

- parent education, perpetration prevention, and potential social structure issues which could be addressed in order to undermine the societal structures that allow abuse to occur.
13. Myers, J.E.B., Berliner, L., Briere, J., Hendrix, C.T., Jenny, C., Reid, T.A. (2001) The APSAC Handbook on Child Maltreatment, 2nd Edition, Thousand Oaks: Sage Publications. This book is divided into five parts: 1) an overview of the issue, 2) psychosocial treatment, 3) medical aspects, 4) legal issues, and 5) prevention and service delivery. It is published for the American Professional Society on the Abuse of Children (APSAC). It is intended to serve as a compendium of advances in the field and provides tremendous insight into the interdisciplinary nature of the subject. The following summaries highlight those portions of the Handbook, which relate exclusively to child sexual abuse and exploitation, although the topic of child sexual abuse can be found in many of the other chapters of the book as well.
14. Berliner, L. & Elliott, D.M., "Sexual Abuse of Children", in Myers, J.E.B., Berliner, L., Briere, J., Hendrix, C.T., Jenny, C., Reid, T.A. (2001) The APSAC Handbook on Child Maltreatment, 2nd Edition, Thousand Oaks: Sage Publications, pps. 55-78. This chapter begins with a discussion of the incidents and characteristics of abuse. Within this section, the authors provide a definition of child sexual abuse, a discussion of the rates of sexual abuse, as well as the limitations of the current measuring system. The authors also discuss the characteristics of sexual abuse experiences and nature of the disclosure and reporting of sexual abuse. The next section in the chapter looks at the effects of sexual abuse. Within this section, there is a discussion of its effects on children (i.e., emotional distress and dysfunction, post-trauma effects, behavioral problems, interpersonal consequences, cognitive difficulties and distortions, cognitive difficulties and distortions, and the course of symptoms). This section goes on to discuss the effects of a child sexual abuse experience on adults (i.e., emotional distress, post-trauma effects, cognitive distortions, cognitive distortions, externalized emotional distress, and interpersonal difficulties). This section is closed with a description of mediating factors that can play into the degree to which the victim experiences the full force of potential effects. This chapter concludes with an exploration of treatment issues, including clinical assessment, treatment approaches for sexually abused children and a discussion of the evaluations of the treatment options. The treatment

section ends with a brief discussion of treatment issues with adults.

15. Hecht, D.B., Chaffin, M., Bonner, B.L., Worley, K.B., Lawson, L. "Treating Sexually Abused Adolescents" in Myers, J.E.B., Berliner, L., Briere, J., Hendrix, C.T., Jenny, C., Reid, T.A. (2001) *The APSAC Handbook on Child Maltreatment*, 2nd Edition, Thousand Oaks: Sage Publications, pps. 159-174. This chapter discusses issues related to the treatment of sexually abused adolescents. It begins with a discussion of the transitional nature of adolescence in general and the major developmental milestones that present themselves during this time (i.e., physical/sexual development, changes in dependency status, cognitive development, and identity development). This section concludes with a discussion on the interplay between developmental considerations and the dynamics of abuse (i.e., developmental victimatology). The next section of this chapter discusses the prevalence of effects of sexual abuse among adolescents. The chapter moves on to look at issues in the assessment of adolescents, including a discussion of the identification of whether treatment is needed, what should be covered in the initial interview, assessing and working with attributions made by the adolescent, and psychological testing. This

chapter concludes with a discussion of treatment. Topics covered include the initial treatment plan, a discussion of abuse-focused therapy, the use of educative approaches in therapy, individual and group therapy, acute inpatient treatment and, finally, treatment compliance.

16. Chaffin, M., Letourneau, E., Silovsky, J.F., "Adults, Adolescents, and Children Who Sexually Abuse Children: A Developmental Perspective" in Myers, J.E.B., Berliner, L., Briere, J., Hendrix, C.T., Jenny, C., Reid, T.A. (2001) *The APSAC Handbook on Child Maltreatment*, 2nd Edition, Thousand Oaks: Sage Publications, pps. 205-234. This chapter looks at the diversity of those who sexually abuse children and argues that treatment and public policy should better discriminate among the various types of abusive behavior when considering treatment approaches. The authors first examine what is known about sexually abusive behavior from a developmental perspective. They move on to look at major three developmental groups who sexually abuse children: children with sexual behavior problems, juvenile sex offenders, and adult sex offenders. For each of these three groups, the authors discuss: a) the characteristics presented by the particular group, b) the common types of assessment used by

- professionals, c) the treatment options and d) conclude with a discussion of public policy issues raised by the most current research.
17. Jenny, C. "Medical Issues in Child Sexual Abuse" in Myers, J.E.B., Berliner, L., Briere, J., Hendrix, C.T., Jenny, C., Reid, T.A. (2001) The APSAC Handbook on Child Maltreatment, 2nd Edition, Thousand Oaks: Sage Publications, pps. 235-247. This chapter explores the role health care professionals play in the diagnosis and treatment of child sexual abuse. It begins with an overview of the role and then moves on to discuss various aspects of the role played by health care professionals. The first aspect discussed is the primary identification of sexually abused children. Within the section, the author discusses a variety of issues, including: interviewing, physical examinations, sexually transmitted diseases, prevention, diagnosis and management of pregnancy, psychological and psychosomatic sequelae, the collection of forensic evidence and how to establish an accurate medical record.
18. Lanning, K.V., "Criminal Investigation of Sexual Victimization of Children" in Myers, J.E.B., Berliner, L., Briere, J., Hendrix, C.T., Jenny, C., Reid, T.A. (2001) The APSAC Handbook on Child Maltreatment, 2nd Edition, Thousand Oaks: Sage Publications, pps. 329-347. This chapter describes the major features of the investigative process and is intended for a multidisciplinary audience; it is not intended to be a precise legal analysis with technical legal definitions. The author begins with an overview, including a discussion of the multidisciplinary approach mandated by most state and federal laws in these types of situations. The chapter moves on to provide insight on the law enforcement perspective, with particular attention to the need to focus on admissible evidence. The author moves on to discuss the interview from the law enforcement perspective. Within this section, a disclosure continuum is presented, followed by a discussion of establishing rapport with the interviewee, videotaping, and general rules and cautions on interviewing. The next section looks at assessing and evaluating the validity of the information gathered during the investigation, with particular attention paid to helping the professional sort out testimony by children as well as the need to evaluate events in the victim's life before, during and after the alleged abuse. The final section discusses the gathering of corroborating evidence (i.e., examination of behavior, identification of adult witnesses and suspects, medical evidence, search for other victims,

search warrants, physical evidence, consensual monitoring, subject confessions, surveillance, creative prosecution and proactive investigative techniques and communicating with the parents.)

**ISPCAN Child Sexual Abuse and Exploitation Literature Review:  
General Bibliography**

**December 13, 2001**

**Review**

**Introduction**

The General Bibliography for the ISPCAN child sexual abuse and exploitation literature review project contains all the references submitted to ISPCAN by its members, councillors, faculty and national partners. They are divided into three categories: Books, Journal Articles and Papers, and Web-Sites & Other Resources. In addition to this general bibliography, an annotated bibliography and a series of papers on child sexual abuse and exploitation are also available from ISPCAN. To obtain more information on this project, please visit ISPCAN website at: [www.ispcan.org](http://www.ispcan.org) or fax: 1.630.221.1313.

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**Web-sites & Other Resources**

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URL:[www.calib.com](http://www.calib.com). National Child Protection Clearninghouse website. Various resources on child abuse and neglect.

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## 第4章 初期対応

### 1. 初期対応の概要

初期対応とともに大切なことは早期発見である。できるだけ早く発見し対応することによって、被害児童の回復のレベルもスピードも高まる。性的虐待はその他のタイプの虐待と異なり、一般的に好発年齢が7-8歳と13-14歳と比較的高い年齢層で二峰性を示すこと、密室性・隠蔽性が高く被害が潜在化しやすいこと、対人関係等において予後に深刻な影響を与えること、どの社会階層でも起きていることなどから、被害児童、加害者、家族、社会環境の4側面からの対応が求められる。

Krugman(1988)によれば、子どもの虐待に対する社会の対応には6つの発展段階があり、第一段階は虐待があること自体を認めない、第二段階は身体的虐待があることを認める、第三段階は親から子どもを保護する、第四段階は加害者の治療に取り組む、第五段階は性的虐待に対応する、第六段階は虐待の発生予防に取り組む、である。もちろんこれらの対応は重複しながら発展するが、欧米先進国の子どもの虐待に対する取り組みでも、性的虐待は最も難しいとされている。上記の発展段階のうち、わが国はようやく第三段階に入ってきたが、特に家庭内の性的虐待に対する取り組みは、家庭内暴力や子どもの人権(性の自己決定権)に対する社会(親)の理解不足、夫婦間の力関係の非対称性、長期的影響に対する認識不足、経済的側面からみた予防やケア・治療の評価研究の遅れ、被害児や加害者が利用する資源(職員数、専門のケア・治療施設、現任教育プログラム等)の不足からカナダや米国に比べて10年以上遅れている。

わが国で子どもの性的虐待が最も社会の関心を浴びた事件は、「昭和28年、当時14歳だった実の娘を37歳の父親が強姦し、以後25歳までに5回妊娠させ3人の子どもを出産させられた娘が29歳の時、仕事の若者と結婚したいと父親に申し出たが聞き入れず、かえって父親が脅迫的言辞を繰り返し、性交を強要してきたため、就寝中に父親を絞殺した」事件である。この事件は、当時刑法の尊属殺人罪が違憲か否かの大論争に発展し、1973年4月4日最高裁判所大法廷が尊属殺人罪規定を憲法第14条一項に違反するという判決を出したが、その裁判の過程で家庭内の子どもの性的虐待が人権侵害であるという視点からは殆ど取り上げられなかった。1990年代に入っていじめや子どもの虐待に対する社会の関心が高まるにつれて、子どもの権利条約の批准(1994)、児童買春・児童ポルノに係る行為等の処罰及び児童の保護等に関する法律の施行(1999)、児童虐待防止法の施行(2000)等子どもの人権に配慮した法制面の整備が進められてきた半面、発見・保護された後の被害児や加害者のための社会資源の不足が益々深刻化している。発見・保護されたときやその後に被害児や非虐待家族が二次的被害を受けることによって、より深刻なトラウマを体験したりケア・治療が中断したり回復が遅れたりすることも生じている。

本章では、早期発見と初期対応のありかたが虐待からの回復の要因のひとつとされていることや多様な専門職が個別に被害児に初期対応している実態をふまえ、被害児に二次的被害を与えないような初期対応のあり方について専門職種別にまとめた。しかし、本章で述べる初期対応は一般的・標準的な事例を念頭に置いて

いるので、地域の社会資源やサポートネットワークの実態、初期アセスメントの結果(保護の緊急性)等個別の事例に即して対応していただきたい。

## 1-2 性的虐待の早期発見のポイント

性的虐待は、他のタイプの虐待に比べて発見されにくい。外見的所見が性器以外に存在することがまれなこと、加害者からの口止めや脅迫等によって被害児童が話すことがあまりないことなどがその理由としてあげられる。しかし、以下のように性的虐待を受けた児童にしばしば見られる症状・サインもある。

以下に、性的虐待の発見のために知っておくべき行動や情緒面での主な徴候を発達段階に分けて掲げる。

### 1) 幼児期

この時期の子どもは、たいへん自己中心的でかつ回りの状況から自分をみていく。子どもは情緒に振り回されやすいが、空想と現実を区別することができる。ただし、因果関係を理解したり、時間と空間に関する認知に問題がある。子どもたちはありのままに話すより比喩的に話すことが多い。性的虐待の心的外傷は引きこもりやおびえた行動となって現れやすい。また、しばしば不安を克服するために敵やその行動に名前をつけたり、不安を避けるために愉快な言葉を使ったり、悪戯をすることがある。

#### 徴 候

- ①性器や口腔、肛門部周囲等の身体部位の発赤、腫脹、創傷
- ②頻回の尿路感染症、性行為感染症
- ③心身症的腹痛、頭痛、夜泣き、指しゃぶり
- ④遺糞、遺尿、夜尿
- ⑤不眠または過度の暗闇恐怖

- ⑥過剰自慰、他人の性器を触ろうとする
- ⑦年齢不相応な性的遊戲（人形を用いて性交のまねをするなど）をよくする
- ⑧知らない大人に抱きつく
- ⑨男性、または特定の人に対する恐怖
- ⑩ペットや動物への強い性的関心
- ⑪絵や作文にみられる性的暗示

### 2) 学童期

彼らの関心は家族からしだいに遊び仲間に向けられる。この時期の子どもは性的なことを話そうとすると、戸惑ってしまった恥ずかしさを隠すような行動をする。また、状況判断がかなりできるようになり、時間と空間に関する認知も良くなる。

#### 徴 候

- ①性器や口腔、肛門部周囲などの身体部位の発赤、腫脹、創傷、大腿内側部の異常肥厚
- ②頻回の尿路感染症、性行為感染症
- ③急激な学業成績の低下、大人への不信
- ④集中力の低下、引きこもり・退行行動
- ⑤気分変調、二律背反的感情（過剰な反抗と依存）
- ⑥睡眠障害、胃腸障害、夜尿、頭痛
- ⑦無断欠席、万引きなどの非行
- ⑧不自然な性的誘惑行為（他人の性器に触れる、性交のまねをする）
- ⑨シャワー、浴室、特定の部屋への恐怖、入浴嫌い、浴室嫌悪
- ⑩体育館やプールでの脱服の拒否
- ⑪年齢不相応な性知識（避妊具や性具の名前や使用法など）
- ⑫絵や作文にみられる性的暗示
- ⑬親の了解を得てくり返す不登校

### 3) 思春期

思春期は疾風怒濤期ともいわれるよう、精神的にも身体的にも激しく変化する。この時期は抽象的な考え方や言葉、行動も多彩になるが、個人の発達レベルによって認知

情緒、行動にかなり違いがある。

とくに、性的に虐待された子どもの場合、極端な引きこもりから極端な行動化までさまざまである。この時期にひとりになること、横になることは知覚入力を減少させ、内的衝動や空想の出現が促進される。かなり長期にわたる性的虐待を受けているケースがしばしばみられる。

#### 徵 候

- ①妊娠（相手の名前がいえない）、不自然な帯下、腫炎
- ②頻回の尿路感染症、性行為感染症
- ③性器や口腔、肛門部周囲などの身体部位の発赤、腫脹、創傷、大腿内側部の異常肥厚
- ④性的乱交、売春
- ⑤行動化（レイプ、喧嘩、家出、自殺）
- ⑥薬物やアルコール類の使用
- ⑦心理的／精神的障害（引きこもり・退行行動）、性的空想、怒りの空想
- ⑧摂食障害
- ⑨無断欠席、著しい学業低下
- ⑩親の了解を得てくり返す不登校、学校からの帰宅不安
- ⑪親の性的行動を話す
- ⑫シャワー、浴室、特定の部屋への恐怖、外出恐怖
- ⑬仲間との身体接触の回避
- ⑭男性や女性の中で一人になる恐怖

一般的に思春期の女子の場合には、性的虐待の心的外傷を内向させる傾向が強く、しばしば摂食障害にその典型をみることがある。子どもは家族内の気持ちを察して、その事実を隠してしまう。しかし、子どもは内心母親が自分を守ってくれなかつた、母親に裏切られた、見捨てられたという悔しさや悲しさをもつっていて、そのような同性に対する攻撃性が内向したり、親と性的関係をもつてしまつ

たことに対する罪悪感や羞恥心が自己評価の低下・歪みをもたらす。思春期男子の場合には、性的アイデンティティの混乱から同性愛恐怖になり、その恐怖を回避する、あるいは男性性を確認するためには不安や恐怖を外向させることが多く、その結果怒りっぽくなったり、非行や反社会的行動をくり返すことが多い。とくに、思春期の子どもは身体的に大人以上に性的なオルガズム（orgasm）／クライマックス（climax）に達しやすいことから、いっそう激しい自罰感・罪悪感・羞恥心にとらわれる。上記のうち、そのことだけで性的虐待があったと断定できるものは妊娠、性行為感染症のみである。性的虐待は子どもの告白や解剖学的人形（anatomically correct doll）を用いた面接、絵画、医学的証拠、周囲の環境といった他の情報を加味して判断すべきである。性的虐待を受けた少女の中には男性のペニスをはっきり描くものがいる。

#### 3) 医学的徵候

小児科・婦人科診察では会陰、肛門、陰唇に擦過傷などがないか。膣鏡診で膣の傷、精子存在の有無、処女膜の形状、膣の開大度をみる。性行為感染症としては、梅毒、淋菌、ヘルペス、クラミジア、カンジダ、HIVを検査し、他に妊娠の有無、心身の異常などにも注意する。処女膜の形状も重要であるが、発達に応じて、また個人によって多様であるといわれている。しかも、性的虐待と事故による場合の鑑別も熟練の医師さえ難しいといわれている。その他、過去の小児科診療記録を参考にしながら、予防接種未施行や未治療歯の状況、発育不良、貧血などのネグレクト（養育放棄的）のサイン、あざや火傷、癌、ひきつけなど子どもの安全管理面での問題にも注意する必要

がある。とくに学童期の子どもや知的障害児の場合、性的虐待は身体的虐待を伴うこともあるので注意を要する。

#### 4) 行動評価法

行動評価法を用いた早期発見が米国で利用されているので、Friedrich らが開発し広く活用されている

Child Sexual Behavior Inventory(CSBI;Friedrich, 1990)を以下に掲載する。CSA の行動評価法は 1980 年代後半から、CSA と non-CSA の鑑別や初期アセスメントなどのために開発された。CSA の行動評価法には Louisville Behavior Checklist(LBCL; Chantler, Pelco & Martin, 1993)や Achenbach Child Abuse Checklist(CBCL;Einbender & Friedrich, 1989), Child Sexual Behavior Inventory(CSBI;Friedrich, 1990), Sexual Abuse Symptom Checklist(SASC;Kolko, Moser & Weldy, 1988), Trauma Symptom checklist for Children(TSC-C;Briere, 1989, 1996)等がある。特に、CSBI は子どもの発達年齢に相応しい性行動のタイプと頻度について、research based に開発された評価法で、CSA を CSA 以外の子どもの虐待による影響と区別したり、子どもの虐待以外の影響と区別したりする有用な評価法とされてる (sensitivity(0.70-0.92) and specificity(not satisfactory))。このチェックリストは、2-12 歳の子どもが対象ですが、記入者は主な養育者であることから、CSA に対する養育者の過少視/過大視等のバイアスによって影響されることが課題とされている。但し、改訂版(version 3.0)では、その対策も講じられているといわれている。

以下に CSBI-R の試訳を掲載します。

なお、翻訳に関しては、開発者のひとりである William N. Friedrich 教授(米国 Mayo Clinic)の許可を得ている。