuse-prevention skills.

訳：厳密な治療アウトカム研究において、効果的であることが指ししめられてきた、虐待のトラウマ的影響に対する治療アプローチとして、トラウマに特異的な認知行動療法がある。

Parents are also given treatment to assist them in understanding and responding to their children's reactions as well as handling their own distress in ways that allow them to be more available to their children. The components of parental treatment are similar to those for the children. In addition, parents are taught effective behavior management strategies to

responds to children's behavioral reactions.

Delivery of trauma specific treatment is often complicated by the fact that families are in crisis or have other significant problems that interfere with a focus on the child's abuse reactions. Clinicians may need to triage treatment priorities or engage other services to address the more pressing problems that families may face (e.g., homelessness, legal problems, substance abuse, domestic violence).

Future Strategies

Sexual abuse is not a phenomenon restricted to certain societies; every country where general population studies have been conducted has found that sexual abuse of children is widespread. Many sexual abuse victims, even in societies with highly developed child protection and mental health services, do not tell anyone at the time and even if they do, the abuse is rarely reported to authorities. Actions cannot be taken to protect children or the community or get help for children if the abuse is not known to caring adults or the authorities. On the other hand, encouraging children to come forward or teaching professionals to screen for sexual abuse is only worthwhile if the benefits of reporting outweigh the costs of remaining silent. This means that societies and communities must be prepared to respond with protective interventions and assistance to the child victims and their families. The most important factor in creating a receptive climate for reporting is a societal context that condemns sexual abuse of children and does not take a punitive response toward the children.

訳：最も重要な因子と上げられるのが、性的虐待をとがめる社会的な状況である。

Although model approaches (e.g., coordinated community responses carried out by trained professionals) have been developed and effective treatments (e.g., trauma-specific CBT) are available, they have yet to be implemented in many communities. Continued efforts are needed to bring knowledge and practice into greater concordance. Strategies that can be helpful include passing laws, community organization, advocacy, and training.

Given the fact that many countries or communities do not have fully developed child protection systems, an effective criminal justice response or formal mental health services and in consideration of ethnic and cultural differences in preferred responses, it is important that alternative means of accomplishing the central goals of child protection and assistance are identified. The essential ingredients would appear to be some mechanism for protecting the victims and other children in the community from identified offenders, a means of conveying social condemnation of sexual abuse of children, and formal or informal ways of giving children support and the opportunity to resolve psychological symptoms.

There are many formal and informal systems and organizations that have a part to play in creating a protective and supportive community response at the national or local level. Among the key participants are national and local governments, tribal councils or other vehicles for enforcing rules of social conduct, religious groups, legal and health care professionals, non-governmental organizations, and extended family groups. Although allocation of resources is an important factor in insuring that response systems and services are widely available, it is possible to protect and help many sexually abused children through creative mobilization of existing systems of care.

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Preventing Child Sexual Abuse: Promising Strategies and Next Steps

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Introduction

Most child abuse prevention programming and research has focused on the development and assessment of strategies aimed at reducing the prevalence of physical abuse and neglect. To a large extent, this pattern reflects the field's major emphasis for the past 30 years. Until recently, professionals and the general public perceived maltreatment to involve problematic or damaging parenting practices. Excessive physical discipline, failure to provide children with basic necessities and care, and mismatches between a parent's expectations and a child's abilities has long been recognized as precursors to maltreatment. Whether these failures stemmed from limitations within the parent or within the surrounding social system, the most prevalent and best researched methods to prevent child abuse have been efforts to enhance parental capacity.

訳：親業能力を高めることが、虐待を防止につながる。

Beginning in the late 1970s, however, this singular focus was altered with the long overdue recognition of child sexual abuse. Reports of child sexual abuse in the United States, for example, increased from 6,000 in 1976 to an estimated 490,000 in 1992, with the bulk of this increase occurring between 1976 and 1984 (McCurdy & Daro, 1994). Prevalence studies on this problem estimate that as many as 20% of all females and 7% of all males will experience at least one episode of sexual abuse during their childhood (Peters, Wyatt, & Finkelhor, 1986). Furthermore, sexual abuse victims are a far more heterogeneous population than are physical abuse or neglect victims. Risk factors with respect to perpetrator characteristics, victim characteristics, and socio demographic variables are far from universal (Melton, 1992). Consequently, prevention advocates have had limited information to use in formulating effective prevention strategies targeted to potential perpetrators or communities.

訳：存在率研究において、全女性の 20%そ

して全男性の 7%が、少なくとも一度性的虐待を受けていた。

Driven by a sense of urgency to respond to the sexual abuse problem, prevention advocates have focused their energies on strengthening potential victims, one of Finkelhor's (1984) four preconditions for sexual abuse. These efforts, generally identified under the rubric of child assault prevention education, provide direct instruction to the child on the distinction between good, bad and questionable touching and the concept of body ownership or the rights of children to control who touches their bodies and where they are touched. Children are encouraged to tell if someone touches him or her even if that person has told the child not to reveal the incident. Programs also offer children a range of resources they can utilize if they have been abused.In addition, most curricula include some type of orientation or instruction for both the parents and school personnel. These sessions generally review the materials to be presented to the children, discuss
the local child abuse reporting system, outline what to do if you suspect a child has been mistreated, and examine the services available to victims and their families (Berrick, 1988). While other sexual abuse prevention strategies do exist, no strategy is as available or as carefully researched as educational efforts that seek to strengthen a child's ability to resist assault.

Current Efforts

Widespread concern has emerged over the utility and appropriateness of providing universal education to children regarding the risk of child sexual abuse (Reppucci & Haugaard, 1989; Gilbert, 1988; Melton, 1992).Despite the theoretical limitations of these programs, evaluations in this area have become more rigorous over time and have influenced the content and focus of child sexual abuse prevention programs. At least six major review articles on child sexual assault and victimization programs have concluded that, on balance, most evaluations find significant, if not always substantial, gains in a child's knowledge of sexual abuse and how to respond. (Carroll, Miltenberger & O'Neill, 1992; Daro, 1991; Daro, 1994; Finkelhor & Strapko, 1992; Hazzard, 1990; Reppucci & Haugaard, 1989; Wurtele & Miller-Perrin,1992).

Further, a meta-analysis that reviewed the findings from 30 such evaluations concluded that these programs produce a small but statistically significant gain in knowledge (Berrick & Barth, 1992).While some of these gains have been noted following repeated presentation of the concepts over a ten to 15 week period (Downer, 1984; Woods & Dean,1986; Young, Liddell, Pecot, Siegenthaler &Yamagishi, 1987; and Fryer, Kraizer & Miyoski, 1987), the majority of these gains have been realized after less than five brief

presentations (Plummer, 1984; Conte, Rosen, Saperstein & Shermack,1985; Kolko, Moser, Litz & Hughes, 1987; Harvey, Forehand, Brown & Holmes, 1988; Nibert, Cooper, Fitch & Ford, 1988; Borkin & Frank, 1986; Swan, Press & Briggs, 1985; and Garbarino, 1987).

As with all prevention efforts, these gains are unevenly distributed across concepts and participants.On balance,children have greater difficulty in accepting the idea that abuse can occur at the hands of someone they know than at the hands of strangers (Finkelhor & Strapko, 1992). Among younger participants, the more complex concepts such as secrets and dealing with ambiguous feelings often remain misunderstood (Gilbert, Duerr-Berrick, LeProhn & Nyman,1990). While most children learn something from these efforts, a significant percentage of children fail to show progress in every area presented.For example, Conte noted that even the best performers in his study grasped only 50% of the concepts taught (Conte et al, 1985). Retention of the gains noted immediately following these instructions also vary. At least one evaluator discovered that while children have been found to retain increased awareness and knowledge of safety rules several months after receiving the instruction, they retain less information with respect to such key concepts as who can be a molester, the difference between physical abuse and sexual abuse, and the fact that sexual abuse, if it occurs, is not the victim's fault (Plummer, 1984).

訳：性的虐待は、見知らぬ人より誰か知っている人によって虐待が発生している。

In addition to having a potential for primary prevention, child assault prevention instructions create environments in which children can more easily disclose prior or ongoing maltreatment. In other words, independent of the impact these programs may have on future behavior, they do offer an opportunity for present victims to reach out for help, thereby preventing continued abuse (Leventhal, 1987). Even those who have little faith that any useful prevention strategy can be developed with respect to sexual abuse, admit that child assault prevention programs hold strong promise in obtaining earlier disclosures (Melton, 1992).

The few studies which have measured the extent to which these interventions result in increased disclosures have been promising.

Kolko, Moser & Hughes (1989) reported that in five of six schools in which prevention programs were offered, school guidance counselors received 20 confirmed reports of inappropriate sexual or physical touching in the six months following the intervention. In contrast, no reports were noted in the one control school in their study. Similarly, Hazzard, Webb & Kleemeier (1988) found that eight children

reported ongoing sexual abuse and 20 others reported past occurrences within six week of receiving a three-session program.

The generally positive findings from the evaluations conducted to date suggest that some form of child-focused education is an important component in our efforts to reduce the likelihood a child will submit to ongoing sexual abuse or engage in violent behavior. The current pool of evaluative data suggests positive outcomes can be maximized if programs include the following features:

- Providing children with behavioral rehearsal of prevention strategies and offering feedback on their performance to facilitate children's depiction of their involvement in abusive as well as unpleasant interactions
- Developing curricula with a more balanced developmental perspective and tailoring training materials to a child's cognitive characteristics and learning ability
- For young children, presenting the material in a stimulating and varied manner to maintain their attention and reinforce the information learned
- Teaching generic concepts such as assertive behavior, decision-making skills, and communication skills that children can use in everyday situations, not just to fend off abuse
- Repeatedly stressing the need for children to tell every time someone continues to touch them in a way that makes them uneasy
- Developing longer programs that are better integrated into regular school curricula and practices
- Creating more formal and extensive parent and teacher training components, particularly when targeting young children
- Developing extended after-school programs and more in-depth discussion opportunities for certain high-risk groups(e.g., former victims, teen parents)

Future Directions

Restructuring child sexual abuse prevention programs in the manner outlined above is a critical first step in enhancing our capacity to educate children, parents and communities bout the problem of sexual abuse. Repeated commentaries on this subject however have called for more creative thinking. These commentaries have structured this expanded efforts within the context of Finkelhor's conceptual model of sexual abuse and have emphasized the need for a social service response rather than stricter prosecution (Daro, 1994; Finkelhor,1990; McCall, 1993; and Wurtele & Miller-Perrin, 1992).

訳：性的虐待の Finkelhor's 概念モデルが参考になる。そして厳しい告訴よりむしろ、社会サービスの反応に対するニードを強調している。

Among the additional approaches

frequently cited as essential elements of a comprehensive strategy to prevent child sexual abuse are:

- Public education efforts to improve the public's understanding of the underlying causes and forms of child sexual abuse.
- Directed education to those who are offending children in an effort to encourage perpetrators to seek out services and to alter their behaviors.
- Parenting education programs that strengthen a parent's protective instincts and provide parents information on how to discuss the issue with their children and how to secure help if their children are being victimized. Specific guidelines that help parents distinguish among appropriate, potentially troublesome and inappropriate sexual interests or behaviors also can offer parents a means of monitoring their child's behaviors.
- Life skills training for young adolescents that help them establish positive relationships and avoid abusive behaviors with their peers. These attributes include communication skills; problem-solving and planning skills; assertiveness skills; negotiated conflict resolution; friendship skills; peer resistance skills; low-risk choice-making skills; stress reduction skills; self-improvement skills; consumer awareness skills; self-awareness skills; critical thinking skills; and basic academic skills.
- Support groups for children experiencing specific trauma that may leave them feeling isolated and, therefore, more vulnerable to advances by perpetrators
- Support groups for vulnerable adults going through difficult transitions that limit their ability or interest in protecting their children.

Common sense suggests that this type of comprehensive approach is a move in the right direction. Research findings supporting this approach are less clear and less available. Research is needed to determine the extent to which individual behaviors can be altered by various early intervention efforts and the extent to which these changes result in less vulnerability for at-risk children and less proclivity toward sexual abuse among adults. Research must also address whether specific interventions cause individuals any lasting discomfort or impinge upon healthy parent-child relationships.

While the cost associated with providing all of these services are not trivial, prevention, as opposed to treatment, is a more cost-effective strategy in the long run for most social problems. Integrating these efforts into existing social service and educational systems may reduce the total costs of prevention. Such an approach not only reduces program costs but also offers multiple opportunities to reach at-risk children

and potential perpetrators.

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Annotated Bibliography on Child Sexual Abuse and Exploitation Literature

The articles and books featured in this annotated bibliography were identified as significant pieces of work by a group of individuals who research and study child sexual abuse. This project was undertaken by ISPCAN through the generous support of UNICEF. In addition to the annotated bibliography, a general bibliography and a series of papers on child sexual abuse and exploitation are also available from ISPCAN. To obtain more information of this project, please visit the ISPCAN website at: www.ispcan.org or fax: 1.630.221.1313.

Articles

1. Cohen, J.A. & Mannarino, A.P.; "Interventions for Sexually Abused Children: Initial Treatment Outcome Findings", Child Maltreatment; Vol. 3, No. 1; February 1998; pps. 17-26. The study evaluates treatment outcomes for recently sexually abused children aged 7 to 14. The children were randomly assigned to either a sexual abuse-specific cognitive behavioral therapy (SAS-CBT) or a nondirective supportive therapy (NST). Respondents and their non-offending parent were provided with 12 individual treatment sessions, which were closely monitored for adherence to the assigned treatment modality. Participants and parents completed several standardized assessment instruments pre- and post-treatment. The results indicated a significant group-by-time interaction on the Children's Depression Inventory and the Child Behavior Checklist Social Competence Scale, with the SAS-CBT group improving more than the NST group. Clinical findings also suggested that SAS-CBT was more effective than NST in treating sexually inappropriate behaviors. Limitations of the study included a relatively high drop-out rate, especially for the NST group, which diminished the study's power to detect statistically significant differences between the two groups.

In summary, the authors believe the study contributes useful information regarding effective treatment for sexually abused children, by providing support for a time-limited sexual abuse-focused cognitive behavioral treatment approach.

訳：この研究は、７歳～１４歳の最近、性的に虐待された子どもたちに対する、治療結果を評価している。子どもたちに対する治療効果を評価している。子どもたちは、SAS-CBTかNSTのどちらかに無作為に割り当てられた。回答者と非提供者の両親は、12 の個人的な治療セッションに関して提供した。割り当てられた治療のﾓﾀﾞﾘﾃｨを厳守し、重点的に観察が行われた。参加者と両親は、治療の前後にいくつかの標準化されたアセスメントツールに対して完璧に回答をした。その結果、NST グループより改善している SAS-CBT グループに対し、子どもたちのﾃﾞﾌﾟﾚｯｼｮﾝｲﾝﾍﾞﾝﾄﾘｰと子どもの行動ﾁｪｯｸﾘｽﾄ、社会能力ｽｹｰﾙでは、グループ間における相互作用の重要性を示した。また臨床結果によると SAS-CBT は、治療されている性的な不適応行動において、NST より、より効果的である。この研究の限界は、割合に脱落者が多かったということである。とくに NST に関しては、２群間で統計的な有意差をみつけられなかった。要約すると、研究者は性的に虐待された子どもたちに対する効果的な治療を考慮し、有用な情報源としてこの研究が寄与すると考えている。

2. Friedrich, W.N., Fisher, J., Broughton, D., Houston, M., Shafran, C.R.; "Normative Sexual Behvior in Children: A Contemporary Sample"; Pediatrics; Vol. 101, No. 4, April 1998. This study looks at normative childhood sexual behavior, in order to provide insight to clinicians when confronted with sexual behavior in children and the attendant confusion that can be caused because of the link between sexual behavior and sexual abuse. The study consisted of 1,114 children between the ages of 2 and 12 (screened for the absence of sexual abuse), whose sexual behaviors were rated by the primary female caregivers. A variety of measures were used, including the Child Sexual Behavior Inventory, 3rd Version, the Child Behavior Checklist and a questionnaire assessing family stress, family sexuality, social maturity of the child, maternal attitudes regarding child sexuality, and hours in day care. The children in the study (who there is no reason to believe had been abused) exhibited a broad range of sexual behaviors. The study also found that sexual behavior was related to the child's age, maternal education, family sexuality, family stress, family violence, and hours/week in day care. The relative frequency is similar to two earlier studies and the authors believe this reinforces the validity of their results.

訳：この研究は子どもたちの標準的な性行動をみるためである。1,114 人を対象とし、２歳から１２歳の間の子どもたちの性行動は、最初の女性介護者によって評価された。性行動は、子どもの年齢・母親の教育歴・家庭内の性的関心度・家

族のストレスの度合い・家庭内暴力・デイケア利用時間数に関係していた。

3. Saunders, B.E. & Berliner, L.; "Guidelines for the Psychosocial Treatment of Intrafamilial Child Physical and Sexual Abuse"; National Crime Victims Research and Treatment Center and Center for the Sexual Assault and Traumatic Stress, Office for Victims of Crime, U.S. Department of Justice, Draft Report:June 1, 2000.This paper, which presents guidelines for the mental health assessment and treatment of child victims of intrafamilial sexual and physical abuse and their families, is a companion work to a U.S. Department of Justice project on improving the criminal justice response to children exposed to violence.This project has four primary goals: 1) to describe important treatment and procedures and protocols often used with abused children and their families. 2) To develop specific criteria that can be used by clients, practitioners, agencies, payers, and other concerned parties for judging the appropriateness of treatment procedures and protocols often used with abused children and their families. 3) To classify commonly used treatment procedures and protocols according to their level of empirical support, effectiveness, and clinical acceptance. And 4) to develop a set of general guidelines for the clinical assessment and treatment of abused children and their families. These guidelines are intended for use by mental health professionals, victim/witness personnel, family/juvenile court judges, child welfare personnel and other practitioners who come into contact with abused children and their families. The report contains a number of sections. The first is "Assessment in Cases of Child Maltreatment", in which assessment of children, the parent-child relationships, and parents is discussed, along with treatment planning. The next section presents the "Treatment Protocol Classification System" that is used to evaluate various interventions and treatments summarized in the report. The next section of the report presents the various treatments and an assessment of the treatment based upon the classification system. This section is divided into three sub-sections, each of which contain descriptions of numerous different types of therapeutic approaches: a) child-focused interventions; b) parent, parent-child and family focused interventions; and c) offender focused interventions. The report concludes by presenting general principles for treatment of intrafamilial physical and sexual abuse.

訳：精神的なヘルスアセスメントに対するガイドラインと家庭内の性的な子ど

もの被害児童に対する治療および身体的虐待と彼らの家族に対する報告書である。このプロジェクトの４つの主要な目標は、1)性的虐待を受けた子どもと家族に用いられるﾌﾟﾛﾄｺｰﾙと方法、治療を記述するため、2)ｸﾗｲｴﾝﾄ、ﾌﾟﾗｸﾃｨｼｮﾅｰ、機関、支払人、治療方法の適切性を判断するため、3)経験的な支援、効果、臨床的容認のレベルによるﾌﾟﾛﾄｺｰﾙと一般的な利用方法を分類するため、4)被虐待児とその家族に対する治療に臨床ｱｾｽﾒﾝﾄに対する一般的なｶﾞｲﾄﾞﾗｲﾝを開発するためである。この報告書は、セクションごとに分類されている。第１章は、被虐待児の事例のｱｾｽﾒﾝﾄ、第２章は、"Treatment Protcol Classification System"を表示している。第３章は、分類されたシステムに基づいて、様々な治療や治療のｱｾｽﾒﾝﾄを示している。この章は、ｻﾌﾞｾｸｼｮﾝに分類され、a.子どもを中心にした介入、b.親、親－子、そして家族を中心にした介入、c.加害者を中心にした介入。この報告書は、家庭内の身体および性的虐待の治療に対する、一般的な原則に結論をつけている。

Books

1. Donnelly, A.C. & Oates, K. (eds.), Classic Papers in Child Abuse, Sage Publications, Thousand Oaks, CA, 2000. This book is a compilation of timeless research vital to the assessment, management, treatment and prosecution of current cases of child abuse and neglect. It is intended for advanced clinical students and professionals in a variety of disciplines whose work involves interdependent aspects of dealing with child maltreatment. The 25 papers in this volume were selected with the help of leaders in the field of child abuse and are presented with the editors' commentaries and brief descriptive statements from prominent national and international investigators. Within these 25 papers, there are six on the topic of child sexual abuse. Five are summarized below, while the sixth one, "Four Preconditions: A Model" by David Finkelhor is summarized in this document under his book, Child Sexual Abuse: New Theory and Research.

   訳：ｱｾｽﾒﾝﾄ、ﾏﾈｰｼﾞﾒﾝﾄ、治療、被虐待児の最近の事例で起訴された者、そしてﾈｸﾞﾚｸﾄを基盤にしている。この著書の25論文は、子どもの虐待分野におけるリーダーを支援したり、ｺﾒﾝﾀﾘｰや、著名な国内・国際の研究者の概要として選ばれている。２５論文の中には、子どもの性的虐待のトピックスについて６論文があげられている。５論文は、要約されている。

2. Kempe, C.H., "Sexual Abuse: Another Hidden Pediatric Problem" (1978) in Donnelly, A.C. & Oates, K. (eds.), Classic Papers in Child Abuse, Sage Publications, Thousand Oaks, CA, 2000, pps. 103-114.This paper is a summary of a speech given by Dr. C. Henry Kempe to an audience of pediatricians in 1977 and published the next year. In it, Kempe identifies child sexual abuse as a significant hidden pediatric problem and describes its nature, types, clinical manifestations, and treatment possibilities.At the time this paper was published, there was relatively

little attention to or belief in the existence of the sexual abuse of children.

訳：1977 年に小児科医の観衆の前で、Henry Kempe によって提案されたｽﾋﾟｰﾁ内容である。Kempe は極めて、秘密にされている小児の問題として、子どもの性的虐待を特定した。そして、性質、種類、臨床に顕著な症状、治療の可能性について述べている。この内容が発表された時点では、子どもたちの性的虐待の存在における確信や警告は、比較的小さかった。

3. Russell, D.E.H. "The Incidence and Prevalence of Intrafamilial and Extrafamilial Sexual Abuse among Women"(1983) in Donnelly, A.C. & Oates, K. (eds.), Classic Papers in Child Abuse, Sage Publications, Thousand Oaks,CA, 2000, pps. 139-153.This paper was the first that explored the extent of child sexual abuse among women, relying upon a representative sample of 930 female residents of San Francisco. The respondents were randomly selected and interviewed about any experiences of sexual abuse they may have had at any time in their lives. The paper reviews the literature regarding the incidence and prevalence of child sexual abuse, then goes on to describe the methodology of the study. In the findings, the author reviews the prevalence figures found among the participants for intrafamilial and extrafamilial sexual abuse, separately and combined. The findings section also analyzes the perpetrators' relationship to the victims for intrafamilial child sexual abuse, extrafamilial child sexual abuse and a combined view. The findings section also contains a discussion of the seriousness of the various types of child sexual abuse identified by survey respondents (intrafamilial, extrafamilial) and a comparison with other studies.The paper concludes with a discussion of the high incidence of child sexual abuse found in the study and a call for more effective preventive strategies to be developed and implemented.

訳：サンフランシスコに居住している930 名の女性に対して、性的虐待をされたかどうかのｲﾝﾀﾋﾞｭｰ調査である。これは、子どもの性的虐待の予防と発生についての文献を検討するためである。子どもの性的虐待は発生が高率であるため、研究や実践と開発によって、より効果的な予防戦略を図ることができるとした。

4. Summit, R. (1983) "The Child Sexual Abuse Accommodation Syndrome" in Donnelly, A.C. & Oates, K. (eds.),Classic Papers in Child Abuse, Sage Publications, Thousand Oaks, CA, 2000, pps. 155-171. This paper explores the complex position in which the child victim is placed and describes why a child who has revealed sexual abuse may later deny it occurred. Summit describes five stages of the child sexual abuse accommodation syndrome: first, the secrecy in which the abuse occurs; second, the helplessness of the

child,who is required to be obedient to an adult entrusted with that child's care, and the threats the abuser uses to maintain secrecy; third, the entrapment and accommodation, where the child has no option but to learn to accept the situation and accommodate to the reality of continuing and escalating sexual abuse, and where the child has both the power to destroy the family and the responsibility to hold it together; fourth, the disclosure, which is often delayed, complicated and unconvincing; and fifth, a phase of retraction, where the enormous family pressures on the child may lead the child to decide that the only course left is to say that the abuse did not happen after all. The author concludes with a discussion of the sexual abuse accommodation syndrome and a call for professionals to better understand this syndrome so they can be more effective protectors.

訳：子どもの性的虐待の順応性症候群として５つの段階を示している。

5. Browne, A. & Finkelhor, D. (1986), "Impact of Child Sexual Abuse: A Review of the Research" in Donnelly, A.C. &Oates, K. (eds.), Classic Papers in Child Abuse, Sage Publications, Thousand Oaks, CA, 2000, pps. 217-282. This study sought to clarify the short and long-term impacts of child sexual abuse through analysis of 48 clinical studies in the literature and a synthesis of their findings. The authors were able, using this method, to identify initial reactions to sexual abuse in the majority of victims, which included fear, anxiety, depression, anger and hostility, aggression and self-destructive behavior.The long-term effects on adult women were identified as depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, a tendency towards revictimization and substance abuse. Difficulty in trusting others and sexual maladjustment had been reported, but the agreement between studies was less consistent in the area of sexual functioning. The study goes on to examine the impact of sexual abuse by contributing factors (i.e., duration and frequency, relationship to offender, type of sexual act, force and aggression, age at onset, sex of offender, adolescent and adult perpetrators, telling or not telling, parental reaction, and the institutional response.) The authors conclude there is no contributing factor that all studies agree on as being consistently associated with a worse response. However, trends indicate that the impact may tentatively be seen as worse when abuse occurs with any one of the following factors: abuse by fathers or stepfathers, genital contact, presence of force, adult male perpetrators, unsupportive families. This study

concludes with a suggestions for methodological improvements in the following areas: samples; control groups; measurement; sexual abuse in deviant sub-populations; developmentally specific effects; disentangling sources of trauma; and preoccupation with long-term effects at the expense of short-term effects.

6. Jones, D.P.H. & McGraw, J.M. "Reliable and Fictitious Accounts of Sexual Abuse to Children" (1987) in Donnelly, A.C. & Oates, K. (eds.), Classic Papers in Child Abuse, Sage Publications, Thousand Oaks, CA, 2000, pps. 295-308.In this study, the authors break down the widely used designation of "founded" and "unfounded" cases of child sexual abuse into reliable accounts, recantations of reliable accounts, insufficient information, unsubstantiated suspicions, fictitious reports by adults, and fictitious reports by children. The findings showed that the number of fictitious reports was a small proportion of all reports and that adults were more likely than children to offer fictitious reports. The study provides a list of factors generated by a group of experts, which could be used to differentiate false reports from true ones. The authors acknowledge that these findings are preliminary and should form the basis for further study, which they have subsequently done.
7. Finkelhor, D., Child Sexual Abuse: New Theory and Research; The Free Press, NY, NY. 1984. This book focuses on theory and research in the area of child sexual abuse. It is divided into two primary sections: the first on theoretical issues confronting the field of child sexual abuse and the second on research issues which the author believes should be more fully explored. The concluding chapter discusses the major themes and findings from the book and draws out some implications for the field of child sexual abuse. The first section of the book encompasses five chapters, which examine child sexual abuse from a number of theoretical perspectives, including as a social problem, as a moral problem, from the perspective of victims and of perpetrators. This section of the book concludes with Chapter Five, "Four Preconditions: A Model", which presents a new theoretical model of how child sexual abuse occurs that incorporates all the prevailing theories existing at the time the book was published. The theory presented in this chapter is generally regarded as a breakthrough in its conceptualization of the reasons why child sexual abuse occurs. The second section of the book focuses on more specific research issues. It begins with a discussion of the author's study of Boston families.

Then moves on to chapters about public knowledge of and the general public's definition of sexual abuse. Chapter nine looks at what parents tell their children about sexual abuse, while additional chapters discuss the research on boys as victims, women as perpetrators, and an examination of the long-term effects of childhood sexual abuse. Finally, there is a discussion of professional responses to child sexual abuse.

8. Helfer, M.E., Kempe, R.S., & Krugman, R.D. (eds.); The Battered Child: Fifth Edition; The University of Chicago Press,1997.The first edition of The Battered Child was published in 1968 and edited by two researcher-physicians, Dr. C. Henry Kempe and Dr. Ray E. Helfer. It was hailed by the New England Journal of Medicine as "the landmark document for child health care workers at the time," and "our society's present awareness of child abuse in all its forms has occurred largely because of this book." This fifth edition of this classic text is an updated version of previous editions and also includes significant additions, reflecting the growth in knowledge about child abuse and neglect, particularly research and techniques in the assessment, treatment and prevention of child abuse and neglect. This volume uses the multidisciplinary and comprehensive approach that initially set the work apart, and has chapters from professionals working in pediatrics, psychiatry, legal studies, and social work. In all, this book has thirty chapters and is roughly divided into four parts: the first provides a historical overview of child abuse and neglect, as well as background on the cultural, psychiatric, social, economic and legal contexts of child maltreatment. The second part of the book discusses the processes of assessing cases of physical, emotional and sexual abuse and neglect from the perspective of all professionals involved, including teachers, pediatricians, psychiatrists, nurses and social workers. Part three describes intervention and treatment, with a particular focus on legal issues, investigative procedures and therapeutic processes, while the fourth part addresses prevention and policy issues. While many of the chapters in this textbook contain a discussion of child sexual abuse within the context of the chapter's purpose, the book contains four chapters devoted specifically to child sexual abuse. Each of these chapters is summarized below.

9. Jones, D.P.H., "Assessment of Suspected Child Sexual Abuse", in Helfer, M.E., Kempe, R.S., & Krugman, R.D. (eds.); The Battered Child: Fifth Edition; The University of Chicago Press, 1997, Chapter 12, pps. 296-312.This chapter is aimed at the professional practitioner and provides an

overview of the early stages of the assessment process. The chapter focuses on the assessment of whether or not child sexual abuse has occurred and the degree and extent of subsequent risk to the child, rather than assessment of the need for and response to treatment (which is discussed in more depth in later chapters of this book.) The author describes an assessment process beginning with presentation of a case of child sexual abuse. He then moves on to consider the assessment process itself, with a focus on how professionals can best identify whether sexual abuse has occurred and, if so, how to develop a clear account. The author emphasizes the importance of communities taking a planned, coordinated approach to investigation, in particular working in partnership with the abused child's parents and following basic principles when talking with children. The author then goes on to provide an overview of the major components of the investigative process. The first stage is the referral, then the immediate response of the agency receiving the report. The next stage, that of consultation and planning, includes examples of when outside expertise may be needed in a case. As the investigation moves on, the information gathering and processing phase is discussed, along with investigative interviews (including suggested phases for the interview process). This section concludes with a discussion about the child protection planning phase and whether and when to take action to protect the child. The chapter ends with a discussion of the need to make a broader-based assessment of the child's overall condition. In the conclusion, the author indicates that broader-based assessments should be conducted to inform the risk assessment decisions and determine whether alternative, outside-the-home placement is necessary.

10. Reichert, S.K., "Medical Evaluation of the Sexually Abused Child" in Helfer, M.E., Kempe, R.S., & Krugman, R.D. (eds.); The Battered Child: Fifth Edition; The University of Chicago Press, 1997; Chapter 13, pps. 313-328. This chapter is intended to assist primary care practitioners when evaluating sexually abused children, rather than those specializing in the forensic evaluation of sexually abused children. The chapter begins with a discussion of physical and behavioral indicators which, when exhibited by a child which may indicate that abuse has occurred. It also discusses the resources and tools that can be accessed by the primary care physician to assess whether abuse has occurred. The chapter moves on to discuss key

facets of the medical interview, including a discussion of techniques, which may be helpful in eliciting information from the child. The chapter concludes with a discussion of the physical examination, including techniques to use and a discussion of how to make precise medical diagnosis.

11. Ryan, G. "The Sexual Abuser" in Helfer, M.E., Kempe, R.S., & Krugman, R.D. (eds); The Battered Child: Fifth Edition; The University of Chicago Press, 1997; Chapter 14, pps. 329-346.This chapter gives an overview of the sexual abuser, including a discussion of relevant theories, the nature of the abusive behavior, motivation and deterrence of child sexual abuse, intervention, multidisciplinary roles, and research and prevention. The overview of the theories of why individuals sexually abuse follows the modern progression in thought about the abuse cycle. The section on motivation and deterrence summarizes the research on who abuses and why and strategies which best deter an individual from abusing a child. The intervention section of this chapter describes the major behavioral, cognitive and developmental approaches to treatment of sexual abusers. It then moves on to discuss the broad, multidisciplinary range of interventions necessary to successfully identify and treat the perpetrators of sexual abuse as well as discussing the design of and goals for treatment programs. The author then moves on to summarize the new insights in prevention and intervention offered by current research and concludes the chapter with a discussion of prevention strategies for perpetrators.
12. Finkelhor, D. and Daro, D.; "Prevention of Child Sexual Abuse" in Helfer, M.E., Kempe, R.S., & Krugman, R.D.(eds.); The Battered Child: Fifth Edition; The University of Chicago Press, 1997; Chapter 29, pps. 615-626.This chapter provides an overview of child sexual abuse prevention strategies. It starts with a discussion of the different strategies used by child sexual abuse prevention programs (targeting and educating the victim about the issue and ways to avoid it) versus the prevalent modes of more generic child abuse prevention (targeting at-risk parents and helping them become better parents). The authors then discuss how the child sexual abuse prevention strategies came to focus on the child and its strengths and weaknesses. The next section of this chapter discusses the research on the effectiveness of child sexual abuse programs and a brief discussion of further avenues for research in this area. This chapter concludes with a discussion of other approaches to sexual abuse prevention, including