
SEXUAL ABUSE OF YOUNG CHILDREN

**Kee MacFarlane
Jill Waterman**

**with
Shawn Conerly
Linda Damon
Michael Durfee
Suzanne Long**

SEXUAL ABUSE OF YOUNG CHILDREN

Evaluation and Treatment

KEE MACFARLANE
and

JILL WATERMAN
with

SHAWN CONERLY
LINDA DAMON
MICHAEL DURFEE
SUZANNE LONG

Foreword by Roland Summit

THE GUILFORD PRESS

New York

London

© 1986 The Guilford Press
A Division of Guilford Publications, Inc.
72 Spring Street, New York, NY 10012

All rights reserved

No part of this book may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, microfilming, recording, or otherwise, without permission in writing from the Publisher.

Printed in the United States of America

Last digit is print number: 9 8 7

Library of Congress Cataloging in Publication Data

MacFarlane, Kee.

Sexual abuse of young children.

Includes bibliographies and index.

1. Sexually abused children—Mental health.
2. Child psychotherapy. 3. Sexually abused children—
Family relationships. I. Waterman, Jill, 1945—
II. Title. [DNLM: 1. Child Abuse. 2. Family Therapy.
3. Incest. 4. Sex Offenses. WA 320 M143s]

RJ507.S49M33 1986 618.92'89 85-30539

ISBN 0-89862-675-7 (cloth)

ISBN 0-89862-703-6 (paperback)

To my parents: for the gifts of an abuse-free childhood, the encouragement to think for myself and the freedom to do it. They don't come any better than you.—K.M.

To my sons, Justin and Aaron, who were part of the process of this book, both in the womb and in the world. I hope they and their generation will experience love and caring, free from all abuse.—J.W.

To my children who taught me the best of what I know about kids.—S.C.

To Frank and our family who put up with my many weekends away from home while I met with the Book Club.—L.D.

To my father, the child psychiatrist. He would be proud.—M.D.

To my parents who stimulated curiosity, tolerated stubbornness and accepted individuality. To my husband, Jim, and sons, Casey and Brady, who have been encouraging, loving, and supportive in this long process.—S.L.

AUTHORS

KEE MACFARLANE, MSW, Children's Institute International, Los Angeles, California

JILL WATERMAN, PhD, Department of Psychology, University of California at Los Angeles, Los Angeles, California

SHAWN CONERLY, Orange County Child Protective Services, Santa Ana, California

LINDA DAMON, PhD, San Fernando Valley Child Guidance Clinic, Northridge, California

MICHAEL DURFEE, MD, Los Angeles County Department of Health Services, Los Angeles, California

ASTRID H. HEGER, MD, Children's Institute International, Los Angeles, California

ROBERT J. KELLY, PhD, Department of Psychology, University of California at Los Angeles, Los Angeles, California

SANDY KREBS, Children's Institute International, Los Angeles, California

SUZANNE LONG, LCSW, Private Practice, Irvine, California

ROBERT LUSK, MA, Department of Psychology, University of California at Los Angeles, Los Angeles, California

MERILLA MCCURRY SCOTT, MA, Department of Psychology, University of California at Los Angeles, Los Angeles, California

BRUCE WOODLING, MD, Private Practice, Ventura, California

ACKNOWLEDGMENTS

The Book Club would like to acknowledge a number of people who assisted and supported us in various ways throughout this endeavor. First, we want to thank our colleagues in each of our agencies who learned with us about this emerging field of study, participated with us in the development of the ideas, techniques, and clinical models presented in the book, and who shared with us many useful insights. Second, we are most grateful to our publisher, Seymour Weingarten, who deserves a lot of credit for his remarkable patience and restraint in dealing with us over this 3-year period. Like a benevolent coach of a predominantly female junior varsity soccer team, Seymour alternately provided much needed doses of encouragement, support, advice, ultimatums, and limits.

Third, we want to acknowledge David Corwin and Roland Summit for providing the original impetus that brought some of us together to work on the development of interview protocols and for their continuing contributions and leadership in the area of sexual abuse of the young child. Fourth, Bob Burdick provided the desperately needed technical know-how with computers and word processing to allow us to endlessly revise some of our chapters and even typed much of the final version of our longest chapter. The support of Mary Emmons and others at Children's Institute International also helped to produce these materials. We also are grateful to Deanne Tilton for supporting Michael Durfee through all of this and for her work with the ICAN agencies which have supported us all.

Finally, we offer our heartfelt thanks to our families and "significant others" who put up with us, with having draft chapters spread all over our respective houses, and with the Book Club's weekend meetings ("What? Not *another* Saturday for that damn book") over the years.

The Book Club

FOREWORD

The unprecedented emergence of child sexual abuse has created the psychological equivalent of a disaster for victims, parents, and professionals alike. It is a disaster played in slow motion. It is a nightmare of exposure, fear, confusion, helplessness, and paralysis. The scream won't come out and the flight reflexes are petrified. The nightmare is made all the more Kafkaesque by the legions of spectators who serenely pass by as if nothing is happening. But this is no dream that ends with simple awakening. Anyone who is touched by the reality of child sexual abuse moves into a new world from which there is no deliverance. Old comforts like justice, fairness, decency, self-worth, power, autonomy, and free will take on new meaning there. Even those who weather the change successfully will feel isolated and alienated from friends and colleagues. In this nightmare the desperate paralysis is real, as is the desperate indifference of unbelieving friends.

If this metaphor seems lurid and inappropriate for a scholarly textbook, I can only say that it is mild and inadequate to the reality of working with the victimized preschool-age child. What must be understood first, before discussing the arcane and intellectual facts, are the primitive and fundamentally devastating feelings that dominate every attempt to understand why and how anyone would violate such a young and precious soul.

Child sexual abuse is an intensely controversial, deeply divisive subject. It splits children from parents, mothers from fathers, and families from their friends, neighbors, and relatives. It divides social workers against psychiatrists, therapists against investigators against prosecutors against judges against jurors, and every player against society itself. Any traditional or potential alliance is threatened, and every nascent distrust is exaggerated. Each question becomes a dispute and every answer an insult. Here in the midst of the flowering of 20th-century reason and scientific enlightenment is a neglected relic of mythic and superstitious issues almost untouched by mainstream adult consciousness. This is the stuff of nightmares, fairy tales, comic books,

illegal pornography, and the tabloids nobody admits to reading in the supermarket checkout lines. This is little against big, child versus adult, the simple engulfed by the profound, feeling overpowered by reason, abject helplessness provoking inexcusable power, prototypical innocence as a foil for grandiose corruption, and, simply, a battle between good and evil.

What makes the issues so difficult is not their power but their paradox. Most of us are survivors of childhood. We are intimidated and embarrassed by the shadows of our past. It was good to become enlightened, imperative to become strong and sure, vital to replace fearful feelings with comforting beliefs. It is normal to be an adult. It is healthy to take charge. It is necessary to *know*. Who can dare slip back to experience the feelings and vulnerabilities of a dependent child? Who will fight for the wretched, soiled, uncertain little kid against all those adult spectators who *know* the child is lying? Child advocacy is not only not reasonable, it is not *professional*. And it's not smart. Those who fight for power are courageous. Those who crusade for the underdog are called hysterical.

Besides all those basic growth and power issues, each of us is challenged in our personal beliefs and loyalties. If we are loyal and respectful to the memorial image of our own parents, and if we are protective of appropriate hierarchies of enlightenment and power, can those securities stand the test of believing that a pediatrician has molested a patient or that a father has sodomized his own 3-year-old? If mothers are vital to our experience of caring and being cared for, can we contemplate that a woman could enjoy forcing feces into the mouth of her infant? And could such a woman be at the same time the trusted organizer of a parent cooperative preschool? Most of us insist that she would be found, if at all, only in Bedlam.

Even beyond the challenge to positive anchors of security, sexual abuse of young children assaults our pathological defenses. Anyone betrayed and molested by loving caretakers in childhood will try to establish a protective mythology: "They were right and good; I was bad and provoked my own suffering (and if I could only learn to be good they would love me)." By learning to be hyperalert and intuitively sensitive to clues of displeasure, abused children can learn to protect adults and to scapegoat themselves, making reasonable order out of intolerable chaos. An adult survivor of such a childhood may be very good at helping others in distress even while despising the

child who elicits that distress. Many practitioners in the helping professions are themselves victims, hidden even from themselves. Some will be incapable of empathy with abused children. Others, further along in their partial recovery from abuse, can feel only for the children and against the offenders. Child sexual abuse gives new meaning to the old adage "Physician, heal thyself."

To effect any change in the bewildering conflicts that surround the subject, the practitioner must learn to be both comfortable in dealing with and knowledgeable about the sexual and psychological abuse of very young children. Before building experience in the field, the clinician deserves the benefit of the best available preparation and training from those most experienced in the field. This truism is all the more inescapable in light of the runaway progress (or explosive chaos) that defines the field. The expert in child sexual abuse today may be an *ignoramus* tomorrow. One way to separate the wheat from the chaff in a quest for training is to seek out those who have weathered the strongest winds and who have endured the longest thrashing.

The authors of this volume have demonstrated their substance over time and travail. They have withstood the winnowing gales of disbelief and distrust. By pioneering and by persisting so long, each represents an exception to the norm, someone who has stayed in the center of controversy long enough to establish a measure of comfort and authority. Their authority is born not of books alone, but of professional and personal experience. Their understanding has grown with the field, evolving and shifting to cope with each reversal and each contradictory excursion into an expanding turf. They are adults who speak as children. Many even speak *with* children.

Contrary to popular belief, molested preschool children are not unknown or newly discovered. As early as 1979, ages ago by present reckoning, Mike Durfee organized in Los Angeles a large and vigorous group of professionals who were working with preschool-age molested children. Most of the founding members of that group brought in years of experience with incest and other forms of sexual child abuse. Members shared their views and endorsed and expanded fledgling efforts at diagnosis, therapy, forensic interaction, prevention, and research. The best of those efforts has matured into corresponding chapters in this book. Parallel membership in the Los Angeles County Interagency Council on Child Abuse and Neglect (ICAN) strengthened bridges of credibility and priority planning to governmental,

educational, community, and justice system agencies. The Child Sexual Abuse Project, initiated by ICAN in 1978, discovered ever younger children, thanks in part to the prophetic warnings of Dr. Durfee. Parents Anonymous, born in Southern California in 1969, drew many professionals into direct experience with abusive parents. Jolly K, the parent founder of Parents Anonymous, literally forced both Kee MacFarlane and me to own up to the reality of sexual abuse of young children. Parents United and the affiliated professional sexual abuse treatment models established in the early 1970s by Hank and Anna Giarretto provided a melting pot for participants and professionals, as well as a resource for training, all of which has continued to support and open windows of credibility. Kee convened the National Child Sexual Abuse Consultation Meeting in Washington, D.C., on August 9, 1978, and initiated among those invited pioneers dialogues and affiliations that flourish even today.

When Kee moved to Los Angeles, after leaving Washington in January 1982, she began working immediately with a group of professionals who had formed for the express purpose of developing the use of videotape for interviewing molested children. David Corwin, who provided the impetus, the setting, and the snacks for those late-night seminars, is perhaps the first child psychiatrist ever to be trained and supervised within a university treatment setting specialized for child sexual abuse: the Family Support–Parents United Program at UCLA. Kee also began working with Jean Matusinka, head of the District Attorney's vertical prosecution unit for child abuse and a founding veteran of both Parents Anonymous and ICAN, to bring legal advocacy to the child victim. That coalition between clinician and prosecutor, unlikely except in the context of deliberate and dedicated networking, provided the tools for exploring ways to prevent systemic trauma of young children.

Although this narrative omits many players equally deserving of mention and does no justice to the richness of expertise even in Los Angeles County, let alone the rest of the country, it does provide, I hope, a glimpse of the seedbed of this volume. Far from incidental or impulsive, it is the logical and eventual outcome of many years and thousands of hours of collective, collegial experience. Each chapter reflects the state of the art as well as the humility and the humiliations of imperfect knowledge.

We, the professional practitioners for tiny victims, still don't know

as much as the victims themselves, and we can't hope to share the intimate omniscience of the successful, well-hidden perpetrators. But we're trying, and we're learning. And we know already, at this moment, more than ordinary adults have ever dared to guess about this long-avoided subject. This book contains the most responsible, the most reliable, the most immediate, and the most useful experience ever compiled for the benefit of very young victims of child sexual abuse.

Roland Summit, M.D.

PREFACE

The seeds of these writings grew from a small group of community professionals who met bimonthly for many years in Los Angeles to explore the then little-known topic of molestation of preschool age children. The group, organized by Michael Durfee, met in order to share experiences and expertise concerning our young clients. At the time, there were few resources available other than ourselves. The evolution of this book from conception to birth took more than 4 years. The evolutionary process for its six authors (who came to call ourselves “The Book Club”) was, at times, as arduous as the development of the book itself. When Michael Durfee mobilized five of his colleagues from the Preschool Age Molested Children’s Professional Group to work together on this effort, and they all happened to be motivated, strong-willed, and opinionated women, he quickly found himself with more than he’d bargained for. Fortunately, his ego-strength and inherent good nature seem to have remained intact, even if the book’s resemblance to his initial vision did not.

At the time that we began talking about putting some of our thoughts and experiences into writing, we weren’t sure we knew enough about the subject matter to presume to write about it, and the prospect of producing an entire book about the rape and molestation of little children seemed both depressing and formidable. But, as Judith Herman said in the preface to her book *Father-Daughter Incest*, “Incest is not a topic that one embraces; one backs into it, fighting every step of the way” (Herman, 1981). And so it was with this examination of this subject as well.

As we began discussing what might go into such a book we realized that, while we didn’t have all (or even many) of the answers to the dilemmas we raised, we did, collectively, have many years of experience working with very young victims of sexual abuse. We also knew that we had learned many things the hard way—through trial and error, estimates of outcomes, and projections of what would be best for our young clients. We felt that we might be able to help others

avoid inventing some of the same lessons by writing about them, and we were able to go forward with the book once we allowed ourselves to view it as a working product, a state-of-our-collective-knowledge document which, like many of our clients and the field in general, is still in its infancy. We hope that its readers will regard it similarly.

One of the reviewers of our drafts, in deference to our vulnerability on witness stands, said that he hoped we had never done any of the things we advised against in the book or, conversely, had never failed to do the things we advised. In reply, we could only ask how he thought we had learned much of what we know, and reaffirm our sense of obligation to pass along those hard-earned lessons.

Much has changed in the field of child protection in the 4 years since we began this book. There has been an explosion in public awareness concerning child sexual abuse and a marked increase of reported cases across the country involving abuse of preschool age children by their caretakers. Some of what we wrote several years ago we would rewrite now, but for the fact that it would probably take 2 more years and need revising after that. If, as they say, the road to success is always under construction, we can at least take heart in the fact that our road has never remained static and that its continual renovation is consistent with the continual additions to our own knowledge.

The Book Club devoted considerable effort to motivating, encouraging, pleading with, and sometimes, threatening one another to produce written results. Dozens of Saturdays and Sundays were devoted to Book Club activities, and innumerable late nights found us amidst piles of paper, food, and wine as we engaged in earnest debate over what we felt confident enough to commit to writing and how the information should be presented. Throughout this process we underwent our own evolutions. Within the ranks of the Book Club there was a divorce, a marriage, an engagement, a disengagement (none of these between us), and a few members even managed to remain relatively stable, all things considered. Midway through the book some of us found ourselves caught up in several cases involving large numbers of children in child care settings. Our frustrating and difficult involvement in these cases stretched all of us to our limits and forced us to reexamine some of our previous experiences and assumptions in light of situations that were entirely different from any we had

previously encountered. What we have learned from them, particularly about the legal system, could fill another book.

But there was also a bright spot midway through our journey because, during the process, more than a book was born. In 1984, consistent with the fact that she devoted more time and effort into getting this book completed than any of us, Jill gave birth to twin boys, constituting the only aspect of the process that was ever completed ahead of schedule. The Book Club, a group of hopeless baby addicts if there ever was one, immediately incorporated the twins into the endeavor, feeding, burping, and cuddling them at every subsequent meeting. Whatever the advantages or disadvantages to the twins of being nurtured by a crowd of child therapists, their gentle presence in our midst as we discussed their less fortunate counterparts was a poignant reminder of why we continue to remain involved in this difficult and discouraging aspect of human behavior.

CONTENTS

I. INTRODUCTION

1. Scope of the Problem 3
Jill Waterman and Rob Lusk
 Definitional Issues, 3
 Incidence of Child Sexual Abuse, 5
 Dimensions of Sexual Abuse, 8
 Conclusions and Cautions, 11

II. EVALUATION OF YOUNG CHILDREN

2. Developmental Considerations 15
Jill Waterman
 The Child's Developmental Level, 15
 Developmental Aspects of Sexuality in the
 Preschool Child, 17
 Developmental Issues in Interviewing, 24
 Summary, 28
3. Assessment of Suspected Child Sexual Abuse 30
Shawn Conerly
 Introduction, 30
 Information Gathering Prior to Evaluation
 of the Child, 31
 Tools for Evaluation, 32
 The Interview Plan, 36
 Special Issues, 46
4. Medical Evaluation 52
Michael Durfee, Astrid H. Heger, and Bruce Woodling
 Introduction, 52
 The Medical Interview, 53
 The Physical Examination, 54
 Medical Indicators of Sexual Abuse, 57
 Laboratory Findings, Treatment of Disease, and Collection
 of Evidence, 59

The Medical Record, 62	
A Colposcopic Examination, 62	
Concluding the Medical Evaluation—Reassurance, 63	
Human Factors for a Sensitive Evaluation, 63	
Conclusion, 66	
5. Techniques for Interviewing and Evidence Gathering	67
<i>Kee MacFarlane and Sandy Krebs</i>	
Laying the Foundation for an Interview, 68	
Understanding Children's Defenses, 80	
Considerations on Evidence Gathering, 86	
Remembering the Child's View, 96	
Conclusion, 98	
6. Effects of Sexual Abuse on Children	101
<i>Rob Lusk and Jill Waterman</i>	
Affective Effects, 101	
Physical Effects, 103	
Cognitive and School-Related Problems, 104	
Behavioral Symptoms and "Acting Out," 105	
Self-Destructive Behaviors, 106	
Degree of Psychopathology, 107	
Effects Related to Sexuality, 108	
Effects of "The System," 109	
Other Effects, 110	
Mediators, 111	
Summary and Conclusion, 113	
III. SOCIAL AND LEGAL CONSIDERATIONS: THE BROADER CONTEXT	
7. Child Sexual Abuse Allegations in Divorce Proceedings	121
<i>Kee MacFarlane</i>	
Reasons for Allegations at the Time of Divorce, 122	
Reasons Why Sexual Abuse May Occur during	
Divorce, 133	
Negotiating the Court System, 137	
Evaluation Strategies, 139	
Intervention When Abuse Is Alleged or Suspected, 146	
Conclusion, 148	
8. Sociocultural Considerations in Child Sexual Abuse	151
<i>Robert J. Kelly and Merilla McCurry Scott</i>	
Review of the Literature, 152	
Conceptual Issues, 157	
Clinical Issues, 159	

9. Videotaping of Interviews and Court Testimony	164
<i>Kee MacFarlane with Sandy Krebs</i>	
Purposes of Taping, 164	
Uses of Videotapes in Court, 173	
Use of Closed-Circuit Television in Court, 177	
Taping Preliminary Hearings, 180	
Technical Considerations in Taping Interviews, 181	
Legal–Ethical Issues: The Other Side of Taping, 187	
Conclusion, 191	
IV. TREATMENT OF YOUNG CHILDREN AND FAMILIES	
10. Overview of Treatment Issues	197
<i>Jill Waterman</i>	
Treatment Modalities, 197	
Length of Treatment, 200	
Treatment Issues, 201	
Treatment Outcome, 202	
11. Family Dynamics of Incest with Young Children	204
<i>Jill Waterman</i>	
Family Dynamics with Older Children, 204	
Family Dynamics with Preschool Children, 211	
Conclusion, 219	
12. Guidelines for Treating Young Children	220
<i>Suzanne Long</i>	
Importance of Case Management and Teaming, 221	
Treatment Approach, 222	
General Treatment Issues, 225	
Specific Treatment Issues, 231	
Indicators for Termination, 240	
Summary, 242	
13. Parallel Group Treatment of Children and Their Mothers	244
<i>Linda Damon and Jill Waterman</i>	
General Description, 245	
Goals of Treatment, 247	
The Curriculum: Thirteen Modules Dealing with Commonly Occurring Themes, 248	
Summary and Conclusions, 290	
Sexual Abuse Resources, 293	
Appendix 13-1—Helping Susan, 294	
Appendix 13-2—Jimmy's Bedtime Story, 297	