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ABSTRACT

An Examination of Attitudes to Child Sexual Abuse and Training Needs of Social Workers in Taiwan and the United Kingdom

Su-Chen Hung

Literature suggests that culture is a factor in identifying and responding to child sexual abuse. One of the aims of this study is to examine this hypothesis. Responses to field work and literature reviews suggest further that workers face some particular difficulties in dealing with child sexual abuse. Indeed social workers are very often the key worker in dealing with child sexual abuse in the initial stages. Therefore, another aim of this study is to examine the responses of social workers to difficulties in different cultures to child sexual abuse. Finally the training needs of social workers in this aspect of this field work is examined.

This study examines the attitudes and responses to sexually abused children of samples of social workers in Taiwan and the UK. The study explains differences and similarities related to the nationality of the respondents. The specific issues include the definitions of child sexual abuse, the initial effects on victims, the long-term effects on survivors, the difficulties in dealing with child sexual abuse, and the training needs of social workers. The research instruments consist of closed questionnaires, open questionnaires, and interviews. The data is analysed using appropriate statistical techniques.

The results are as follows:

1. Both samples felt that a clear definition was necessary in the identification and support of abused children. The result also suggests that social workers in Taiwan and the UK differed on issues surrounding "adult's power" and the

initial effects on male and female victims and the long-term effects on female victims, and the difficulties in dealing with child sexual abuse.

2. Similarities were found in respondents lack of experience when dealing with male victims and the training needs in dealing with child sexual abuse. Several conclusion were made regarding the significance of child sexual abuse in the two communities, and the need to develop further training and support for social workers. Suggestions for further research are identified.

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AN EXAMINATION OF ATTITUDES
TO CHILD SEXUAL ABUSE
AND TRAINING NEEDS OF
SOCIAL WORKERS
IN TAIWAN AND THE UNITED KINGDOM

SU-CHEN HUNG

A thesis submitted in requirement for the degree of Master of Arts

University of Durham

School of Education

May, 1994



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Declaration

No part of the material offered in this thesis has previously been submitted by me for a degree in this or in any other University.

ACKNOWLEDGEMENTS

I wish to extend my thanks to my supervisors, Mr. Jack Gilliland and John McGuinness, whose comments and supervision provided the basis for my research study.

Many thanks to the several organizations and individuals in Taiwan and the UK whose identify must be kept anonymions for reasons of confidentiality and to all those social workers in Taiwan and the U.K. who gave so willingly of their time to complete the questionnaire and provided interviews.

I am grateful, as well, to the MA students in the Guidance and Counseling course in School of Education in the University of Durham who completed the pilot study for this research.

I am especially indebted to my best friend, Catherine Lin, for her prayer for my study time in the UK and for her typing of this study.

Special thanks are due to my friends, David, Karen, Anna, Kathy, and Yen for their careful reading of this study.

Grateful acknowledgment is made to my friend, Patrick, for his thoughtful guidance in using the Statistical Package in Social Science.

My family in Taiwan contributed in many ways, the support and encouragement of my all educational endeavours. Finally, I owe a very special thanks to my sister, Su-Ling, who endured daily life with me over the course of this research. Her company and care provided the impetus for the completion of this work.

CONTENTS

| | page number |
|--|----------------|
| FIGURE TABLE LIST | 3 |
| CHAPTER 1: INTRODUCTION | 8 |
| CHAPTER 2: LITERATURE REVIEW | 14 |
| SECTION 1: Theories of Child Sexual Abuse | 14 |
| SECTION 2: Definitions of Child Sexual Abuse | 39 |
| SECTION 3: Prevalence of Child Sexual Abuse | 63 |
| SECTION 4: Factors of Child Sexual Abuse | 72 |
| SECTION 5: Effects of Child Sexual Abuse | 85 |
| SECTION 6: Current Situation of Child Abuse in Taiwan and the UK | 107 |
| CHAPTER 3: Main Study | 127 |
| SECTION 1: Introduction-Main Study | 127 |
| SECTION 2: Methodology | 128 |
| SECTION 3: Results-Personal Information of Responses | 134 |
| SECTION 4: Results-Responses of Definitions of Child Sexual Abuse | 152 |
| SECTION 5: Results-Perceived Initial Effects on Children | 166 |
| SECTION 6: Results-Perceived Long-term Effects on Children | 190 |
| SECTION 7: Results-Perceived Most Common Age Groups of Child Sexual Abuse sufferers | 215 |
| SECTION 8: Results-Perceived Difficulties in Dealing with Child Sexual Abuse | 219 |
| SECTION 9: Training Needs | 259 |



| | |
|---------------------------------------|-----|
| SECTION 10: Summary of Results | 268 |
| CHAPTER 4: Discussion and Conclusions | 283 |
| APPENDICES | 288 |
| BIBLIOGRAPHY | 298 |

List of Tables

| | |
|--|-----|
| TABLE 2.2-1 Definitions from section II | 52 |
| TABLE 2.2-2: Identity of abuser by numbers and percentage: two sources of data compared | 56 |
| TABLE 2.2-3: Relationship to Abuser across the whole sample | 57 |
| TABLE 2.2-4: Types of sexual abuse-non contact | 61 |
| TABLE 2.2-5: Types of sexual abuse- contract..... | 62 |
| TABLE 2.3-1: Sample source and study aim..... | 64 |
| TABLE 2.3-2: Research type and prevalence | 65 |
| TABLE 2.3-3: Broad and narrow definitions and prevalence | 66 |
| TABLE 2.3-4: Different levels of the definition and prevalence | 67 |
| TABLE 2.3-5: Prevalence Rates for Women by Mode of Administration | 68 |
| TABLE 2.3-6: Face to face interview/Interview multiple response format(FFI) | 68 |
| TABLE 2.3-7: Telephone interview(TI) | 68 |
| TABLE 2.4-1: A model of the dynamics of sexual abuse | 72 |
| TABLE 2.4-2: Four Factors of Child Sexual Abuse | 84 |
| TABLE 2.5-1: Traumagenic Dynamic in the Impact of Child Sexual Abuse | 103 |
| TABLE 2.5-2: Long - term and Initial effects..... | 104 |
| TABLE 2.6- 1: The form of abuse | 116 |
| TABLE 2.6-2: The reporter of child abuse | 116 |
| TABLE 2.6-3: The age groups of children suffering abuse..... | 117 |
| TABLE 2.6-4: The relationships between the offender and the victim | 118 |
| TABLE 2.6-5: The age groups of the offender | 119 |
| TABLE 2.6-6: The occupation of offender..... | 120 |
| TABLE 2.6-7: The Educational Level of Offender: | 121 |
| TABLE 2.6-8: Marital status of abusers | 121 |
| TABLE 2.6-9: Economic situation of the family | 122 |
| TABLE 2.6-10: Environmental reasons of abuse | 122 |
| TABLE 2.6-11: Parent(s) reasons of abuse..... | 123 |
| TABLE 2.6-12: Child's reasons of abuse..... | 124 |

| | |
|---|-----|
| TABLE 3.3-1: SEX in Taiwan..... | 134 |
| TABLE 3.3-2: SEX in the UK..... | 134 |
| TABLE 3.3-3: AGE in Taiwan..... | 135 |
| TABLE 3.3- 4: AGE in the UK..... | 135 |
| TABLE 3.3-5: Marital Status in Taiwan..... | 136 |
| TABLE 3.3-6: Marital Status in the UK..... | 136 |
| TABLE 3.3-7: Years working experience in C.S.A. in Taiwan | 137 |
| TABLE 3.3-8: Years working experience in C.S.A. in the UK | 138 |
| TABLE 3.3-9: Proportion of the working day devoted to child sexual abuse in Taiwan | 139 |
| TABLE 3.3-10: Proportion working day in the UK..... | 139 |
| TABLE 3.3-11: PROPORTION OF WORKING DAY IS CHANGING OR NOT in Taiwan | 140 |
| TABLE 3.3-12: The way of proportion change in Taiwan | 140 |
| TABLE 3.3-13: The Proportion of the working day is changing or not | 141 |
| TABLE 3.3-14: The way of proportion change in the UK..... | 142 |
| TABLE 3.3-15: The majority cases in Taiwan..... | 143 |
| TABLE 3.3-16: The majority of cases in the UK..... | 144 |
| TABLE 3.3-17: Social workers training in Taiwan..... | 144 |
| TABLE 3.3-18: Social workers training in the UK..... | 145 |
| TABLE 3.3-19: C.S.A. in social workers initial training in Taiwan | 146 |
| TABLE 3.3-20: C.S.A. in social workers initial training | 146 |
| TABLE 3.3-21: If yes, the attention was devoted to the subject in the UK..... | 147 |
| TABLE 3.3-22: Social workers attend further training in Taiwan | 148 |
| TABLE 3.3-23: Social workers attend further training in the UK..... | 149 |
| TABLE 3.3-24: Samples' working placement in Taiwan | 149 |
| TABLE 3.3-25: Samples' working placement in the UK..... | 150 |
| TABLE 3.3-26: Working Team in the UK | 150 |
| TABLE 3.4-1: Definitions in Taiwan | 155 |
| TABLE 3.4-2: Definitions in the UK..... | 155 |

| | |
|---|-----|
| TABLE 3.4-3: The reasons why workers chose DEFINITION I | 156 |
| TABLE 3.4-4: The reasons why workers chose DEFINITION II..... | 157 |
| TABLE 3.4-5: The reasons why workers chose DEFINITION III..... | 158 |
| TABLE 3.4-6: The reasons why workers chose DEFINITION IV | 159 |
| TABLE 3.4-7: Frequency of choice of key words/phrases of social workers in Taiwan and the UK..... | 160 |
| TABLE 3.4-8: Most frequently chosen key words/phrases of social workers in Taiwan and the UK..... | 161 |
| TABLE 3.5-1: Initial Effects on Female Victims in Taiwan | 167 |
| TABLE 3.5-2: Initial Effects on Male victims in Taiwan | 169 |
| TABLE 3.5-3: Comparison of the initial effects on female and male victims in Taiwan..... | 171 |
| TABLE 3.5-4: The first six most frequently encountered initial effects on male and female victims in Taiwan..... | 172 |
| TABLE 3.5-5: Initial Effects on Female Victims in the UK | 174 |
| TABLE 3.5-6: Initial Effects on Male Victims in the U.K..... | 175 |
| TABLE 3.5-7: Comparison of the initial effects on female and male victims in the U.K. | 178 |
| TABLE 3.5-8: The first six frequently encountered initial effects..... | 179 |
| TABLE 3.5-9: Comparing initial effects on female victims in Taiwan and the UK. | 180 |
| TABLE 3.5-10: The first five most frequently encountered initial effects on female victims in Taiwan and the UK..... | 181 |
| TABLE 3.5-11: Comparing initial effects on male victims in Taiwan and the UK | 182 |
| TABLE 3.5-12: The first six most encountered effects on male victims in Taiwan and the UK..... | 183 |
| TABLE 3.5-13: Initial effects in Four Traumgenic Dynamics Model..... | 189 |
| TABLE 3.6-1: Long-Term Effects on Female Survivors in Taiwan | 192 |

| | |
|--|-----|
| TABLE 3.6-2: Long -term effects on male survivors in Taiwan | 194 |
| TABLE 3.6-3: Comparison on long-term effects on female and male survivors in Taiwan..... | 196 |
| TABLE 3.6-4: Most frequently encountered long-term effects on female and male survivors in Taiwan | 197 |
| TABLE 3.6-5: Long-term effects on female survivors in the UK..... | 199 |
| TABLE 3.6-6: Long-term effects on male survivors in the UK | 200 |
| TABLE 3.6-7: Long-term effects in the UK | 204 |
| The first five effects frequently encountered in the UK..... | 204 |
| TABLE 3.6-8: The first five effects frequently encountered in the UK..... | 205 |
| TABLE 3.6-9 :The long-term effects on female survivors in Taiwan and the UK | 206 |
| TABLE 3.6-10: The first five effects frequently encountered for female survivors in Taiwan and the UK | 208 |
| TABLE 3.6-11: Long term effects on male victims in Taiwan and the UK..... | 209 |
| TABLE 3.6-12: The first five frequently encountered long-term effects for male survivors in Taiwan and the UK..... | 210 |
| TABLE 3.6-13: Long-term effects in Four Traumatic Dynamics | 214 |
| TABLE 3.7-1: Social workers perception of the most common age groups of children suffering child sexual abuse in Taiwan..... | 216 |
| TABLE 3.7-2: Social workers perception of the most common age groups of children suffering child sexual abuse in the UK | 216 |
| TABLE 3.8-1: Social workers perceptions of difficulties in dealing with child sexual abuse in Taiwan(questionnaire, p. 4, Q2) | 220 |
| TABLE 3.8-2: Social workers perception of difficulties in dealing with child sexual abuse in the UK(questionnaire, p. 4, Q2)..... | 221 |

| | |
|---|-----|
| TABLE 3.8-3: Social workers perceived confidence in dealing with child sexual abuse in Taiwan(questionnaire, p. 4, Q3)..... | 222 |
| TABLE 3.8-4: Social workers perceived confidence in dealing with child sexual abuse in the UK (questionnaire, p. 4, Q3)..... | 223 |
| TABLE 3.8-5: Social workers perceived competence in dealing with child sexual abuse in Taiwan(questionnaire, p. 4, Q4)..... | 224 |
| TABLE 3.8-6: Social worker perceived competent in dealing with child sexual abuse in the UK (questionnaire, p. 4, Q4)..... | 225 |
| TABLE 3.8-7: Preparedness of social workers to deal with the specific situations in Taiwan (information from QUESTIONNAIRE) | 227 |
| TABLE 3.8-8: Preparedness of social workers to deal with the specific situations in Taiwan (information from INTERVIEW in Taiwan) | 228 |
| TABLE 3.8-9: Preparedness of social workers to deal with specific situations in Taiwan (2 points scales) | 238 |
| TABLE 3.8-10: Preparedness of social workers to deal with specific situations in the UK (information from QUESTIONNAIRE) | 245 |
| TABLE 3.8-11: Preparedness of social workers to deal with specific situations in the UK (2 points scales) | 247 |
| TABLE 3.8-12: Working elements are not well prepared in Taiwan and the UK | 251 |
| TABLE 3.9-1: Training needs in working with abusers..... | 260 |
| TABLE 3.9-2: Training needs in working with the victims | 261 |
| TABLE 3.9-3: Training needs in working with the family..... | 263 |
| TABLE 3.9-4: Training needs in applying the legal system..... | 264 |
| TABLE 3.9-5: Training needs in cooperation with other professions | 264 |
| TABLE 3.9-6: Training needs in general..... | 265 |

CHAPTER 1: INTRODUCTION

BACKGROUND

The sexual abuse of children has become an important issue throughout the late 1980s in Britain. In particular, the Cleveland affair caused a lot of public debate about this issue. The Inquiry Report was welcomed by the majority of people because it acknowledged the problem of child sexual abuse, saw the need to recognise and describe the extent of child sexual abuse, and to establish more accurate data, and produced recommendations on how to recognise sexual abuse (Elizabeth Butler-Sloss report of the Inquiry into Child Abuse in Cleveland 1987). This report pointed out that children should not be seen merely as objects of adult- concern, but as individuals. The report stressed the importance of interagency agreement in the common aim of identifying and helping abused children, and endorsed the part played by particular professionals, such as doctors, in initiating concern on behalf of the child (Sue Richardson, Heather Bacon 1991). In the post-Cleveland years, child molesters have been reported visiting homes, posing as social workers or health visitors trying to examine children. NSPCC Figures (1990) show a four percentage increase in sexual abuse.

In addition, the 1989 Children Act introduced changes; the Children and Young Person Act 1969 was the main basis of all work involving children until the passing of the Children Act 1989, which now provides a comprehensive legal framework for the protection of children (H. Brayne and G. Martin, Law for Social Workers, 1990, p17. Blackstone Press Limited). General awareness of sexual abuse has also been heightened by extensive media coverage in the press and on television and radio, all of them encourage the victims of abuse to make themselves heard (D. Glaser and S. Frosh, Child Sexual Abuse, Macmillan, 1988). Recent information also show the awareness of child sexual abuse in the

UK. Child Abuse Register (Strathclyd Region figures 1985-1989) show a notable large increase from 657 cases to 1,682 cases of sexual abuse. It is likely, however, that this indicates an increase in reporting rather than an actual change in behaviour. Other recent figures from Childline report that the duration of child sexual abuse before it is discovered is decreasing. In 1989 only 7% of reported cases were identified within one month, compared with 22% in 1989.

However, Cleveland Child Protection Committee (Evening Gazette May 10th 1990), was reported as stating that sexual abuse referrals were at the same level as before the crisis. The public was reassured that sexual abuse was being handled well, since no cases had been referred (to the special panel) because of professional disagreement (Sue Richardson 1991). The Pigot report (1989) notes a large national increase of children on child protection registers but relatively small numbers of attempted prosecutions, and even smaller numbers of successful ones (Sue Richardson 1991). All of this information shows that professions and the public have become sensitised to the reality of child sexual abuse and are increasingly likely to believe children who confide in them, and to attempt to take appropriate action (D. Glaser and S. Frosh 1988).

Child abuse is becoming an increasingly important issue in Taiwan recently. Firstly, there are now several research projects relating to child abuse in Taiwan. There are seven research projects relating to child abuse from 1987 to 1993, even though none of them have dealt with child sexual abuse. Moreover, the Chinese Child Fund Inc. figures (1989-1992) show that there is a large increase of child sexual abuse from 4% to 7.29% in Taiwan.

Secondly, the Children Act 1993 in Taiwan introduced changes and more social services for victims. The Children Act 1993 now provides a more comprehensive legal framework for the protection of children.

Thirdly, there are some organisations to help children who are being abused; the Chinese Child Fund Inc. is a private body and the only foundation which has the right to take away children from their homes. Another is the Children Services Centre of the Social Service Department. Both of them have branch offices throughout Taiwan. There is also Children Protection Network in Kao-Hsiung (Kao-Hsiung is one of the biggest cities in South Taiwan, its position is as important as the capital city Taipei). Finally, some agencies provide different services to victims as well, such as children's homes or counselling.

A recent research study identified the definitions and symptoms of victims in different forms of abuse in Taiwan (1993); the results were sent to relevant agencies. They are an important contribution in child protection work in Taiwan. However, the weak points in dealing with child sexual abuse can be briefly divided into three parts. Firstly, the public do not have enough knowledge about child sexual abuse and the effects on children e.g. abusers are mentally ill, abusers are often strangers, child sexual abuse "cannot happen in my family", children are objects of adults, and child sexual abuse equals shame and guilt. As a result, a lot of cases have not been identified. Secondly, there is a lack of research information in Taiwan, for instance, the factors, the definitions, the effects, and the treatment of child sexual abuse. Finally, Taiwanese professionals lack enough knowledge or experience of under-taking treatment of post-abuse.

Statement of the issue

There are many texts which provide different aspects of child sexual abuse, initial effects, long-term effects, and the difficulties in dealing with child sexual abuse.

Firstly, Rush (1981) and Herman (1981) show that a culture assumes dominance of men over women and children, and it also allows men to sexually abuse children. Rush (1981) particularly points out certain historical and cultural contexts in which sexual relationships between men and children were condoned. Therefore, Christopher Bagley and Kathleen King (1990) suggest that culture is a factor for child sexual abuse. As a result, it is important to be aware of different cultures in identifying child sexual abuse. This is background knowledge in approaching other issues in child sexual abuse.

Secondly, in general, since 1960s, quite a lot of research findings have been sought to clarify and enhance people's understanding of the effects of child sexual abuse). (Sexually abused children commonly show negative emotional reactions such as depression, guilt, poor self-esteem; sexual abuse is also linked to phobias and nightmares, restlessness, school refusal, adolescent pregnancies (Tasi, M. 1979; Goodwin, J. 1982). (Browne and Finkelhor in their 1986 review of the research concluded that initial reactions to abuse may include depression, fear, generalised anxiety, aggression and sexual inappropriate behaviour; long-term re-adjustment problems may include suicidal feelings, poor self-esteem, drug and alcohol abuse. Few studies focus on culture differentiation affecting the effects of child sexual abuse. Although the samples in this study were drawn from professional, people's understanding of the effects of child sexual abuse in different cultures can still be much enhanced.

Finkelhor and Browne (1985) combined the psychological theory with the social theory and developed the Traumagenic Dynamics Model to explain the factors and effects of child sexual abuse. Finkelhor uses four factors: emotional congruence, sexual arousal, blockage and disinhibition to explain the four preconditions of child sexual abuse. This model has four traumagenic dynamics to account for the impact of sexual abuse: traumatic sexualisation, betrayal,

stigmatisation and powerlessness. Each traumagenic dynamic has several distinct processes which combine to contribute to the dynamic. Each traumagenic dynamic is also connected to different effects of child sexual abuse. This model does not just describe all the victims' behaviour after the victimisation, but also explains the dynamics of the behaviour. It also describes how the dynamic develop into different behavioural patterns as a result of victimisation.

Thirdly, Gillen, Daniel P. (1989) suggested that a professional may face some difficulties in dealing with child sexual abuse. These difficulties are as follows:

1. Definitions of child sexual abuse: Finkelhor and Redfield summarised the variables that influence the societal definition of sexual abuse (1984): victim's and offender's age; victim's and offender's gender; type of sexual act; degree of child's consent; relationship between victim and offender; consequences of the abuse, and gender of the person attempting to define the abusive experience. Therefore, it is important to explore a clear definition of child sexual abuse as a background guide for professionals.

2. Child sexual abuse diagnosis: the diagnostic process of child sexual abuse does not easily fit within the medical model in which a skilled practitioner gathers objective data from the patient in a clinical examination.

3. Professionals' knowledge of child sexual abuse is limited: a significant percentage of the professionals, Attiaos and Goodman's survey, displayed deficits in their knowledge of sexual abuse.

However, responses to field work and literature reviews suggest further that workers face some particular difficulties in dealing with child sexual abuse. Indeed, social workers are very often the key worker in dealing with child sexual

abuse in the initial stages. Therefore, it is important to examine the responses of social workers under different cultures to child sexual abuse.

Finally, it has been noted that there is a need for specialised training in the detection and diagnosis of child sexual abuse (Summit 1983). Sexual abuse can be the most difficult form of abuse to detect, as physical symptoms are rarely present. Therefore, the training needs of social workers in this aspect of their field work is examined in this study.

RESEARCH QUESTIONS

The following research questions are addressed.

1. Do social workers show differences in their responses to definitions of child sexual abuse between Taiwan and the UK?
2. Do social workers' perception show differences in their responses of initial and long term effects of child sexual abuse between Taiwan and the UK?
3. Do social workers' perception show differences in their responses of the most common child sexual abuse age-group between Taiwan and the UK?
4. Do social workers' perception show differences in their responses of the confidence and competence in dealing with child sexual abuse between Taiwan and the UK?
5. Do social workers show differences in their responses of difficulties in dealing with child sexual abuse between Taiwan and the UK?
6. What kind of specific difficulties do social workers face in dealing with child sexual abuse in Taiwan and the UK?
7. What are social workers' training needs in Taiwan and the UK?

CHAPTER 2:LITERATURE REVIEW

Section 1: Literature Review -Theories of Child Sexual Abuse

Introduction

The researcher organised the theories on child sexual abuse from the literature review, all of which can be divided into: systems theory, psychology (single factor theories), libertarianism, psychiatry, feminist theory, power - relationship theory, and the four preconditions model. The final theory, a multiple theory, will be described in more detail, as will the strengths and weaknesses of the different theories. All in all, the theories provide important background knowledge for any study dealing with child sexual abuse.

I. SYSTEM THEORY

In this theory the family termed a system and each family member a sub - system - all sub - systems affect each other. While the system has an input (e.g. the role of each family member, income, social class etc.), after each sub - system interaction, the system will have an output. This output will respond to the input (feedback) until the system is more balance. Although child sexual abuse creates problems for the family, when the system (family) has problems (unbalance) it uses child sexual abuse to reach a balance situation in the family. As a result, child sexual abuse is seen as a symptom of the under - lying problems.

In this theory the role of the mother is very important. In incestuous families the daughters did not feel emotionally understood or care for by their mothers. The mothers were looked on as emotionally rigid or distant; the relationship between the mother and the daughter was very hostile and/ or the daughter's appeal for

her mother's love had been rejected. If they seemed close, the child had become the parent figure to the mother. The daughters complied with their father's sexual demands. The social taboos surrounding incest prevented the children from being able to find any help inside or outside the family. All the girls blamed their mothers for not having protected them and for not making it possible for them to talk to anybody about their frightening or exciting experiences (Child Sexual Abuse and Racism, 1991, OSDC).

Furniss describes two different types of sexually abusive families: in one family the abuse seems to serve the purpose of avoiding open conflict between the parents, and in the other, of regulating it (Furniss t., 1985).

The makeup of these families are as follows.

1. Conflict Avoiding Families:

The mother clearly sets the rules for emotional relationships and for the way sexual and emotional matters are discussed. These mothers are emotionally distant from the daughter(s) involved in the sexual abuse, although they may compensate for this by their compulsive desire to care for the family. The distance between the mother and the daughter may be so great that even when the child tells her mother what is happening the allegations are dismissed. The problems are not discussed within the family, and if the child is taken to the family doctor the purpose of the visit seems to be to seek professional confirmation of the mother's denial.

2. Conflict Regulating Families:

The mother is deficient in practical as well as emotional support for the children - she becomes their 'pseudo - equal' and one of the children may take on the role of the mother. Sexual matters centres on violence between the parents. The child is 'sacrificed' to regulate this conflict and to avoid family breakdown.

Other authors also highlight similar family types. The first type of family is highly dysfunctional across a spectrum of variables, of which the incestuous relationship is only one component. Familial relationships are characterised by emotional deprivation, neglect, poor impulse control and a lack of appreciation of others' needs. Substance abuse and neglect may accompany the sexual abuse. Although mothers in such families may be aware of the incestuous relationship they may feel that they are incapable of intervening on their child's behalf (Kempe, R.S., & Kempe, 1984). The second type of incestuous family presents as a stable and socially acceptable family unit. The family may be isolated from the community and their neighbours and the father may be either successful or regularly employed in a routine occupation. He is also very rigid in his personality and authoritarian in his monitoring of family activities. The mother may be either overly dependent, immature and passive, or independent, assertive and critical. A daughter, usually the oldest, begins to assume the role of the emotionally and psychologically absent wife and eventually finds herself becoming the object of her father's affection and sexual needs.

This theory and family type suggests that a certain pattern of family relationships is closely associated with child sexual abuse: a wife who in effect 'mothers' both her husband and daughter; a husband who may appear 'dominant' but is largely dependent on his wife; a daughter who has a poor relationship with her mother; and a daughter who may have a parenting role with regard to her brother and sisters. In this model of the family, the victimised daughter is seen as having a lot of power within the family and to be the recipient of considerable rewards (emotional and material) for the abuse (C.S.A. Training programme, 1987).

Discussion:

This theory contributes to our understanding of child sexual abuse in the following ways:

(1) Child sexual abuse is a problem which belong to the family- it is not just a problem of the victim. As a result, when child sexual abuse is discovered within a family all its members, and not just the victims and abusers, need to face it together. In addition, each member of the family, and not just the victims, will need counselling and help to see them through this traumatic period.

(2) Since child sexual abuse is one symptom of a family having under - lying problems, the therapist will help the family to deal with any deep rooted problems as well as dealing with the actual abuse. As a result, the family will get to know what was wrong with the old family dynamic and to learn suitable new roles and relationships. This family will, therefore, have a new family dynamic (new input and new output and feedback). If we just deal with child sexual abuse in the family without looking at the more deep-seated problems in the family, child sexual abuse may happen again because the family dynamic will not have changed.

However, the problems associated with this view are as follows:

- (1) It is very difficult to explain if the abuser is from outside the family;
- (2) It may not explain the abuse of boys as well as girls.
- (3) It is hard to prove statistically.
- (4) This view does not explain why all perpetrators seem to be men.

II. PSYCHOLOGY - signal factor theories

Meiselman analyses the incestuous personality traits in the offender that explains their behaviour. These personality traits include:

- 1) A background of chaotic family life; emotional deprivation, possibly including sexual abuse.
- 2) Unusual degree of dominance over their families;
- 3) Presents a weak and compliant face to external authorities;
- 4) The father who seems over - interested in his family and seeks to control all aspects of their lives (Meiselman K. ,1978).

This approach also focuses on the characteristics of the offender. Two major types of offender have been identified- the fixed and the other one is the regressive. The fixed offender from adolescence is attracted primarily or exclusively to significantly younger persons. The regressive offender generally has adult heterosexual orientation but has adopted incestuous relations as a response to some acute form of stress (Howells,1981, Groth, 1978). This perspective emphasises the personality traits of perpetrators and tries to identify what leads to someone sexually abuse a child. These traits frequently are from early life experiences. For example, some research indicates that many sex offenders were themselves abused as children. However, in the absence of good research, a casual link between childhood abuse and subsequent status as an adult abuser has yet to be established (James, J.; Krivacska, and Charles C Thomas, 1990). Indeed, in Finkelhor's study, the majority of individuals abused as children apparently do not become abusers (Finkelhor,1984).

Discussion:

The weak points in associated with this view can be divided into four parts:

- 1)Research supporting such delineation of offenders has not been forth coming. In fact, such a categorisation may be insufficient for an understanding of the aetiology of sexual abuse involving homosexual and heterosexual offenders.

2) The fact that this theory links child sexual abuse with the offender's childhood experiences suggests that offenders are not responsible for their actions because they are not willing. In other words child sexual abuse is due to the poor childhood experiences of the abuser. Indeed, this theory also suggests that the victims should excuse their attackers because of their very sad childhood experiences. This is very difficult for victims to accept. As a result, this theory is liable to add to the victims sense of guilt, anger and injustice.

3) This perspective also does not explain why some people who were victimised as children do not become abusers. Indeed, even though there are more young female victims than young male victims, the literature review shows that there are more male abusers than female abusers.

However, this area of writing has a very powerful impact on people working with sex offenders (C.S.A. & Racism).

4) This approach is also limited with regards to preventing child sexual abuse. While almost all abusers will have these traits it does not mean that people who have these traits will offend. For this reason, these traits in a person are not necessarily a warning that they might be prone to child sexual abuse.

III. LIBERTARIANISM

The libertarian theory argues that children are sexual beings who enjoy sexual contact with adults- what harms them is all the fuss everyone else makes about it (C.S.A. and Racism, 1991. OSDC). Kinsey argued along these lines. The paedophile Information Exchange also argues that children are sexual beings who will, on the whole, benefit from sexual contact with adult. If sex by genuine consent were to be decriminalised, it would seem inconsistent to maintain incest as a crime in the absent of force, coercion or abuse of parental authority. The central argument in this approach is that while children can willingly take part in

sexual activities with adults, the harmful effects do not come from the sexual activities themselves, but from the interventions of others. Abusers always use this idea to justify their actions, particularly when talking about older children.

Discussion:

The main problem of this theory is that it suggests that a child's development is the same as an adult (emotionally, physically and intellectually). Indeed, sexual activity has a social meaning way beyond the confines of physical pleasure. The victims will always feel guilt and shame because the social meaning of sexual activity exists in every society. The harmful effects are also found in both the clinical and non - clinical literature review (see "the sexual abuse effects on children" in my study). As a result, we cannot simply label children as sexual beings- they are also social beings.

IV. PSYCHIATRY

Freud (1905) expressed child sexual abuse as the typical Oedipus complex in women. He described girls as not having a "superior" penis which causes them "penis envy". In his view:

"litter girls, when they notice the penis of a brother or playmate, strikingly visible and of large proportions, at once recognise it as the superior counterpart of their own small and inconspicuous organ, and from that time forward fall victim to envy for the penis".

As a result, girls turn away from their mother toward their father in the hope of being given a penis. This approach also places the child in a pro-active role: e.g. "the defective formation of the girl's super ego undoubtedly played a role... Another factor was the weakness of the sexual excitation which led to submission to incest in the first place".

Discussion:

One of the argument of this approach is that child abuse is seen as a women's fantasy. Ann Freud has a disagrees:

" Far from existing as a fantasy, incest is also a fact, more widespread among the population in certain periods than in others where the chance of harming a child's normal development growth are concerned, it ranks higher than abandonment, neglect, physical maltreatment or any other form of abuse. It would be a actual occurrence"

This theory is patriarchal and does not deal with the fact of sexual abuse. Instead, it argues that the solution lies in healing the girls' Oedipus complex. As a result, this theory does not explain homosexual abuse, non - incestuous abuse and why boys are victims.

V. POWER - RELATIONSHIP THEORY

This theory is simple and very useful. This theory argues that C.S.A. is an extreme example of abuse of power. Every adult has the potential to abuse children, just as every man has the potential to abuse women. This power includes several kinds:

"Although most individuals have little difficulty identifying their own victimisation within some major system of oppression - whether it is by race, social class, religion, physical ability, sexual orientation, ethnicity, age, gender - they typically fail to see how their thoughts and actions uphold someone else's discrimination" (Patricia Hill Collins, 1990, Black Feminist Thought).

This view also has an important message for workers- how often do they really stop and consider the way in which their words and actions might seem oppressive to a sexually abused child, or for that matter, any child or young person (C.S.A.and Racism, 1991.OSDC)? As Audrey Lourde says:

"the true forms of revolutionary change is never merely the oppressive situations which we seek to escape, but that piece of the oppressor which is planted deep within us".

Discussion:

The contribution of this theory to the discussion on child sexual abuse is as follows:

- 1) It accounts for the abuse of children from both sexes.
- 2) It also accounts for incestuous and non - incestuous abuse of children.
- 3) It also shows that when the victims are older than the abusers abuse is still possible, because the important things is power not age.
- 4) It explains very well system abuse and policy abuse.

VI. SOCIAL - ECONOMIC RISK FACTORS

This approach includes several aspects:

- 1) The fact that unemployment forces the man to stay at home alone with the children more, reduces his self - esteem and may lead to this wife going out to look for part-time work. It seems that in families where the father is unemployed and experiencing financial problems, is ill or injured, he will be home more often than his counterparts in full employment. In addition, he will also drink more and be depressed. These factors may lead them to molest his children.
- 2) Poor housing may lead to physical overcrowding (see " the factors of C.S.A. " in my study).
- 3) Poverty and unemployment may increase alcohol dependence.

4) C.S.A. also occurs quite frequently with physical abuse which undoubtedly is linked to social factors (C.S.A. Training programme for Foster Parents with Teenage Placement, 1987, Edna Davis et al; CIBA).

Discussion:

The weak point of this theory is that it seems to suggest that: middle class families are immune to child sexual abuse because they do not have financial problems. On the other hand, middle class families find it easier to hide their family problems from society than working class families, because they are often ignored by social service workers (systems). Although this approach explains some causes of child sexual abuse, it is more helpful when it is combined with other theories. For instance, a combination of this theory and the psychology theory can explain more clearly the exact causes of child sexual abuse. If we use these two theories to describe child sexual abuse it may be possible to identify the traits which led the abuser to sexually abuse children. However, if the abuser is not confronted with stress in their life, they may not resort to sexual abuse. On the other hand, if the abuser is confronted with a stressful situation, and does not have the suitable traits to face this stress, they may resort to sexually abusing children. Although low social class, poverty, and overcrowding have been described as important factors in the occurrence of child sexual abuse in some studies, these findings have mainly been derived from court or prison settings. As Finkelhor (1979) and Giarretto (1981) suggests, child sexual abuse occurs in families from any socio-economic background. Therefore, it is important for professions to remember, when they face a child who they respect has been sexual abused, to forget about their social class and family background.

VII. FEMINIST THEORY

Feminist theory starts with gender. A feminist sees child sexual abuse as primarily an issue of male sexuality. In other words, any explanation of child sexual abuse is based on the "problem of masculinity" - the tendency of masculinity towards domination and violence to women and children (C.S.A. & Racism). This view also focuses on two factors:

1) the vast majority of perpetrators (97%) appear to be men not women; 2) vast numbers of perpetrators do not seem to be markedly different from other men in all other respects (C.S.A. Training Programme).

Discussion:

Generally, boys and men learn to experience their sexuality as an overwhelming and uncontrollable force; they learn to focus their sexual feelings on submissive objects, and they learn that the assertion of their sexual desires leads to them being fulfilled. Obviously this is a crude account of a complex phenomenon; male sexuality is not one - dimensional, and within a culture different ideologies exist (e.g. men are also seen as caretakers of their families, gentle lovers and protectors of their daughters), which serve to influence self-definitions and cultural practices. Thus, while all men do not abuse, sexual violence against women and children will have a different meaning, and different prevalence, within different societies at different times (C.S.A. & Racism).

Even if the demand of the ideology on male - esteem is high (as many argue), and the resulting feelings of anxiety and inadequacy overpowering, all men do not resort to sexual violence. Some men may manage their anxiety and inadequacy through fantasising and pornography. However, those who do abuse seem to find this combination of sexual pleasure and domination so heady a mixture that they feel constantly driven to repeat it .Some say they are tormented by remorse, or self - disgust, and want to be stopped (C.S.A.& RACISM).

Consequently, feminists have argued that child sexual abuse is only a manifestation of a much larger phenomenon: namely the subservience of women to male power and male needs (patriarchy). From this perspective, males regard women as ultimately existing to meet their need (C.S.A. and Training Programme, 1987).

One problem with the feminist view is that it does not account for the very significant number of boys who are abused, nor for the small minority of perpetrators who are female. The other problem is that "masculinity" is an ideology. From this ideology, men develop the power to overwhelm children and women. While this exists in every society it is difficult to certify.

VIII. FOUR PRECONDITIONS of Child Sexual Abuse(C.S.A.)

(Finkelhor)

This theory combines the psychology theory with the social views. Finkelhor uses four factors (emotional congruence, sexual arousal, blockage and disinhibition) to explain the four precondition of C.S.A..

Firstly, why a person find relating sexually to a child emotionally gratifying and congruent then we call emotional congruence".

Secondly, why a person capable of being sexually aroused by a child then we namely sexual arousal.

Thirdly, why a person is blocked in efforts to obtain sexual and emotional gratification from more normatively approved sources then we namely " blockage".

The first three factors explain how a person develops a sexual interest in a child or children in general. Finally, why a person is not deterred by conventional

social inhibition from having sexual relationships with a child then we call "disinhibition".

The final factor explains how this interest is translated into actual behaviour. I will now discuss in more detail the four factors.

Factor I :Emotional Congruence

Some theorists explain that sexual abusers choose children to be sexual partners because children have some especially compelling emotional meaning for them. Finkelhor has called this "emotional congruence". It can be described from five aspects.

Firstly, they choose to relate to children because they are at a child's emotional level and can respond to childlike preoccupations. In other words, they experience themselves as children, they have childish emotional needs and thus they wish to related to another children (Hammer & Glueck, 1957; Groth & Bimbaum, 1978; Bell & Hall, 1976; and Finkelhor, 1986, 1984).

The second aspect of this factor points out that abusers are not just immaturity but have a generally low self-esteem and low sense of efficacy in their social relationships. As a result, when they relate to children which is congruent because it gives them the feeling of power, omnipotence and in control (Loss & Glancy, 1983, p.323; and Hammer & Glancy, E. ,1957, p.338).

The third aspect of this factor, molesters relate to children in order to overcome the effects of some childhood trauma. As Howells (1981) points out that the child - molesting fantasy comes to serve as a "scene of symbolic mastery over childhood - induced psychological traumas". In other words, a abuser needs the relationships with children in order to overcome the sense of shame, humiliation,

or powerlessness that they might have experienced as a child (Finkelhor, 1986; Howells, 1981; and Groth, Hobson & Gary, 1982).

One way in which the male child may try to combat the feelings of powerlessness inherent in being a victim is to ultimately identify with the aggressor and reverse roles; that is, to become the powerful victimiser rather than the helpless victim. The child molester then re - enacts in his offence the characteristics of his own victimisation in an attempt to restore to himself a feeling of being in control (Groth, Hobson & Dary, 1982, P.138).

The fourth aspect that can be classified as emotional congruence is that which uses the notion of " narcissism" to explain pedophilia. According to this aspect, abusers remain emotionally involved with themselves as a child or their likenesses, as a result of emotional deprivation or overprotection. Abusers try to give the love which they missed out on, or wished they had, to a child who resembles themselves.

He narcissistically remains in love with the child he then was. This is impossible so he must project this love on to other children of a similar age to his lost childhood who thus become love objects for him (M. Fraser, as quoted in Howells, 1981. p.61).

Finally, some feminists point out that certain themes in male socialisation and male culture that tend to make children" appropriate" objects of sexual interest. These themes include the value that male socialisation puts on being dominant, powerful, and the initiator in sexual relationships, as well as the value placed on partners who are younger, smaller, and weaker than themselves. Sexual abuse occurs as a natural extension of some of these values (Gross, 1978; Hite, 1981; and Russell, 1982).

However, some men are more affected by these socialisation experiences than others or may belong to subcultures which give more or less emphasis to these normative themes (Gebhard et al, 1965; and Summit & Kryso 1978).

Factor III: Sexual Arousal towards Children

A second component of theories about sexual abuse explains of why a person finds children sexually arousing. There are four aspects which explains this factor.

The first set of theories combines social learning theory with special circumstances. According to this theory some people have early sexual experiences which causes them, through conditioning, to find children sexually arousing when they become adults (Wenet, Clark & Hunne,1981). However, in Finkelhor's (1979) study, which showed that over the children have childhood sexual experiences with other children, and that not all them become sex abusers, suggests that there are some special circumstances under which such experiences condition a later sexual interest in children. One possibility is that the critical experiences are those whose some special kind of fulfilment or frustration is involved. Another possibility is that the critical experiences might be ones associated with traumatic victimisation. A similar process may be at work for children who grow up in families where other children besides themselves, such as their sisters or cousin, are the objects of sexual exploitation at the hands of adults.

As far as the second theory of sexual arousal is concerned, Howells (1981) speculated about how a process of " attribution error" may play a role in creating a sense of sexual arousal towards children. Children elicited labelled "parental" or

"affectionate", but some individuals may mistakenly label these reactions as sexual and then come to act accordingly towards children (Finkelhor, 1984).

Children appear to elicit strong emotional reactions in many people reactions usually labelled as "parental" or "protective" or "affectionate" , but potentially definable as sexual love. The fact that the initial stages of the adult sexual response cycle are not distinct physiologically from patterns of arousal produced by other emotions allows for such misattribution in some individuals and in some (as yet unknown) situation (Howells, 1981, pp.18 - 19).

The third theory centres on biological factors. This approach focuses on that hormone levels or chromosomal make - up contribute to child molesting (Berlin,1982). Such theorising stems from the findings of physiological abnormalities among molesters (Berlin, 1982) and from evidence of some success in treating them with an - tiandrogenic drugs (Berlin & Meinecke,1981; Finkelhor 1984 reviewed Money 1981b). However, these theories are not yet developed enough to specify how biological factors affect the choice of a child as an object of sexual arousal. At the current level of conceptualisation, biological factors are seen as a source of instability which may predispose a person to develop definite patterns of arousal (Finkelhor, 1984 reviewed Money, 1981a), or they are seen as having a generalised effect on levels of sexual interest and sexual arousal. At this level of generality, however, such theories, useful as they may be for treatment, are not really specific explanations of how a person comes to find children sexually arousing (Finkelhor,1984).

The final theory centres on the effects of child pornography. Abusers learn from this kind of material to become aroused by children. This is a form of social learning. As Russell (1982) points out exposure to pornography involving children creates new converts or teaches such arousal to people who would not otherwise have been affected. In some pornography, themes of sex with children

are mixed in with themes of sex with adults. By masturbating on this material, some consumers may come to find children sexually arousing.

Moreover, child pornography is bought by those who have some established interest in this form of arousal already. For these people, pornography depicting sex with children might increase the strength of their arousal and the variety of child objects to which they become aroused. However, the predominant effect of such a medium is probably to increase the legitimacy, and remove the inhibitions, about having and acting on such fantasies(Densen-Gerber, 1983; and Russell,1982b)If this is the primary process at work we must caution that there is little, if any research, concerned with the effects of child pornography (Finkelhor, 1984).

Factor III: Blockage

A third component of theories about sexual abuse essentially explain why some people are blocked in their ability to meet their sexual and emotional needs in adult heterosexual relationships. These theories seem to presume that a person will fulfil his/her needs with adult peers if he/she develops along normal lines. For some reason, child molesters find their access to normal tendencies blocked, so their sexual interest orientates towards children.

Finkelhor explains this by focusing on four aspects. Firstly, individual psychology theories which rely on Oedipal dynamics. This approach pointed out that sex abusers had intense conflicts about their mothers that made it very difficult, or impossible, for them to relate to adult women (Hammer & Glueck, 1957; Gillespie, 1964).

Another source of blockage is early traumatic forays into sexual behaviour. For example a man who finds himself to be impotent in his first sexual attempts may associate adult sexuality with pain and frustration. As a result, he may choose children as a sexual partner.

The offenders are sexually thwarted, incapable of winning attention from older females and reduced to vain attempts with children who are unable to defend themselves (Kinsey, 1948).

Secondly, some theories argue that child molesters find it very difficult developing adult social and sexual relationships. Lacking proper social skills they are unable to build up suitable relationships with an adult (Glueck, 1965; Langevin, 1983).

A man suffers from pedophilia ... because he has been unable to find sexual satisfaction in an adult relationship. It is not from superfluity or lust, but rather because of a timid inability to make contact with contemporaries (Storr, 1965).

Thirdly, Finkelhor uses the incestuous family model in order to explain this factor. In this approach the marital relationship has broken down; the wife has become alienated and the father is too inhibited to find sexual satisfaction outside the family; thus, blocked in most area of sexual or emotional gratification, he turns to his daughter as a substitute (De Young, 1982; Meiselman, 1978).

Finally, some theorists try to explain sexual abuse at a socio - cultural level. This approach emphasises the role of repressive sexual norms. For instance, the fact that Repressive sexual norms makes some adults feel guilty about engaging in adult sexual relationships, may push some of them into choosing a child as a partner. For example, those surrounding extramarital affairs may, in some cases, block the incestuous father from seeking out other adult women rather than his

child (Weinberg,1955). However, it is somewhat difficult to understand why someone so sensitive to the taboos on extramarital sex or masturbation would not be sensitive to the taboo on sex with children and to the taboos on sex with children (Finkelhor,1986).

In general, this view of blockage - type theories divides the category into two types: developmental blockages and situation blockages. Developmental blockages refers to theories such as those involving Oedipal conflicts, in which a person is seen as prevented from moving into the adult heterosexual stage of development. Situation blockages refers to those theories , which are related to incest, in which a person with apparent adult sexual interests is blocked from normal sexual outlets, because of the collapse of a relationship or some other transitory crisis.

Factor IV: Disinhibition

A final set of theories about sexual abusers are essentially accounts of why conventional inhibitions against having sex with children are overcome, or are not present, in some adults. Finkelhor described this factor by four aspects.

Firstly, some theories argue that child molesters have very little control over their impulses. This can be seen at an individual psychological level (Groth et al., 1982, p.14; and Knopp, 1982). In addition, a number of personality factors have been associated with molesting: senility, alcoholism, alcohol abuse and psychosis (Finkelhor, 1986).

Some apparently normal men, when judgement and self - control have been impaired by brain damage or alcohol, are capable of making sexual advances to children (Storr,1965).

Secondly, some argue that "situation factors" help to account for child sexual abuse. For example, when a person with no prior history of pedophilic behaviour commits a pedophilic act under conditions of great personal stress, the stresses - unemployment, loss of love, death of a relative - are viewed as factors that lowered their inhibitions about deviant types of behaviour (Finkelhor, 1986 reviewed Gebhard, 1967, p.74; and Swanson, 1968).

The third aspect apply mechanisms theory into incestuous cases. Men engage in sexual acts with girls in their families, because these girls are stepdaughters or because the men were away from their families during the children's early life (Finkelhor, 1986 reviewed Lustig et al., 1966; Gebhard et al., 1967). Being a stepdaughter or being separated presumably works to reduce ordinary inhibitions about sex that would normally exist between a natural father and a daughter who had lived together continuously since the child's birth. These inhibitory mechanisms are sometimes viewed as quasi - biological in nature, coming into play merely as the result of a proximity during the early stages of development (Finkelhor,1986 reviewed Shepher,1971; Van den Berghr, 1983). Others view them as developing out of the empathy and concern emanating from a caretaking role (Finkelhor,1986 reviewed Herman,1981). Incest occurs when these inhibitory mechanisms are disrupted.

Finally, feminist theories argue that social and cultural elements that encourages or condones sexual behaviour towards children, thus weakening inhibitions (Finkelhor,1986 reviewed Densen - Gerber,1983). Some authors explain why. For example, adult sexual interaction with children has been sanctioned by religion and the law throughout history (Rush, 1980); the contemporary legal

system gives a green light to potential molesters (Armstrong,1983); the tendency among the public and professionals to blame victims rather than offenders for their own violations (Russell,1982). According to feminists, many men see families as private institutions in which parents have socially sanctioned authority to treat women and children as they wish.

FOUR PRECONDITIONS of CHILD SEXUAL ABUSE(C.S.A.)

Finkelhor develops the above four factors into four preconditions of C.S.A.. The four preconditions are as follows:

- 1) A potential offender needs to have some motivation to sexually abuse a child sexually.
- 2) The potential offender has to overcome internal inhibitions in order to act on the motivation.
- 3) The potential offender has to overcome external impediments in order to commit sexual abuse.
- 4) The potential offender or some other factor has undermine or overcome a child's possible resistance to sexual abuse. (Finkelhor,1984,p. 54)

Precondition I: Motivation to sexual abuse

Finkelhor suggests that there are three components to of this motivation:

- 1) Emotional congruence: relating sexually to the child satisfies some important emotional needs;
- 2) Sexual arousal: the child comes to be the potential source of sexual gratification for that person;
- 3) Blockage: alternative source s of sexual gratification are not available so are less satisfying.

These three components are not in themselves preconditions. In other words, some contribution from each is not required in order for sexual abuse to occur. For example, an offender may sexually abuse a child without necessarily being sexually aroused by the child, or he may resort to sexual abuse because such behaviour satisfies an emotional need to degrade. In addition, an offender may sexually abuse a child for the sake of variety without necessarily being blocked from alternative sources of gratification (Finkelhor, 1984).

Precondition III: Overcoming Internal Inhibitors

In order for sexual abuse to occur, a potential offender not only needs to be motivated, but they must also overcome internal inhibitions that may stop them on these motives. Finkelhor presumes that most members of society have such inhibitions. It is seen as a precondition separate from the other three factors relating to offenders, for two reasons. Firstly, emotional congruence, sexual arousal, and blockage are sources of motivation for sexual abuse. Disinhibition is not, in itself, a source of motivation, but the reason the motivation is unleashed. It is not, sufficient in itself, to create abuse. Second, unlike the other three factors, disinhibition is a requirement for sexual abuse. No matter what the motivation is to abuse children, if a potential offender is inhibited by social taboos from acting, then sexual abuse will not occur. Many people probably have a strong sexual interest in children but do not abuse them because they are inhibited (Finkelhor, 1984).

Precondition III: Overcoming External Inhibitors

The first two preconditions try to account for the behaviour of perpetrators. There are factors outside the perpetrators that controls whether they abuse and whom they abuse.

Preconditions III and IV relate to these.

Precondition III is concerned with the external inhibitors in the environment the offender and outside the child. The most important of these external forces is the supervision a child receives from other people.

Mothers appear to be especially crucial in protecting children from abuse. There has been some criticism that mothers have been blamed too frequently for abuse. However, new evidence suggests that when mothers are incapacitated in some way, children are more vulnerable to abuse. That incapacitation may take various forms. For example, even if a mother is absent from a family due to divorce, death, or sickness, children appear to suffer more abuse. In addition, mothers may also be psychologically absent because they are alienated from children or husband, or because they suffer from other emotional disturbances.

One such form is maternal incapacitation. Mothers may be unable to protect children because they themselves are abused and intimidated by tyrannical and domineering men. Even large power imbalances, that may stem from differences in education, may undercut a woman's ability to protect her children.

Supervision does not mean simply being present with the child at all times. It also includes knowing what is happening to a child, knowing when a child is troubled, and being someone to whom the child can readily turn for help. A potential offender might well be inhibited from abusing a child if they realised that the mother would quickly suspect or know what was going on (Finkelhor, 1984).

Some studies also suggest that children who live in isolated settings or who have few friends and few social contacts, are at greater risk to abuse (Henderson, 1972). One can extrapolate from this that other people, besides mothers act as deterrents to sexual abuse. In other words, if neighbours, siblings,

friends, and teachers interact closely with a child and are familiar with their activities, they may also inhibit abuse.

The final form external inhibition may take is the absence of physical opportunities for the abuser and child to be alone together. For example, factors like household conditions, fathers' unemployment and lowering his internal inhibitions because of emotional stress, all of these factors may facilitate abuse. In other words, sexual abuse may occur when family members are required to sleep together in the same bed, or in the same room, or when a potential abuser and a child are left alone. In short, the external inhibitions that often work against sexual abuse may be overcome.

Precondition IV: Overcoming the Resist

In Finkelhor's opinion, children themselves play an important role in whether or not they are abused. Any full explanation of child sexual abuse needs to take into account factors related to the child. This suggests that children have a capacity to avoid or resist abuse. Unfortunately, some factors will affect children's ability to avoid or resist abuse. Firstly, one large risk factor is anything that makes a child feel emotionally insecure, needy, or unsupported (Finkelhor, 1986 reviewed Burton, 1968; and De Francis, 1969). A child who feels needy will be more vulnerable to the ploys of a potential abuser: i.e. their attention, affection, or bribes. A child who feels unsupported will not have anyone to turn to about the abuse or will be afraid to tell. A child who is emotionally abused, disabled, or disadvantaged, or who has a poor relationship with their parents, is at risk for these reasons (Finkelhor, 1984). The other category is that children may have few friends, may not receive physical affection from their father, or may not be close to their mother.

Children's ability to resist or avoid abuse may be undercut because they are young, naive, or lack information. It may also be undercut because they have a special relationship with the potential offender. A child who might object to a sexual game when proposed by a stranger may comply if the proposal comes from a family member. In other words, from a person whom the child trusts. Due to the fact that the adult knows the child, means that they may be able to frame the proposal in such a way that the child will agree. Finally, the force factor also affects children's ability to resist the abuse (Finkelhor, 1984).

The absence of such resistance, or its defeat by certain factors, is a fourth precondition for the occurrence of sexual abuse.

Discussion:

The advantages of this model are as follows:

- 1) This model combines different theories. The fact that it includes psychology and social factors means that it is able to describe various types of cases.
- 2) It highlights sexual abuse either inside families or outside families. In the same way, it also highlights whether the victim is male or female.
- 3) This model is also able to deal with the difficult issue of why some children have the ability to resist abuse but others do not? In other words, this model respects children as individuals, with the same abilities as adults.
- 4) The advantage of this model is that it uses four preconditions to explain the process from motivation to action which abusers need to go through. These four enable councillors to set up protection children programmes to teach children about the dangers of sexual abuse and to raise public awareness about this issue.

5) This model uses four factors (from different theories) to describes the preconditions that enables us to understand the dynamics of child abuse. Inotherwords, the fact that abusers, children, families, mothers, relatives, and society are included in this model, means that we can consider the dynamics from different aspects.

CHAPTER2, Section 2

Definitions of Child Sexual Abuse (C.S.A.)

I. INTRODUCTION

Child sexual abuse falls within the remit of a wide variety of professional groups: social workers, teachers, health service workers, police, legal profession and other allied disciplines. Different professionals differ in their view of child sexual abuse because of their unique backgrounds and the goals of their profession. The same way, in which different societies and culture may also have different views about child sexual abuse.

The purpose of this section is to compare definitions by different authors and countries then find a multiplex definition to apply to research and to contrast Taiwan's situation.

From literature review, it is quiet easy to find different definitions that will produce different incidence and prevalence rates. As a result, it is very important to produce a clear definition to be a foundation before the researcher discusses the other relevant issues of child sexual abuse.

Conclusively, one purpose of this study will be to define whether every possible act is abusive or not. This will be very useful for workers to identify their role.

Indeed, this will also give the public clear information about the meaning of child sexual abuse, and shed more light on this issue especially for countries which have begun to notice the issue of child sexual abuse. For instance, Taiwan in which child sexual abuse is becoming a major issue.

"community should provide the standard since, although certain acts such as sexual intercourse may generally be felt to be abusive, the abusiveness of other acts appears less clear-cut across communities. Many definitions such as 'acts designed to stimulate the adult' have been left suitably vague because of the difficulty in defining every possible act as abusive or not. This may lead to difference in the treatment of children, adults and families across different localities and communities" (G M Mayes et al, 1992).

III Definitions of Child Sexual Abuse

From the literature review, different researchers produce different or similar definitions of child sexual abuse. I arrange the following definitions from different writers.

1. Kempe and Kempe, 1978: Sexual abuse is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles (Kempe and Kempe 1978: 60, Child Abuse. London : Fontana/Open Books).

Discussion

This definition incorporates a notion of developmental or social norms and of the child's ability to consent to sexual contact (Child Sexual Abuse, Danya Glaser and Stephen Frosh, pp.5, 1988).

On the other hand, it is very difficult to say in which age the child can have the ability to "give informed consent". This definition also fails to take account of degrees of seriousness and the meaning of sexual activities. Many of the terms lack clear definition, e.g. 'dependent', 'developmentally immature', 'do not truly comprehend' sexual activity. These terms are difficult to be used to judge the behaviours of sexual abuse. However, these terms may prove to be vitally important variables in deciding not just whether or not sexual abuse has occurred, but also its seriousness and its likely effect.

In addition, the child normally trusts in and depends on parent(s)/adult, so there is an imbalance in power between the adult and child. As a result, even though the child gives informed consent to have sexual contact with abuser but it does not mean that the child can understand the effect and meaning and consequences of sexual contact with adults. Moreover, children may unwillingly 'consent', because they feel they can not say "no" to an adult, also children could also be taught to obey authority. O'Hagan (1989) maintains: "better to have no definition and to retain a healthy discriminatory approach to each recorder's experience, that to seek a blanket definition applied to all experience" (p.50). According to this view, Kempe's definition is a wide range considering the offences.

2. The CIBA Foundation indicates as follows:

1) Incest: The legal definition of incest applies to acts of sexual intercourse between a man and a woman within the prohibited relationships.

These are:

- a) a man with a woman who is his daughter, sister or half-sister, mother or granddaughter.
- b) a woman over sixteen years of age with a man who is her father, brother or half-brother, son or grandfather.

Illegitimate children are covered by the law of incest but adopted and step-children are not. Lesser sexual acts (i.e. not involving intercourse) between, for example fathers and daughters constitute other offences such as indecent assault or gross indecency with or towards a child.

2) Sexual Intercourse with Children in Other Relationships:

These are the relationships not covered by current incest legislation, including relationships with adopted and step-children. In such cases the offences of unlawful sexual intercourse and indecent assault apply. For both these instances, where intercourse is an essential part of the offence, it is sufficient to establish penetration.

Father/son relationships come within the offences of buggery or indecent assault, not incest or unlawful sexual intercourse.

3) Other Forms of Sexual Activity with Children:

These include fondling, mutual masturbation, digital penetration, oral-genital contact, and involvement of children in photography or filming for pornographic purposes (Rugh Porter, Ed., Child Sexual Abuse with the Family, 1984, 1989 Reprinted, P.4, Tavistock)

Discussion:

This definition describes the relationship between the child and abusers. It also has clear classification about the behaviour of child sexual abuse. These are very useful if the victim and abusers need to have court procedure. However, the relationship between the child and the adult in the term 'other forms of sexual activity with children' is not clear. In other words, if the term 'other forms of sexual activity with children' happen inside families, how can this definition identify it?

3. Finkelhor (1984) defines that these victimisation experiences as sexual encounters of children under age 13 with persons at least 5 years older than themselves and encounters of children 13-16 with persons at least 10 years older. Sexual encounters could be intercourse, oral-genital contact, fondling or an encounter with an exhibitionist (David Finkelhor, 1984).

Discussion:

The characteristic feature of this definition is the limited age. The most important thing for (workers and) children when sexual abuse happens seems to be to help children go through the harmful experience, it does not take into account the age difference between abusers and victims or the age limit of children.

4. Baker, A. and Duncan, S., 1985: A child (anyone under 16 years) is sexually abused when another person, who is sexually mature, involves the child in any activity which the other person expects to lead to their sexual arousal. This might involve intercourse, touching exposure of the sexual organs, showing pornographic material or talking about sexual things in an erotic way (Baker, A. and Duncan, S., 1985).

Discussion:

The motive of behaviour is very important, particularly in sexuality. For example, someone may just talk about sexual things in front of children but if his/her motive is to lead to children's sexual arousal we can identify it as sexual abuse. Even though they do not have physical contact with children. On the other hand, it is very difficult to measure human being's motive. The term 'sexually mature' also is not clear.

5. SCOSAC, 1984: Any child below the age of consent may be deemed to have been sexually abused when a sexually mature person has, by design or by neglect of their usual societal or specific responsibilities in relation to the child, engaged or permitted the engagement of that child in any activity of a sexual nature which is intended to lead to the sexual gratification of the sexually mature person. This definition pertains to whether or not this activity involves explicit coercion by any means, whether or not it involves genital or physical contact, whether or not initiated by the child, and whether or not there is discernible harmful outcome in the short term (SCOSAC,1984).

Discussion:

This definition is the "child sexual abuse working definition" and it usefully ties together most of the various strands present in all the other definitions. Normally, people's ideal about sexual abuse or rape should involve explicit coercion but it is not true. Sexually abused children are often rewarded by offenders, for sexual behaviour that is inappropriate to their level of development.

" Because of the rewards, sexually abused children learn to use sexual behaviour , appropriate or not, as a strategy for manipulating others to get their needs met" (Finkelhor, D., 1988).

As a result, it is important to describe "whether or not this activity involves explicit coercion by any means" in the definition.

6. Suzanne M. Sgroi et. al. refer to child sexual abuse as a sexual act imposed on a child who lacks emotional, maturation, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency and subordinate position.

Authority and power enables the perpetrator, implicitly or directly, to coerce the child into sexual compliance.

Suzanne M. Sgroe et.al. also defined incest from a psychosocial perspective incestuous child sexual abuse encompasses any form of sexual activity between a child and a parent or stepparent or extended family member (for example, grandparent, aunt, or uncle) or surrogate parent figure (for example common-law spouse or foster parent). Incest is variously defined by statute as specific sexual acts (usually involving some type of intercourse) performed between persons who are prohibited to marry.

She explains the sexual activity between an adult and a child may range from exhibitionism to intercourse, often progressing through the following spectrum of behaviour:

- 1) **Nudity:** The adult parades nude around the house in front of all or some of the family members.
- 2) **Disrobing:** The adult disrobes in front of the child. This generally occurs when the child and the adult are alone.
- 3) **Genital Exposure:** The adult exposes his or her genitals to the child. Here the perpetrator directs the child's attention to the genitals.
- 4) **Observation of the Child:** The adult surreptitiously or overtly watches the child undress, bath, excrete, urinate.
- 5) **Kissing:** The adult kisses the child in a lingering and intimate way. This type of kissing should be reserved for adults. Even very young children sense the inappropriateness of this behaviour and may experience discomfort about it.
- 6) **Fondling:** The adult fondles the child's breasts, abdomen, genital area, inner thighs or buttocks. The child may similarly fondle the adult at his/her request.
- 7) **Masturbation:** The adult masturbates while the child observes; the adult observes the child masturbating; the adult and child observe each other while

masturbating themselves; or the adult and child masturbate each other (mutual masturbation).

8) **Fellatio:** The adult has the child fellate him or the adult will fellate the child. This type of oral-genital contact requires the child to take a male perpetrator's penis into his or her mouth or the adult to take the male child's penis into his or her mouth.

9) **Cunnilingus:** This type of oral-genital contact requires the child to place mouth and tongue on the vulva or in the vaginal area of an adult female or the adult will place his or her mouth on the vulva or in the vaginal area of the female child.

10) **Digital (finger) penetration of the Anus or Rectal Opening:** This involves penetration of the anus or rectal opening by a finger. Perpetrators may thrust inanimate objects such as crayons or pencils inside as well. Preadolescent children often report a fear about "things being inside them" and "broken."

11) **Penile Penetration of the Anus or Rectal Opening:** This involves penetration of the anus or rectal opening by a male perpetrator's penis. A child can often be rectal penetrated without injury due to the flexibility of child's rectal opening.

12) **Digital (finger) Penetration of the Vagina:** This involves penetration of the vagina by a finger. Inanimate objects may also be inserted.

13) **Penile Penetration of the Vagina:** This involves penetration of the vagina by a male perpetrator's penis.

14) **"Dry Intercourse":** This is a slang term describing an interaction in which the adult rubs his penis against the child's genital rectal area or inner thighs or buttocks (Suzanne M. Sgroi, M.D., 1987).

Discussion:

Personally, I prefer the definition by Suzanne M. Sgroi, M.D. Firstly, this definition includes "all-powerful and dominant position" between victims and abusers to identify child sexual abuse. It is one of the basic element of cause of

child sexual abuse. Even though we can not measure the power or the dominant position. Secondly, this definition describes the content of each sexual abuse behaviour. This is a clear checking list for workers to identify child sexual abuse.

7. David Finkelhor, 1979: Includes both contact and non-contact experience, 5 years age difference if subject under 12 years old, 10 years age difference if subject from 13 to 16 years old.

8. Russell, 1983:

(1) narrow definition: If intrafamilial, all types of contact are abuse and this includes both either wanted and unwanted. If extrafamilial, all types of contact are abuse up to age 13; If the child is 14-17 years old and he/she is completed or attempted forcible rapes.

(2) broad definition: adds all types of non contact abuse to above.

9. Badgley, 1984: Includes contact and non contact experiences, sexual experience as unwanted, and no age difference. This definition focuses on sexual experience with older partners.

10. Wyatt, 1985: All types of contact and non contact abuse. If subject under 12 with the age discrepancy of 5 years. This includes wanted and unwanted. If subject above 13 years old it is unwanted. No age difference for peer abuse.

11. Risin and Koss, 1987: Any one of three factors:

(1) The subject under 12 years old and the age discrepancy of 5 years or the subject above 13 years old and the age discrepancy of 8 years.

(2) The abuser used some form of coercion.

(3) Abuser in a care giver or authority figure.

12. Haugaard, 1989: Contact and non contact , between a child 16 years or younger and a perpetrator at least 16 years old, at least 5 years older than subject

13. Siegal et al, 1987: Incidents before 16 which involved pressure or force for sexual contact.

14. Fromuth, 1989: All types of contact and non contact abuse. If the subject under the age 12, the age discrepancy of 5 years, if the subject beyond the age 13, the age discrepancy of 10 years.

15. Briere, 1989: Sexual contact between a girl under the age 15 and an individual has age an discrepancy of 5 years.

16. Nash and West, 1985: All types of contact and non contact experience. Abusers are adults with young people under the age of 16.

17. Kinsey et al., 1953: The subject is pre-puberty. All types of contact and non contact experience, the age discrepancy of 5 years. The perpetrator at least 15 years old.

18. Fromuth, 1983: The subject's age limit is 16. All types of contact and noncontact experience. If the subject's age is under 12 with the age discrepancy of 5 years. If the subject's age is between 13 to 16, the age discrepancy is 10 years. The perpetrator at least 16 years old.

19. Burnam, 1985: The age limit of the subject is 15 years old. All types of contact abuse, plus verbal propositions. Sexual experience occurred as a result of pressure or force.

20. Seidner and Calhoun, 1984: The age limit of victims is 17 years old. All types of contact and non contact experience and the age discrepancy of 5 years.

21. Widom, C.S: Adults have sexual desire or urge in children, sexual violence or touching the child's genitals.

22. Jean La Fontaine, 1990: The sexual abuse of children refers primarily to the activities of adults who use children for their sexual gratification. Sexual abuse refers to bodily contact of all sorts: fondling, genital stimulation, oral and/or anal intercourse as well as sexual innuendo or exhibitionism ("flashing").

23. Social Service Department in Taipei, Taiwan, 1990:

Sexual abuse is divided into two kinds. One is sexual molestation and the other is sexual exploitation. Sexual molestation involves some degree of coercion, any seduction to reach the aim of sexual contact and non contact. They include: exhibitionism, asking children to take clothes off, offering pornography to children, flirting with children (non contact), fondling children's physical and genital, sexual intercourse, rape, digital/penile penetration of the anus/vagina and so on. Sexual exploitation means the adult who uses children does something which relates pornography to get benefit. In addition, the adults engage in a degree of coercion, violence, seduction, improvement, persuasion, employment to push children attending pornography, slides, films, exhibitions, shows and so on.

25. Legal definition in England: The involvement of dependent children or adolescents under the age of 18 years, in sexual activity which they do not truly comprehend, to which they are unable to give consent which involves the use of

power or force by an adult, that violates the social taboos of family roles in prevailing culture or that is against the law.

These procedures must be followed when considering the welfare of all children involved in the following offences: Incest, rape, indecent assault, gross indecency (homosexual activity), buggery, indecency with children, offences of attempting such offences, aiding and abetting the committing of such offences, procuring, use of children in indecent pictures and exposure of children to pornographic material.

The procedures include situations where those responsible for children encourage or allow them to be involved in unlawful sexual activity with others, but young people who have committed 'technical offences' in the context of a 'normal' teenage relationship are excluded.

III. DISCUSSION

Around these definitions are often placed the following parameters:

1. What the meaning is of the term "sexual".
2. The relationship of the victim to the perpetrator (intrafamilial or extrafamilial)
3. The difference in age and development between the victim and perpetrator
4. The type of abuse that occurred (Wyatt, G.E., and Peters, S.D. 1986)

According to these definitions, I intend to highlight in more detail, the above issues.

III-1. An overview of definitions of child sexual abuse

Table 2.2-1 is an overview of definitions which are rearranged from section II. Table 2.2-1 includes four countries definitions of child sexual abuse (U.S.A., Canada, England, and Taiwan). These definitions also include England's, and Taiwan's legal definition. Apart from the definition of the U.S.A., the others

have no "age discrepancy". A victim's age is divided into two parts in some of the definitions of the USA: under the age of 12 and between the ages 13 to 16; the "age discrepancy" is also different between these two parts. While the age of victims in the UK is legally defined as those under 16 years of age, the age of victims in Taiwan is defined as those under 12 years of age or 18 years of age, according to the Children Act 1993 or Adolescent Act respectively. While the age of the perpetrator in some definitions of the USA is limited to 15/16 years old, no such limit exists in Taiwan or the UK. Apart from Burnam (1985) and Briere (1989), other researchers identify the type of child sexual abuse including contact and noncontact. While Burnam (1985) is the only researcher who puts the term proposition into the definition, Baker et al (1985) is the only researcher who puts this term "talking in an erotic way" into the definition. Some of the definitions also talk about the term "unwanted or involve force/coercion" (Badgley, 1984; Wyatt, 1985; Burnam, 1985; Risin & Koss, 1987). This seems to suggest that child sexual abuse has not taken place if children do not reject advances or they are willing to participate in such behaviour. It is my opinion that this is wrong because the child may be unable to understand the social meaning and effects of sexual activities. For example, even though the child may willingly participate in such behaviour, they do not understand the implications of such activity. In addition, the power and position of a child is different from that of an adults. If the child is very young, he/she may think that sexual activities between himself/herself and an adult is normal. Moreover, since children normally depend on and trust their parents, it is not necessary for any parents to use force or coercion.

TABLE 2.2-1 Definitions from section II

| year | author | victim age | perpetrator's age | age discrepancy | type | natio |
|------|---------------|--------------------------------------|---|-----------------|---|-------|
| 1953 | kinsey et al | pre-puberty | 15 years old | 5 years | contact & non contact | U.S.A |
| 1978 | Kempe | immature children | | | sexual activity, victim unable give consent, violate social taboos | U.K. |
| 1979 | Finkelhor | 12 | | 5 | contact & non contact | U.S.A |
| | | 13-16 | | 10 | | |
| 1983 | Russell | 13 | | | intrafamilial-contact (wanted, unwanted), extra familial-contact | U.S.A |
| | | 14 -17 | | | rape | |
| | | | | | contact & non contact (broad definition) | |
| 1983 | Fromuth | 16 | 16 | | contact & non contact | U.S.A |
| | | < 12 | 16 | | | |
| | | 13 - 16 | 16 | 10 | | |
| 1984 | Finkelhor | 13 | | 5 | intercourse, oral-genital , fondling, exhibitionism | U.S.A |
| | | 13- 16 | | 10 | | |
| 1984 | SCOSAC | unconsent age | sexually mature person | | lead the sexual gratification of the mature person . | U.K. |
| 1984 | Badgleg | | | | contact & non contact (unwanted) | Canad |
| 1984 | Seidnerr | 17 | | 5 | contact & non contact | U.S.A |
| 1985 | Baker et al | 16 | | sexual mature | intercourse, touching/exposure sexual organs, pornographic, talking in an erotic way | U.K. |
| 1985 | Wyatt | < 12 | | 5 | contact & non contact (unwanted, wanted) | U.S.A |
| | | > 13 | | | unwanted | |
| 1985 | Nash, West | 16 | | adult | contact & non contact | |
| | | | | | contact, proposition (force, pressure) | U.S.A |
| 1985 | Lewis | 17 | | | contact & non contact | U.S.A |
| 1987 | Suzanne et al | lacks emotional maturation cognitive | all powerful domination of adults/older adolescents | | nudity, disrobing, genital exposure, observation of the child, kissing, fondling, masturbation, fellatio, cunnilingus, digital, dry intercourse | U.S.A |
| 1987 | Risin,Koss | < 12 | | 5 | involved coercion, care giver/authority figure | |
| 1987 | Siegal et al | 16 | | | involved pressure/force for sexual contact | U.S.A |
| 1989 | CIBA | | | | incest, fondling, mutual masturbation, digital penetration, oral-genital | U.K. |
| 1989 | Haugaard | 16 | 16 | 5 | contact & non contact | U.S.A |
| 1989 | Fromuth | < 12 | | 5 | contact & noncontact | |
| | | > 13 | | 10 | | |

| 1989 | Briere | 15 | | 5 | contact | |
|------|-------------------------------|------------|-------------------|-----------------|---|--------|
| 1989 | working together | < 17 | | | sexual activity | U.K. |
| 1989 | working together | < 17 | | | unable give consent, involved power/force, sexual activity: incest, rape, indecent, assault, gross indecency, buggery, indecency, indecent pictures, pornographic | U.K. |
| year | author | victim age | perpetrator's age | age discrepancy | type | natio |
| 1990 | Fontaine | | | | fondling, genital stimulation, oral/anal intercourse, sexual innuendo, exhibitionism | U.K. |
| 1990 | social service dep. in Taiwan | <18 | | | sexual molestation, sexual exploitation, involved coercion(contact, non contact) | Taiwan |

III-2. The meaning of "sexual"

The first concerns the meaning of the term "sexual". For example, if a stranger exposes himself to a young child in the underground is this to be included in this rubric or not? Should it simply be labelled "abuse" or perhaps "attempted abuse"? Is it sexual abuse when the parent(s) put some "art" posters around the house?

Not everyone agrees about what is and what is not sexual. We can list a lot of similar situations and everyone's opinion will be different. This difficulty concerns not just these particular acts but all attempts to list specific activities because it is not clear that every child will identify the same acts as sexual, or that all children will relate to them as exploitative or harmful (Glaser, D. and Frosh, S., 1988).

For this reason, the intention of the abuser does provide a useful criterion in defining what is to be labelled sexual abuse. Adult/Parent(s) should ask themselves the questions: Am I doing this for my own sexual satisfaction? Is this something I would not want anyone else to know about?

Therefore, the definition in SCOSAC refers to the "sexual gratification" of the adult and while the definition in Widom, C.S. refers to the "sexual desire" or "urge" of the adult.

This means that the adult's behaviour is for his/her own sexual purposes, talking the child as an object then the child and that the the child can be abused without being aware of it (e.g. in some forms of voyeurism) (cf. Glaser, D. and Frosh, S.).

On the other hand, the intention of the behaviour is very difficult to observe and it is difficult to teach children to identify such behaviour. For this reason, apart from the "intention of the abuser", a clear behaviour criterion needs to be identified, as Suzanne M. Sgroi et al , Baker, A., Duncan, S. and the CIBA Foundation suggests - all of whom produce some clear-cut features of sexual abuse behaviour.

III-3. The age and development of the child

A second issue concerns the age and development of the child and the abuser. Almost all of the definitions identify the subjects' age in legal term - for example, seventeen, eighteen or under or "the age of consent". However, if a 15-year-old girl fondles her 10 year-old brother's penis is it sexual abuse? If a 15-year-old boy asks to fellate a 20-year-old friend and he/she accepts, is it sexual abuse? If a social worker accepts these kind of cases, will he/she identify them as sexual abuse cases or not? In addition, some definitions also postulate that for sexual contact to be regarded as abuse, an age difference of about five years or more has to be established. Clearly, these are imprecise guide-lines; they require greater specification for research purposes and are too complicated to apply to individual cases (Glaser, D. and Frosh, S., 1988).

For example, a girl may be unable to refuse threats from a teenage boy who is less than 5 years older than she is. All cases of sexual abuse involves the use of coercion in an explicit or implicit way - this is a central factor in designating it as abuse (Glaser, D. and Frosh, S. 1988).

For this reason, Schechter and Roberge (1976) use the term "unable to give informed consent" in their definition, as it seems fairer than the other definitions, which take into account the age of the subject and the age discrepancy between abusers and victims. However, there are arguments which centre around the term "unable to give informed consent".

Firstly, the child's trust and dependency on the adult means that the child has little chance of giving informed consent. Secondly, the child lacks the knowledge about the social meaning of sexual acts and its physical and psychological effects. As a result, they are unable to give informed consent. Although the child /young person/ teenager may have some knowledge, they do not have the option to make free a choice if they are confronted with coercion. Therefore, a young child who does not resist an adults' advance, would still be regarded as having been abused (Glaser, D. and Frosh, S., 1988).

III-4. The relationship of the victim and the perpetrator

The third issue arises from the relationship of the victim and the perpetrator. If people think of the possibility of sexual assaults on children, causal encounters in the street are seen as a dander to them. The belief in the natural relationship between a parent and a child is the basis of the firm conviction -danger can only come from "outside" the family. When the damage inflicted is sexual, the

offending person must be an unknown, a shadowy and frightening stranger (Jean La Fontaine, 1990).

As a result, teachers and parents teach the child that strangers are dangerous and family members and friends are safe. Finkelhor's research demonstrated that even well-informed parents reject the idea that children may be at risk from people they know (Finkelhor, 1984). The reason is not, therefore, a matter of ignorance, but the fact that this truth is very difficult to accept (Jean La Fontain, 1990).

It is unpleasant for people to suspect their friends, neighbours and relatives-they would rather believe that the child is telling a lie. The other generational idea that parents love their children, means that they would do nothing to harm them. For this reason, child sexual abuse is something that happens to someone else's children. The ides that the abuser is a stranger is, therefore, maintained. We may be able to approach the truth with more informed study.

TABLE 2.2-2: Identity of abuser by numbers and percentage: two sources of data compared

| Abuser | BBC survey | | Hospital C.A.S. Unit | |
|--------------------------------------|------------|------------|----------------------|------------|
| | number | percentage | number | percentage |
| Household member¹: | | | | |
| male | 18 | 28 | 199 | 80 |
| female | 1 | 2 | 3 | 1 |
| Male outside household | | | | |
| Unrelated | 13 | | 30 | 12 |
| Related ² | 9 | 14 | 14 | 6 |
| Stranger | 9 | 14 | 3 | 1 |
| "someone else" | 8 | 13 | 0 | 0 |

¹ One man accused both his father and his mother and two women indicated that they were abuse by two men.

² One respondent lived with an aunt but was abused by a more distant relative who did not live with them.

| | | | | |
|-----------------------------|----|-----|-----|-----|
| Not stated - (not known) | 6 | 9 | 10 | 4 |
| Total | 64 | 100 | 259 | 104 |

Source: Jean La Fontaine, "Child Sexual Abuse", p.115, 1990.

Table 2.2-2 is a comparative study of figures from the BBC national survey and hospital Child Sexual Abuse Unit. The respondents identified the abusers. Both surveys show that the percentage of abusers is very low for strangers (14% , 1%).

Even though, the BBC survey shows that strangers are more likely to be abusers, they still only represent 14 percent of the total. Almost all the abusers are known to their victims (64% and 100%).

From the following survey we can glean more details about the relationship between the abuser and the victim

TABLE 2.2-3: Relationship to Abuser across the whole sample.

| RELATIONSHIP ³ | | Relative | | Known | | Stranger ⁴ | |
|---------------------------|--------|-----------|----|-----------|----|-----------------------|----|
| TYPES | Number | Frequency | % | Frequency | % | Frequency | % |
| Flashing | 287 | 2 | 1 | 5 | 2 | 280 | 97 |
| Touching | 249 | 26 | 20 | 77 | 60 | 25 | 20 |
| Attempt | 209 | 15 | 11 | 77 | 54 | 50 | 35 |
| Pressurized sex | 166 | 4 | 7 | 117 | 94 | 4 | 3 |
| Forced/rape | 52 | 5 | 10 | 38 | 13 | 9 | 17 |

³ Definitions:

- relative: includes parents, siblings, uncles/aunts and grandparents
- known: includes cousins and all other known peers and adults
- stranger: includes peers and adults

⁴ This table only includes incidents where the relationship to the abuser is known. The total experiences are in brackets after the form of abuse. Relationships which are known are as follows:

all "flashing"; 128 of "touching"; 142 of "attempt"; 121 of "pressurized sex"; all of "forced/rape"; 43 of "ambivalence"; all of masturbation ; all of "pornography".

| | | | | | | | |
|--------------|----|----|----|-----|----|-----|----|
| Ambivalence | 44 | | | 39 | 91 | 4 | 9 |
| Masturbation | 40 | 21 | 53 | 15 | 37 | 4 | 10 |
| pornography | 3 | | | 1 | 33 | 2 | 67 |
| Totals | | 73 | 9 | 369 | 45 | 378 | 46 |

source: Liz Kelly, Linda Regan and Sheila Burton,

The table sets out the prevalence of child sexual abuse and the percentage of the different kinds of abuser. If we look at the "TOTALS" column, the percentage of abusers who are "relatives" and "known" to the victim (9% and 45%) seem similar to those who are "strangers" (46%). We are able to glean more information from the table when we examine the different kinds of abuse: apart from "flashing" and "pornography", the percentage of abusers from the "known" category is much higher than the percentage from the strangers category. For example, while 94% of abusers are "known" in the "pressurised sex" category, just 3% of abusers are "strangers". It is very clear that the abuser is not just from the "street" or park. The abuser could be a stranger to the parent(s) but he/she is known to the child.

It is my opinion that the best definition of child sexual abuse is one which combines a legal, academic and practical definition. Although a case may not correspond to the legal view, this does not mean that it does not need help. In addition, although a boy/girl may be over 17 years of age, this does not mean that he/she can escape from any kind of sex abuse. Lastly, although a boy/girl may be willing to have a sexual relationship with the abuser it does not mean that they they are not hurt by the event.

III-5. The types of sexual abuse

Table 2.2-4 is divided into two parts: 'all types of contact' and 'all types of non-contact'. There are several different items in each part. Some studies tend to use

the terms 'all types of contact' and 'all types of non-contact' in order to identify different forms of sexual abuse, but they do not really explain what they mean, e.g. Kinsey et al (1953); Finkelhor (1979); Fromuth (1983, 1989) and Briere (1989).

The advantage of this definition of is that it includes many different kinds of cases. Sometimes the behaviour may be the same between two cases but the meaning may be different. One case may be labelled child sexual abuse, but another one may not. For example, if nudging children, adult nudity or observing children in the bath is engaged in by an adult in the course of helping a child, then it is not deemed to be child sexual abuse. On the other hand, if the adult is doing all these things for his/her own sexual needs then some professionals may label this child sexual abuse (Suzanne et al).

A major draw back of this kind of definition is that it is difficult to identify ambiguous behaviour, particularly with regards to the term 'all types of non-contact'. For example, if the adult talks about sex (talking/verbal) or gives books about sex to children, it is difficult to say whether this is child sexual abuse or not. While some studies place the terms 'talking/verbal' and 'offer pornographic material to child' under the heading child sexual abuse (CIBA, 1989; Briere, 1989), some studies ignore them. The fact that the term 'pornographic' is also very ambiguous means that we should not only identify the case from the adult behaviour, but also from their motive. For this reason, some studies use the terms, "the person expects to lead to their sexual arousal" or "intended to lead to the sexual gratification of the sexually mature" in order to define child sexual abuse.

However, if the definition just simply defined "non contact" and "contact" behaviour, it would be difficult to educate children about preventing sexual

abuse. For example, it is difficult to explain what type of behaviour is safe or what is dangerous.

In order to identify the sub-items of "non contact" and "contact" sexual abuse, some studies are more detailed. A number of studies frequently point out that "exhibits", "exposure", and "offer/push children attending pornographic material" are sub items of the term "all types of non contact" (Finkelhor, 1984; Fontaine, 1990; SST, 1990; CIBA, 1989; Working together, 1989; Scottish, 1984; Liz Kelly et al, 1990 and Suzanne et al, 1987). Fondling, masturbation, fellatio/oral-genital, intercourse and rape are frequently pointed out to be sub-items of the term "all types of contact".

The advantage of this definition is that it is easy to teach the public and children what is suitable behaviour/ unsuitable behaviour. Indeed, social workers will have a clear standard from which to analyse their cases. On the other hand, if workers use this kind of definition in order to identify what is child sexual abuse, they may fail to identify various types of victims. However, the exact identification of what is child sexual abuse is a good foundation for defining child sexual abuse.

The sub-item "encourage/allow children involvement in unlawful sexual activities" appears in two studies: Working Together under Children Act 1989 (legal definition of England) and in the definition of the Social Services in Taiwan. It is interesting to note that this sub-item is highlighted in both country's legal definitions but not the other studies. It seems to suggest that the above sub-item is a strange field for professionals. However, this is an important issue in our society, because child prostitution has become a very serious issue during these last few years in Taiwan. Sadly, social policy, child social welfare,

professional training and public awareness about child sexual abuse, is not well developed in Taiwan.

Even though, this this table has kinds of sub-items about C.S.A. behaviour, it does not include different types of victims. The most important things for social workers to remember when dealing with children is that they should use these definitions to understand the child and not to limit its experience of its victimisation.

TABLE 2.2-4: Types of sexual abuse-non contact

| Year | author | Abductions | Flirt-ing | Nudity children | offer/sell to/ push attending photography/ filming | Talk-ing/ verbal | Observation of the child | Encourage/ allow child involve unlawful sexual activities | exhibi-tionist | adult nudity/ dis-robing | expo-sure | all types non contac |
|------|---------------------|------------|-----------|-----------------|--|------------------|--------------------------|---|----------------|--------------------------|-----------|----------------------|
| 1953 | Kinsey | | | | | | | | | | | * |
| 1978 | Kempe | | | | | | | | | | | |
| 1979 | Finkelhor | | | | | | | | | | | * |
| 1983 | Russell | | | | | | | | | | | * |
| 1983 | Fromuth | | | | | | | | | | | * |
| 1984 | Finkelhor | | | | | | | | * | | | |
| 1984 | SCOSAC | | | | | | | | | | | |
| 1984 | Badgley | | | | | | | | | | | * |
| 1984 | Seidner | | | | | | | | | | | * |
| 1984 | Scottish | | | | * | | | | | | * | * |
| 1985 | Baker | | | | | | | | | | | |
| 1985 | Wyatt | | | | | | | | | | | * |
| 1985 | West Nash | | | | | | | | | | | * |
| 1985 | Lewis | | | | | | | | | | | * |
| 1985 | Burnam | | | | | | | | | | | |
| 1987 | Suzanne | * | | * | | * | * | | | * | * | |
| 1987 | Risin, Koss | | | | | | | | | | | |
| 1987 | Siegal | | | | | | | | | | | |
| 1989 | CIBA | | | | * | | | | | | | |
| 1989 | Haugoard | | | | | | | | | | | |
| 1989 | Fromuth | | | | | | | | | | | * |
| 1989 | Briere | | | | | | | | | | | |
| 1989 | Working together | | | | * | | | * | | | * | |
| 1990 | Fontaine | | | | | | | | * | | | |
| 1990 | S.S.D., (in Taiwan) | | * | | * | | | * | * | | | * |
| 1990 | Kelly | | | | * | | | | | | | |

TABLE 2.2-5: Types of sexual abuse- contract

| Year | author | indecent assault | French kissing | Digital penetration | Fondling | Masturbation | Oral-genital | Dry intercourse | Incest |
|------|-------------------|------------------|----------------|---------------------|----------|--------------|--------------|-----------------|--------|
| 1987 | Suzanne | | * | * | * | * | * | * | |
| 1987 | Risin, Koss | | | | | | | | |
| 1987 | Siegal | | | | | | | | |
| 1989 | CIBA | | | * | * | * | * | | * |
| 1989 | Haugoard | | | | | | | | |
| 1989 | Fromuth | | | | | | | | |
| 1989 | Briere | | | | | | | | |
| 1989 | Working together | | | | | | | | |
| 1990 | Fontaine | * | | | | | * | | |
| 1990 | S.S.D.(in Taiwan) | | | * | * | | * | | |
| 1990 | Kelly | | | | | * | | | |

TABLE 2.2-5: Types of sexual abuse- contract (CONTINUE)

| Year | author | Intercourse | Rape | Buggery | Sexual activity | Pressurised sex | gross indecency | all types contact |
|------|---------------------------------|-------------|------|---------|-----------------|-----------------|-----------------|-------------------|
| 1953 | Kinsey | | | | * | | | * |
| 1978 | Kempe | | | | * | * | | |
| 1979 | Finkelhor | | | | | | | * |
| 1983 | Russell | | * | | | | | * |
| 1983 | Fromuth | | | | | | | * |
| 1984 | Finkelhor | * | | | | | | |
| 1984 | SCOSAC | | | * | * | | | |
| 1984 | Badgley | | | | | | | * |
| 1984 | Seidner | | | | | | | * |
| 1984 | Scottish | * | | | | | | * |
| 1985 | Baker | | | | * | | | |
| 1985 | Wyatt | | | | | | | * |
| 1985 | West-Nash | | | | | | | * |
| 1985 | Lewis | | | | | | | * |
| 1985 | Burnam | | | | | | | |
| 1987 | Suzanne | | | | | * | | |
| 1987 | Risin, Koss | | | | | * | | |
| 1987 | Siegal | | | | * | * | | |
| 1989 | CIBA | * | | | | | | |
| 1989 | Haugoard | | | | | | | |
| 1989 | Fromuth | | | | | | | * |
| 1989 | Briere | | | | | | | * |
| 1989 | Working together | | * | * | * | | * | |
| 1990 | Fontaine | * | | | | | | * |
| 1990 | Social service dep. (in Taiwan) | * | | | | * | | * |

| | | | | | | | |
|------|-------|--|---|--|---|--|---|
| 1990 | Kelly | | * | | * | | * |
|------|-------|--|---|--|---|--|---|

CHAPTER 2, Section 3

Literature Review - Prevalence of Child Sexual Abuse

Introduction

This chapter reviews 19 studies (see Table 2.3-1): one is from Canada, four are from Great Britain, and 14 are from America. The years of the studies range from 1953 to 1990. There are seven studies whose samples numbered under six hundred, two studies whose samples numbered under one thousand, three studies' whose samples numbered under 1300, 4 studies whose samples range from 2000 to 2700, one study whose sample numbered over 3000, and one study whose sample numbered over 4000. Five studies focused on females sample, and two studies focused on males. Nine of the studies are a sample of college students or undergraduates, nine studies are the sample of the general population and one study is a clinical sample. Four studies was carried out in Great Britain, and fifteen studies in America. Twelve studies were compiled using a self-administered questionnaire, three studies used face to face interviews, two studies used an interviews and a questionnaire together to complete studies, and two studies were compiled using a telephone interview. The main aim of this chapter is to explore the relationship between the metrology and prevalence of sexual abuse.

This section will be divided into two parts as follows:

1. The relationship between the definitions and prevalence of child sexual abuse and the prevalence
2. Research types and prevalence of child sexual abuse

TABLE 2.3-1: Sample source and study aim

| year | Author | Sample | | | Sample source | Study aim | Country |
|------|---------------------------------------|-------------------------------|------------|-------|--|---|---------|
| | | Female | Male | Total | | | |
| 1953 | Kinsey | 4444 | | | adult | prevalence of sexual abuse(S.A.) | U.S.A |
| 1979 | Finkelhor | 530 | 266 | 796 | college student | patterns of S.A. | U.S.A |
| 1983 | Russel | 930 | | | general population | prevalence, patterns of S.A. of female children | U.S.A |
| 1983 | Fromuth | 482 | | | college student | pattern of S.A. | U.S.A |
| 1984 | Finkelhor | 334 | 187 | 521 | general population | gain information on S.A. from surveys | U.S.A |
| 1984 | Badgley | 1006 | 1002 | 2008 | 210 communities random sample | prevalence, patterns of S.A. | Canada |
| 1984 | Seidner & Calhoun | 595 | 490 | 1085 | college student | prevalence, patterns of S.A. | U.S.A |
| 1985 | Baker & Duncan | | | 2019 | general population | prevalence, patterns of S.A. | UK. |
| 1985 | Wyatt | 126 Afro-America 122 White | | | general population | compare experience of S.A. | U.S.A |
| 1985 | West | 223 92 | | | college student, G.P.'s list | indication of extend, nature of S.A. of girl | UK. |
| 1985 | Lewis | 1374 | 1252 | 2626 | national random sample | attitude & knowledge of C.S.A. | U.S.A. |
| 1987 | Risin & Koss | | 2972 | | nation-wide college undergraduates | | U.S.A. |
| 1987 | Siegel | 1654 | 1480 | 3125 | community based population study-LA | | U.S.A. |
| 1989 | Fromuth | | 253 329 | | student(University Research pool) | relationship between S.A. & later sexual adjustment | U.S.A. |
| 1989 | Haugaard & Emery | | | 1089 | undergraduate student | | U.S.A. |
| 1989 | Brere & Runtz | 278 | | | undergraduate student | | U.S.A. |
| 1990 | La Fontain | 206 | 41 | 247 | S.A.children referred to a Dep. of Psy. Medicine | pattern of S.A. in a clinical sample | UK. |
| 1990 | Finkelhor, Hotaling | 1481 | 1145 | 2626 | random phone number | | U.S.A. |
| 1990 | Liz Kelly, Linda Regan, Sheila Burton | | | 1244 | college student (Wales, Scotland, England) | prevalence & pattern of S.A. | U.S.A. |

TABLE 2.3-2: Research type and prevalence

| year | Author | research type | Prevalence Rates % | | | high risk age | Abuser % | | intra family/ % | extra % |
|------|-------------------|--|--------------------|------|---------|-------------------------|----------|----|-----------------|----------|
| | | | Female | Male | Average | | F. | M. | | |
| 1953 | Chinese | questionnaire | 20 | | | | | | | |
| 1979 | Finkelhor | self-administered questionnaire (S.A.Q.) | 19 | 9 | 14 | 10-12 | 6 | | 43 | 57 |
| 1983 | Russel | face to face interview(F F I) | 54 | | | 11.2(girl) | 4 | | 16 | 31 |
| 1983 | Fromuth | FFI | 22 | | | 10-12 | | | | |
| 1984 | Finkelhor | SAQ | 15 | 6 | 10.5 | 10.2(girl) 11.2(boy) | | | 5 | |
| 1984 | Badgley | SAQ | 34 | 13 | 23.5 | 10.7(girl) 12.0(boy) | | | | |
| 1984 | Seidner & Calhoun | SAQ | 11 | 5 | 8 | | | | | |
| 1985 | Baker & Duncan | interview multiple response format | 12 | 8 | 10 | 11.2(girl) | | | 14 | 86 |
| 1985 | Wyatt | interview | 62 | | | | | | | |
| 1985 | West | SAQ | 42 54 | | | | | | 18 17 | 82 83 |
| 1985 | Lewis | phone interview | 27 | 16 | 21.5 | 10-12 | | | | |
| 1987 | Risin & Koss | SAQ | | 7.3 | | | 42.7 | | | |
| 1987 | Siegel | SAQ | 6.8 | 3.8 | 5.3 | | | 93 | | |
| 1989 | Fromuth | SAQ | | | | | 78 72 | | | |
| 1989 | Haugaard & Emery | SAQ | 11.9 | 5 | 8.45 | | | 87 | 28 | 72 |
| 1989 | Brere & Runtz | SAQ | 14.7 | | | | 14.6 | | 12.2 | |
| 1990 | La Fontain | questionnaire , interview | | | | before pre-puberty | 1 | 97 | 6 | |

⁵If the abuser is a male, 13% are intra -family sexually abused and 44% are extra - family sexually abused; if the abuser is a stranger and a male the percentage is 43%. If the abuser is a female , 14% are intra- family sexually abused and 30% are extra - family sexually abused; if the abuser is a female and a stranger the percentage is 56%.

| year | Author | research type | Prevalence Rates % | | | high risk age | Abuser % | | intra family/ % | extra % |
|------|---------------------------------------|-----------------|--------------------|------|---------|---------------|----------|-----------------------|-----------------|-----------------------|
| | | | Female | Male | Average | | F. | M. | | |
| 1990 | Finkelhor, Hotaling | phone interview | 27 | 16 | 21.5 | | 17 | 98 ⁷ 83 | 28 11 | 21 ⁸ 40 |
| 1990 | Liz Kelly, Linda Regan, Sheila Burton | questionnaire | 59 | 27 | 43 | under 12 | | | 9 | 91 |

I. Definitions of Child Sexual Abuse and its Prevalence

Prevalence rates are variable from above studies in Table 2.3-2 The lowest and highest female prevalence rate is 6.8% (Siegel, 1987) and 62% respectively (Wyatt, 1985). The lowest and highest male prevalence rate is 3.8% (Siegel, 1987) and 27% respectively (Liz Kelly et al , 1990). The tentative explanations for these results are as follows:

Firstly, the prevalence rates are influenced by the definitions(i.e. whether it is broad or narrow). In Table 2.3-2 Haugaard and Emery (1989) have shown that applying a broad or narrow definition to the same sample makes the following difference to prevalence rates:

TABLE 2.3-3: Broad and narrow definitions and prevalence

| Definition | Rates |
|---------------------------|-------|
| broad | 9.3% |
| narrow | 7.0% |
| clinically oriented group | 1.7% |

⁶ If the abuser is a male, 90% of female victims intra -family sexually abused, and 10% are extra -family sexually abused. If the abuser is a female, 60% of male victims are intra- family sexually abused, 33% are extra- family sexually abused.

If female abusers none female victims appear in the intra family sexually abused, 8% of the female victims appear in the intra -family abused.

⁷ If the victims are female, 98% of the abusers are male; if the victims are male, 83% of the abusers are male.

⁸ If the victims are female, 28% are intra -family sexually abused and 21% are extra -family sexually abused. If the victims are male, 11% are intra- family sexually abused and 40% are extra- family sexually abused.

This is similar to findings by Liz Kelly (1990, UK.). In Table 2.3-4 She divides the definition of abuse into nine levels. The prevalence rates change according to different definition levels.

TABLE 2.3-4: Different levels of the definition and prevalence

| Definition | Women rate(%) | Men rate(%) |
|------------|---------------|-------------|
| one | 59 | 27 |
| two | 52 | 21 |
| three | 43 | 18 |
| four | 27 | 11 |
| five | 26 | 10 |
| six | 25 | 8 |
| seven | 19 | 7 |
| eight | 12 | 4 |
| nine | 5 | 2 |

In addition, four studies have higher prevalence rates were their definitions are not limited by the age of the perpetrator age and age discrepancy (Russell, 1983; Wyatt, 1985; West, 1985; Liz Kelly, 1990). These definitions are broader than the others. This factor affects the prevalence rates more than any other. As Finkelhor (1986) suggests, using a broad or a narrow definition was not enough to account for the variation in prevalence rates and that other methodological factors, such as mode of administration, helped to account for the unexplained variances.

Moreover, G M Mayes (1992) discovered two aspects relating to this point: Firstly, some studies put an upper age limit on abuse in order that the peer sexual abuser is not included. No consensus exists on whether this is valid or not. It would seem that coercive peer experiences should be included. Secondly, some studies specify a five/ten years age gap before an experience is defined as abusive; others do not. One can argue that it is not age differentiation which is important, but whether an individual violates the rights of another.

III. Research Types and Prevalence of Child Sexual Abuse

The other methodological factor which can affect prevalence rates is that of research types. Table 2.3-5, Table 2.3-6, and Table 2.3-7 are rearranged from the Table 2.3-2.

TABLE 2.3-5: Prevalence Rates for Women by Mode of Administration
Mode of Administration: self - administered questionnaire(SAQ)

| Author | Percentage(%) | sample |
|-----------------------|---------------|--------------------|
| Finkelhor, 1979 | 19 | college students |
| Fromuth, 1983 | 22 | college students |
| Finkelhor, 1984 | 15 | general population |
| Badgley et al, 1984 | 34 | 210 communities |
| Seidner, 1984 | 11 | college students |
| Siegel et al, 1987 | 6.8 | community - LA |
| Haugaard, 1989 | 11.9 | college students |
| Briere&Runtz, 1989 | 14.7 | college students |
| Liz Kelly et al, 1990 | 59 | college students |

TABLE 2.3-6: Face to face interview/Interview multiple response format(FFI)

| Author | Percentage(%) | sample |
|--------------------|---------------|----------------------------|
| Russell, 1983 | 54 | general population |
| Baker&Duncan, 1985 | 12 | general population |
| Wyatt | 62 | general population |
| West | 42,54 | college student, G.P. list |

TABLE 2.3-7: Telephone interview(TI)

| Author | Percentage(%) | Sample |
|------------------------------------|---------------|--------------------|
| Keckley Market Research, 1983 | 11 | general population |
| Murphy ¹⁰ , 1985 | 13 | general population |
| Lewis, 1985 | 27 | general population |
| Finkelhor, Hotaling et al, 1990 | 27 | general population |

Table 2.3-5, Table 2.3-6, and Table 2.3-7 illustrates the modes of administration used in 17 of the most recent prevalence studies. These methods can be

⁹ This study is from "Sourcebook on Child Sexual Abuse"(Finkelhor,1986)

¹⁰ This study is from "Sourcebook on Child Sexual Abuse" (Finkelhor, 1986)

categorised into three main types: self-administered questionnaire (SAQ), face to face interview (FFI), and telephone interview (TI).

In self-administered questionnaires individuals are only asked about their sexual experiences. In face to face interviews more general personal questions are asked by trained interviewers. In telephone interview individuals are only asked about their sexual experiences. Until recently, SAQ were the most frequently utilised method of data collection.

Firstly, almost all of the studies of college students used SAQ (Finkelhor ,1979 ; Fromuth, 1983; Seidner, 1984; Haugaard et al, 1989; Briere & Runtz, 1989; and Liz Kelly et al, 1990). The Canadian National Population survey (Badgley et al, 1984) also used SAQ to collect data, even though an "interviewer" waited at the door of the interviewee until it was completed. Finkelhor's study (1984) involved two kinds of methods: it used FFI with regards to attitudes and knowledge of child sexual abuse and it used SAQ to ask about the respondent's own experiences of abuse.

Secondly, in three studies (Russell, 1983; Baker & Duncan, 1985; Wyatt, 1985) subjects were interviewed, face to face, concerning sexual abuse.

Finally, telephone interviews were used in the studies conducted by Lewis (1985) in the national Los Angeles Times survey and Finkelhor & Hotaling et al research.

We can see some evidence of a relationship between the method of data collection and the prevalence rates from table 2.3-5, Table 2.3-6 and Table 2.3-7. With two exceptions, the studies that used SAQs yielded prevalence rates of 22% or less. It seem that the highest overall rate in a self- administered

questionnaire is 59 percent (Liz Kelly et al, 1990). The reason for this high rate may be due to the fact that this study has nine levels of definition and that level one is very wide.

Out of four face to face interviews, one reported an extremely low rate of under 12% and three yielded rates of more than 50%. In contrast, of four FFI studies, two yielded rates of under 13%, and two of 27%. It is easy to see that FFI tend to have high rates and SAQ tend to have low rates. Bradburn (1983) points out that the more anonymous methods of administration appear to work somewhat better, that is, they lower the degree of under - or over - reporting. However, the above results of the researches do not support this idea and another reviewer (Delamater, 1982) found no difference. The other researchers (Mangione, Mingson & Barret, 1982) found SAQ inferior to FFI for sensitive subjects. The findings from the survey research literature are ambiguous at best (Finkelhor, 1986).

FFI may have certain important advantages, in collecting data about sexual abuse. Firstly, with FFI there is a possibility for the report to develop in the course of the interview, which may enhance the subject's motivation to respond candidly (Bradburn, 1983). Secondly, with FFI the interviewer may have an opportunity to identify and attend to cause that subject is uncomfortable with, or to questions that they may misinterpreting (De Lamater, 1982).

Moreover, researchers need to consider what implicit messages may be communicated to the subjects by various methods of data collection. An FFI interview, with a sympathetic, non judgmental interviewer can be used to convey a message about the acceptability and importance of discussing abuse experiences, while at the same time acknowledging the possibility of some discomfort. A more impersonal method, such as SAQ, may reinforce the idea

that sexual abuse is a topic too uncomfortable to be discussed (Finkelhor, 1986). In Finkelhor's opinion, if FFI allows for the possibility of better reporting, it may be due to the fact that well - selected and trained interviewers are used to enhance candour. Without this special component, FFI may be no different from the other methods (Finkelhor, 1986).

To conclude and summarise, the broad definition or narrow definition of abuse will influence the prevalence of sexual abuse, as will the different types of research. The level of sexual abuse is under reported because many victims do not tell any one the abuse.

CHAPTER 2, Section 4

Literature Review-Factors of Child Sexual Abuse

This section is divided into three parts to describe factors of C.S.A.. Firstly, a model of the dynamics of sexual abuse (Faller, K.C. 1988) has 4 aspects factors (see TABLE2.4-1): cultural, environmental, individual and family factors.

TABLE 2.4-1: A model of the dynamics of sexual abuse

| prerequisites | contributing factors | | outcome |
|----------------------------------|----------------------|---|--------------|
| sexual attraction to children ↔ | cultural | ↔ | sexual abuse |
| | environmental | | |
| | individual | | |
| will to act on sexual feelings ↔ | family | | |

Secondly, Finkelfor (1984) shows 4 factors: emotional congruence, sexual arousal, blockage and disinhibition. Each factor has several parts.

Thirdly, some individual factors are considered. For example, vulnerability factors (CIBA), social isolation, parental absence and unavailability.

MODEL OF THE DYNAMICS OF SEXUAL ABUSE

I will table four factors in the dynamics of the sexual abuser:

A: CULTURAL FACTORS

Firstly, Rush (1981) and Herman (1981) show that a culture assumes dominance of men over women and children, and it also allows men to sexually abuse children. Rush particularly points out certain historical and cultural contexts in

which sexual relationships between men and children were condoned. Literature also suggests men are expected to have sexual feelings toward children, that this idea is natural, and men will try to express the idea. It then becomes the responsibility of the victim not to entice the perpetrator or the child, rather than the obligation being on the potential abusers to control his own behaviour (Rush,1989,134 -141,Herman,1981,7-50). As a result, both authors also suggest another view: much professional writing tend to normalise men's sexual behaviour with children, to minimise the effect of sexual activity on children, and to place blame and responsibility with the victim and the mother. Even though this brief has been argued, statistics on reported cases support the contention that sexual abuse is primarily a male problem and victims are largely female. Some studies note that about 90 percent of perpetrators are male and about 85 percent of victims female (Herman,1981; American Human Association,1984).

A further idea is that male sexual social conditioning is different from the female. Men are socialised to believe that they should be the aggressor or at least the initiator in a potential sexual encounter. Indeed, men are taught to expect to have lustful feelings towards women, and if they do not something is wrong with them. In contrast, women are taught in a opposite way. Women are always socialised into a passive or even resistant role; and to believe that they should not have lustful feelings toward men. By extending this, the socialisation experience of men could also lead to their rationalising sexual behaviour with children and acting upon their sexual feelings toward them(Faller, 1988).

The final view is that children and women are possessions which belong to men and so men have the right to do anything to them. According to all of these view, all men would seem to be wife-beaters, rapists and child abusers. Clearly they are not. It is also too simplistic to conclude that the normative and social

structure of our society is the only reason there is child sexual abuse. Moreover, these norms are changing. There is also increasing societal concern about women's and children's rights.

B: Environmental Factors

At second aspect is environmental factors. There are divided into two parts. First, are economic factors. Early studies of incest frequently asserted that it was a problem associated with low socio-economic status (e.g. Flugel,1962 in England; Gutemacher,1951 in America). Some authors (e.g. Weiner, 1964) are critical of these conclusions, pointing out sampling biases, since cases were limited to ones already successfully criminally prosecuted (Faller, 1988).

Walters (1975) also points out cases of sexual abuse coming to the attention of child protection agencies and the police. People who are poor or of low social class is noticed easily by social service system and professionals. As a result, professionals tend to notice cases of sexual abuse concerning poor people. In contrast, middle class persons are likely to seek assistance from helpers in voluntary agencies or private practice who are not so disposed to report them to the authorities (Faller, 1988).

Moreover, Finkelhor's study suggests an increased risk of sexual abuse if the victims were in a household whose income was under \$10,000. In contrast, Russell's study found that incest victims came from families with high incomes than did nonvictimised females and victims of other types of sexual assault. Thus, that the relationship between sexual abuse and economic factors is not clear.

If there is a relationship it may be that poverty is associated with other factors, for example, physical overcrowding. Physical overcrowding situations cause a lack of privacy which exposes the offender to sexually arousing situations, for example, adults and children sleeping together. Another factor may be loss of employment. People's self-esteem always is affected by employment, particularly male's self-esteem. In part, the sexual abuse may be a result of the perpetrator's reaching out to achieve some solace from this narcissistic insult, lashing out at a vulnerable child because of his own pain (Faller, 1988).

Another manner is that, unemployment may be a causal factor is that it may result in unsupervised access to the child. For example, a man who loses his job and may have to baby-sit while his wife works (Faller, 1988).

The third factor may identifies the specific impact of loss of employment upon self worth. Sometimes physical injury or illness have a comparable impact upon the perpetrator and /or led to unemployment (Faller, 1988)

The second environment factor, it is social isolation. Some early researches found incest rates to be higher in rural than in urban environments (Sherrer,1959; and Sondon,1936) but other studies do not support this finding.(Riemer,1940; and Weiner,1964). It is a arguable whether social isolation is a result or a cause of C.S.A.. Environmental social isolation may result from geographical isolation or community avoidance of the family. As a causal factor, social isolation may mean the lack of access to appropriate sexual partners, or it may mean the family does not experience the normative pressure from society supporting the incest taboo. Social isolation may also lead to a prolongation of sexual abuse in that there is no interference in the family from the outside world. On the other hand, social isolation is an effect of sexual abuse when the community shuns the family because they know of the sexual abuse. Furthermore, some incestuous fathers are very controlling and limit their family's

access to the outside world. After the incest behaviour occur, the isolation serves to protect the family from its detection (Faller, 1988).

C: Individual Factors

In (Faller's 1988 study divides paternal and maternal characteristics which will be discussed in relation to the findings from their case sample.

1. Characteristics of paternal caretakers (perpetrators):

A substantial proportion of fathers in their sample report a harsh or deprived childhood experience. This may include parental marital discord, parental separations, divorce, multiple caretakers-including foster care-alcoholism, and physical abuse. In their sample, the problematic parent for the perpetrator is more likely to be the mother. Groth and Birn (1979) and the Justices (1979) support this finding but it is not supported by Knopp (1982). In Knopp's view, the mother may be punishing or rejecting the child, or she may fail to protect the child from the father, stepfather, or her boy friend. There appear to be at least two consequences of this deprivation.

Firstly, the man may be deficient in the ability to develop intimate relationship and show affection. In adolescence they learn about interacting sexually as a way to demonstrate feelings. Consequently, their reporter is limited to showing affection in a sexual way.

Second, the perpetrator may have difficulties in his adult relationship with women. These relationships tend to be characterised by a need to express the anger they feel towards the mother and/ or a need in their relationships with women to get the nurturance and protection they did not get as children. When they marry, one or both of these emotional needs may underlie the attraction to

the partner. A common pattern is to find that the perpetrator initially sees his wife as the compensatory nurturer, but is disappointed either because his wife does not want to be his mother or because with the mothering comes control over his behaviour. He may then express anger directly toward his wife, or there may be minimal direct expression of his disappointment, and he turns to the child, where the sexual relationship is both an attempt to obtain nurturance from the child and an expression of the anger he feels toward women, the anger which originated in his relationship with his mother.

A second factor which is common in the histories of men who become sexual abusers is having had a traumatic sexual experience as a child. In Faller's (1988) study suggests that pedophiles, fathers in classical incest cases, and non custodial fathers are more likely than other perpetrators to have had such experiences.

Substance abuse may be a contributing factor in C.S.A.. Some studies point out that more than half of sexually abuse families have substance abuse history (Janzen,1979). This is also be found in Faller and Bauman's (1980) study in which have more than 50 percent sample have a substance abuse problem. Giarretto's study (1982) found chemical dependence among sexual abusers is no higher than the general population. As a general rule, however, professionals believe that the use of drugs and alcohol does play some role in a considerable number of sexual abuse cases. Substances serve two functions. Most commonly they are a disinhibitor which facilitate sexual abuse, but they can also be used to blunt feelings of pain and guilt related to the sexual abuse. Sometimes chemicals serve both functions. In the first instance, the offender either gets drunk and acts out sexual feelings, or he gets drunk in order to have the excuse to be sexually abusive with a child. This dynamic can operate on both conscious and unconscious levels.

2. Characteristics of mothers (non-perpetrating parents):

Mothers in situations of intrafamilial sexual abuse are frequently found to have been sexually abused as children, or they come from an incestuous family but are not actually victims.

First, mothers have an expectation that men are sexually active with children. When these women are adults they may be attracted to men like their fathers in some respects. This may mean unconsciously choosing a partner who will sexually abuse children. Similarly, because the mother's maternal role model was not protective, she may not be sensitive to situations where her children may be at risk. Finally, a related dynamic is that the mother's experience of sexual abuse as a child may make her fearful of sexual relationships with men. She may avoid mature relationships by choosing a man who will not make adult sexual demands upon her. In doing so, she picks someone who is sexually attracted to children.

A second characteristic one finds with a fair amount of frequency among mothers of victims is some form of incapacity. Some mothers, like fathers, have drinking problems. Some are mentally retarded. Some have physical incapacity.

D. FAMILY FACTORS

Many writers (e.g. Weiner,1964; Sarles,1975; Mayer,1983) suggest family dysfunction causes intrafamilial sexual abuse. Faller (1988) divides the argument into five parts as follows.

1. Inadequate mothers:

Mothers in incestuous families are seen as inadequate, as having abdicated, or as being unable to fulfil certain of their maternal and wifely role responsibilities. Such mothers also do not care for, nurture, or protect their children. In contrast, adequate mothers are also to be found in Faller's (1988) study. Adequate mothers may play a different role. They are not only fulfilling the expected role as child caretakers and household managers, but also often compensate for their husband's inadequacies as. In such a situation, sexual abuse may arise in part out of anger the husband may feel toward his wife.

2. Parental children:

Some studies point out that victims of intrafamilial sexual abuse act as parental children and are involved in role reversal with their mothers (Brooks,1982; and Meiselman,1979). Because the wife does not prefer childbearing and homemaking tasks, then the oldest female child in the family not only takes over the sexual role with the father but also has an abnormal amount of responsibility for other traditionally maternal tasks.

In Faller's (1988) study, while a number of the cases fit this pattern, a much large number of cases do not. One reason is that close to two thirds of intrafamilial cases have multiple rather than signal victims. Second, more than half of the victims were five or under at the onset of sexual abuse. Their ages make it difficult for them to assume parental roles.

3. Maternal Collusion:

Some studies' assert is that mothers are aware of, and collude in sexual abuse of their daughters.(Faller 1988 reviewed: Walters,1975; Henderson,1972). In Faller's (1988) study does not support this view. The definition of collusion is a "fraudulent, secret understanding" (Concise Oxford Dictionary, 1964: 236),

which implies conscious activity. Some unconscious factors related to the mothers' victimisation as a child may play a role in the incestuous family situation, but unconscious factors do not constitute collusion.

However, mothers sometimes did not protect their children when they know of the sexual abuse, but this response also is different from collusion. Some professionals might argue that the absence of a protective response means that the mother wants the abuse to continue.

In Faller's (1988) study, found that the mothers either were persuaded by the perpetrator that it had not occurred, or they believed that they could protect the child without professional intervention. There were also some mothers who knew that the sexual abuse was going on and they chose to tolerate it, because they were terrified of their spouses and cared more about keeping their spouses than protecting their children.

4. Sexual dysfunction:

There is sexual dysfunction in the marriage. Either there is infrequent sexual intercourse between husband and wife or the sexual relationship is not emotionally gratifying to be the husband (Henderson, 1972). In Faller (1988) study, sexual dysfunction was found in a little less than half the families.

5. Acceptance of the sexual role by the victim:

Victims are often described as seductive to the perpetrator, as enjoying the sexual abuse, or at least having tolerated it (Faller 1988 reviewed: Walters, 1975; Sarles, 1975; Dietz and Craft, 1980). Faller (1988) points out that than half of the cases involved some degree of force. While some children who have been sexually abused may appear somewhat seductive, this is a result of sexual abuse, not a cause. Victims are conditioned by the perpetrator to interact with men in a

sexual way. This is the behaviour that is taught and encouraged by the perpetrator.

Finally, children who passively accept the perpetrator's attentions reflect the substantial power differential and role relationship between perpetrator and child. In addition, the perpetrator is usually the child's caretaker, for example, a nurturer, protector, and teacher. A child is not expected to resist requests of a person in a authority role.

FOUR FACTORS MODEL OF FINKELHOR (1984)

This model has been described in more details in "Theory of child sexual abuse" of this study. In this section, I will summarise some important parts of the four factors of this model.

Factor I: Emotional Congruence

There are two parts of the emotional congruence factors, as follow.

First, children are attractive because of this lack of dominance. Second, molesters are immature and have low self - esteem.

Factor II: Sexual Arousal

There are four parts to sexual arousal factors as follow.

First, child molesters are persons who are unusually sexually aroused by children. Second, child molesters have been subjected to early sexual contact with adults themselves. This experience causes them to be sexually aroused by children. Third, studies concerning biological factors are scarce. There are reports of physiological abnormalities among some child molesters (Berlin,1982; and McAuliffe,1983) and success in treating them with drugs. Finally, the hypothesis or advertising is also one that has not been investigated extensively.

Factor III: Blockage

There are three parts to the blockage factor. First, there are a wide range of studies that do indicate that male sex abusers may have many problems with adult females. Second, study of the adult family life of the child molesters holds that they experience some disappointment or trauma in adult heterosexual relationships that triggers the pedophilic activity. Finally repressive norms or attitudes about such things as masturbation and extramarital sex may be related.

Factor IV: Disinhibition

There are four parts to the disinhibition factor.

First, one disinhibition-type theory for which there, is some support is lack of impulse control.

Second, a once popular disinhibition-type explanation of child molesting was that molesters were senile.

Third, evidence for the alcohol-related disinhibition theory, however, is quite a different story. Many studies show that alcohol involvement accompanies sexual abuse, meaning that the offender was an alcoholic and/or drinking at the time of the offence.

Finally, only two studies address the "failure of incest avoidance mechanism" idea. There are various possible explanations for the apparently high risk of abuse at the hands of stepfathers, but one of the most plausible falls within the disinhibition theory framework: Because of different norms or different exposure

to the child at an early age, stepfathers are less inhibited from having sexual feelings toward a child than are natural fathers.

THE OTHER FACTORS

There are some factors also to be considered.

First, there is the high vulnerability to sexual abuse among women who lived without their natural mothers or fathers. Mothers' employment outside the home and disabled /or ill parents are also belong to this category.

Second, poor relationships with mothers may to be a factor for children to be a sexual abuse victim.

Third, parents who have a poor relationship may cause children into high risk situation. This situation related the child may be less well supervised and thus less well protected from predatory adults. It is also connected to sexual abuse through emotional disturbances in the child. If a child is unhappy, emotionally deprived, or needy, then she/he may be more conspicuous and more vulnerable to an adult interested in molesting her/him.

According to the information from this section, the researcher made a table about factors of child sexual abuse. It is as follow:

TABLE 2.4-2: Four Factors of Child Sexual Abuse

| |
|--|
| A. Cultural factors: |
| <ol style="list-style-type: none"> 1. Man's dominance 2. Men are socialised to have lustful feelings toward women 3. Children and women are men's possession |
| B. Environmental factors |
| <ol style="list-style-type: none"> 1. Low socio-economic 2. Physical overcrowding 3. Loss of employment <ol style="list-style-type: none"> 1) Men to be a baby-sit 2) Cause low self - esteem 4. Social isolation |
| C. Individual factors |
| <ol style="list-style-type: none"> 1. Characteristics of caretakers(perpetrators) <ol style="list-style-type: none"> 1) Harsh or deprived childhood experience - marital discord, parental separations, divorce, multiple caretakers, alcoholism and physical abuse 2) Substance abuse: chemical dependency, drugs, alcohol 3) Have difficulties in his adult relationships with women 4) Had a traumatic sexual experience as a child 2. Characteristics of caretakers (non - perpetrators) <ol style="list-style-type: none"> 1) Have been sexually abused as children 2) Incapacity - drinking problems, mental ill, mental retarded, physical incapacitates |
| D. Family factors |
| <ol style="list-style-type: none"> 1. Inadequate mothers 2. Parental children 3. Sexual dysfunction 4. Maternal collusion 5. Acceptance of the sexual role be the victim |

CHAPTER 2, Section 5
Literature review-Effects of Child Sexual Abuse

Children are sexual beings and their sexuality is different in different stage of the life. For example, in infancy, childhood, adulthood, they have different sexuality. Child sexual abuse violates the dependent child's expectations of parental care, leading to confusion of roles and boundaries for the family, and the next generation (Furniss,T., 1983). Sexually abused children commonly show negative emotional reaction such as depression, guilt, lowered self-esteem; sexual abuse is also linked to phobias and nightmares, restlessness, bed-wetting, school refusal, adolescent pregnancies, suicide attempts -- the whole gamut of childhood psychological difficulties (Tsai, M., Feldman-Summers, S. and Edgar, M., 1979 ; and Goodwin, J., 1982).

In Baker and Duncan's (1985) abused group, 54 percent said that the abuse had had harmful effect on their lives; those abused within the family felt more harmed. Perceived damage was worse for women than for men; it was also worse when the abuse began before the child was ten years old, and when it was repeated. Only 4 percent of the sample said the abuse had improved the quality of their lives; this represents seven people, five of whom were male, three of whom had been abused by women, and none of whom had been abused within the family (Baker,A. and Duncan, S.,1985).

In general, since 1960', quite a lot of research findings have been sought to clarify and enhance people's understanding of the effects of child sexual abuse.

All of the research produced a number of different results of the effects on children who are sexually abused. However, the situation is not that all sexually abuse children have had outcomes, although it is clear that that many do, with approximately two-third of abused children showing moderate or severe evidence of behavioural and psychological disturbance (Conte,J. and Berliner, L., 1987).

In the following, I will summarise some important research studies about the effects of sexual abuse. I will use the Traumagenic Dynamics Model to explain them. There are several reasons for the researcher to choose this Model, as follows:

1. This model divides the different effects into four categories. This advantage is not easy to find in the other studies.
2. This model does not just describe all the victims' behaviour after the victimisation, but also explain the dynamics of the behaviour. It also describes how the dynamic develop into different behaviour as the effects of the victimisation. This model was developed by Finkelhor and Browne (1985). This model has four traumagenic dynamics to account for the impact of sexual abuse: traumatic sexualisation, betrayal, stigmatisation and powerlessness. Each traumagenic dynamic has several distinct processes which combine to contribute to the dynamic. Each traumagenic dynamic is also connected to different effects of child sexual abuse.

TRAUMATIC SEXUALISATION

The first dynamic, traumatic sexualisation, refers to the conditions in sexual abuse under which a child's sexuality is shaped in a developmentally

inappropriate and interpersonal dysfunctional way (Finkelhor, D., 1988). The processes as following:

(1) Sexually abused children are often rewarded by offenders, for sexual behaviour that is inappropriate to their level of development.

(2) Because of the rewarded, sexually abused children learn to use sexual behaviour, appropriate or inappropriate, as a strategy for manipulating others to get their own way.

(3) Because of the attention they receive, certain parts of sexually abused children's anatomy becomes fetishised and given distorted importance and meaning.

(4) Children become confused and acquire outright misconceptions about sexual behaviour and sexuality morality as a result of things that offenders tell them or ways that offenders behave.

(5) Finally, a child's sexuality can become traumatised when frightening and unpleasant motorise become associated in the child's mind with sexual activity (Finkelhor, 1988).

The initial effects associated with traumatic sexualisation

The impact of traumatic sexualisation is already observed in the symptomatic behaviour of many young children (Finkelhor1988). The findings of the effects of child sexual abuse have been supported in many studies. Some symptoms include: excessive sexual curiosity, frequent exposure of the genitals, open masturbation, sexual preoccupation, compulsive masturbation and sex play, sexual knowledge and behaviours that are inappropriate to their age group, and sexual problems (Tufts,198; Friedrich, W.N., Urquiza, A.J., and Beilke, R.,

1986; Adams-Tucker, C., 1981; Corwin, D., 1985; Gomes-Schwartz, B., Horowitz, J. and Sauzier, M., 1985; Horowitz, M.J., 1976; Brobning, D., and Boatman, B., 1977; and Weiss, M. et al, 1955).

Girls may sexualise all their relationships because they feel this is the only way to obtain love (Ruth Porter, ed., 1984). Sexual problems were most common among the younger girls and older boys (Finkelhor,D.,1986).

The long term effects associated with traumatic sexualisation

Almost all clinically based studies show later sexual problems among child sexual abuse victims (Finkelhor, D.et al., 1986). Some symptoms that are connected to be dynamic of traumatic sexualisation. Sexual problems: including sexual adjustment problems, sexual anxiety, experiencing more sexual guilt, dissatisfaction with their sexual relationship, a decreased sex drive, aversion to sex, flashbacks during sex, difficulty with arousal and orgasm. All of the above effects are frequently reported in the literature (Meiselman, K., 1978; Herman, J., and Hirschman, L., 1981; Langmade, C., J., 1983; Briere, J., 1984; Tasi, M., and Wagner, N., 1978). Other non clinical studies also show effects on sexual functioning. In Courtois (1979) and Finkelhor (1979) studies refer to the samples' inability to relax and enjoy sexual activity, an avoidance of, or abstention from, sex, or, conversely, a compulsive desire for sex, and lower levels of sexual self esteem.

A long term effect of child sexual abuse, that also has received a great deal of attention in the literature is an increased level of sexual behaviour among victims, usually called 'promiscuity' (Finkelhor, D., 1986. P.160). Herman's (1981) study states that 35% of the incest victims in this study reported promiscuity. Some victims seemed to have a 'repertoire of sexually stylised

behaviour' that they used this way to to meet their needs. De Young (1982) reported that 28% of the victims in her sample, and Meiselman (1978) found 25% of the study of 482 female college students, could be considered promiscuous. On the other hand, Fromuth (1983) found no difference in this point between the subjects who have been sexually abused, and those who did not have this experience. This experience could not be predicted by whether or not subjects would describe themselves as promiscuous, without reference to their actual number of partners. This is potentially a very important finding, suggesting that the 'promiscuity' of sexual abuse victims may be more a function of their negative self-attribution, already well documented in the empirical literature, than their actual sexual behaviour with this type of self-report (Finkelhor,D.,1986). In some studies it is reported that victims mistreat their own children with sexual or physical abuse because of their own inappropriate sexual socialisation (Gelinás, D., 1983; Herman, J. and Hirschman, L., 1977; Justice, B., abd Justice, R., 1979; Steel, B., and Alexander, H.,1981; Summit, R., and Kryso, J., 1978).

BETRAYAL

With the second dynamic, betrayal, children found that the person who hurt him/her was someone on whom they were dependent. This will surprise the child; children realise that a person they trusted is treating them with callous disregard for their wishes or well-being (Finkelhor,D.,1988). Betrayal can be present in this way. It is often assumed that the main component of betrayal lies in the closeness of the relationship between the offenders and the child. But another, just - as - important element, may be how taken in the child feels by the offender, regardless of who the offender is. Thus a child who was suspicious from the outset of a father's activities may feel less betrayed in this sense than

the child who initially experienced the contact as loving and nurturing and then was shocked by the revelation of what had happened (Finkelhor,D. 1988).

The child experiences betrayal not only from the offender but also from non - abusing family members. This is because most children of a young age tend to believe that their parents are omnipotent and capable of warding off harm (Finkelhor,D.,1988). As a result, when they find the other important care takers are unable or unwilling to believe and protect them, they will sense betrayal.

The initial effects associated with betrayal

In evaluation of the initial effects of child sexual abuse, anger and hostility are frequently related to the dynamic of betrayal. Tufts New England Medical Centre researchers(1984) indicated that 45% to 50% of the 7 to 13 years old showed hostility levels that were substantially elevated on measures of aggression and antisocial behaviour (with Louisvilly Behaviour Checklist -- LBC), as did 35% on the measure of hostility directed outward (with Gottschalk Glessner Content Analysis) above the norms on aggression and antisocial behaviour (LBC); at the age 4 to 6, 25% and 23% of the adolescents had elevated scores on hostility directed outward (GGCH).

In addition, other research also found the same result -- abuse victims are often observed to be hostile and angry (Briere, J.,1984; Courtois,C.,1979; De young,M.,1982; Herman,J., 1981; and Meiselman,K.,1978). The victim has difficulty in expressing anger because of the intensity of their angry feelings towards their mother for failing to protect them,as well as towards their father (Ruth Porter,1984). The anger and hostility may be a primitive way of victims try to protect themselves (Scales -- GGCA). The samples of age 4 to 6 showed 13% to 17% scored themselves from future betrayals (Finkelhor,D.,1988).

Another symptom related to betrayal is the extreme dependence and clinging behaviour seen especially in young victims (Jones, C., and Bentovim, A (n.d.), Lustig, N. et al , 1966).

The long term effects associated with betrayal

In the clinical literature, depression is the symptom most commonly reported among adults molested as children (Finkelhor, D.,1986). Depression showed in many researches. Bagley and Ramsay's research (in Finkelhor, D, 1988), found that subjects who have been sexually abused scored higher on the Centre for Environmental Studies Depression Scale(CES - D) than non abused women (17% versus 9%). This result is the same as on the Middlesex Hospital Questionnaires measure of depression (15% versus 7%) (Bagley, C., and Ramsay, R.). Other non clinical studies also noted a greater likelihood for subjects with a history of child sexual abuse to report symptoms of depression, 65% versus 43% of the control group, and to have been hospitalised for depression, 18% versus 5% (Sedney, M.A., and Brooks, B., 1984). Briere and Runtz's (1985) study also has similar findings. This study used 72 items of the Hopkins Symptom Checklist (HSC), which refer to subjects with childhood sexual experience as having more depressive symptoms than non abused subjects.

In contrast, Herman's study (1981) indicated that of the incest victims 60% have depressive symptoms versus the control group of which 55% also reported depression. Similarly, Meiselman (1978) noticed symptoms of depression in 35% of the incest victims, compared to 23% of the control group. According to both of these two studies, the different depressive symptoms between victims and comparison groups were not significant (Herman, J., 1981; and Meiselman,

K.,1978). However, the depression, noted in many studies, is plausibly seen as a result of the disenchantment, disillusion, and loss of a trusted figure. For example, Adams- Tucker, 1981; Benward and Densen- Gerber, 1975; Browning and Boatman, 1977; Herman, 1981; Peters, 1988 (Finkelhor,D.,1988).

One other important effect related to betrayal is that victims tend to mistrust men, or intimate relationships in general (Courtois,1979; De Young,1982; Herman, 1981; and Meiselman,1978). The extreme dependency need not only showed in initial effects but also showed in adulthood for a redeeming relationship (Steele and Alexander, 1981; Summit,R., and Kryso, J.,1978). Therefore, the victims have difficulty in recognising a partner who may become sexually abusive to their children and tend to have failed relationships or marriage (Courtoris,1979; De Young, 1982; Herman, 1981; and Meiselman,1978). However, distrust and difficulty in intimacy is another form of protection.Anti-social behaviour may be a form of relation for betrayal (Finkelhor,D.,1988).

STIGMATISATION

The third dynamic, stigmatisation, refer to the negative messages about the self-evilness, worthlessness, shamefulness, guilt--that are communicated to the child with the experience (Finkelhor, D.,1988). These messages are communicated in several ways. Abusers say it directly when they blame the victim ("you seduced me") or denigrate the victim ("you bitch"). They also say it indirectly through their furtiveness and pressure for secrecy. Much of the stigmatisation comes from the attitudes the victims hear, or the moral judgements they infer, from those around them (Finkelhor,D.,1988). All of these messages will reinforce the pressure on the child to keep the event secret, because the child will think that the event is their fault. Moreover, the child will think that adults tend not to

believe them (Benward and Densen - Gerber,1975). They also believe they are the only person who has had this experience and if they disclose the event people will reject them (Finkelhor,D.,1988). Because so many negative attributions exist concerning molested children, it is hard for sexually abused children to escape the dynamic of stigma (Finkelhor,D.,1988).

The degree of stigma and type of stigma may differ for different children. One of the assumptions made about sexual abuse virtually from the beginning by most clinicians and researchers is that the forms of stigma vary for males and females (Finkelhor, D., 1988).

The initial effects associated with the stigmatisation

A number of the effects observed in victims are connected with the experience of stigmatisation. The feeling of isolation is among these effects. Some victims become drug abusers, or become involved in criminal subcultures or prostitution due to the fact that they gravitate to stigmatised levels of society (Benward and Densen - Gerber, 1975; Briere, 1984; Silbert, M., Pines, A., 1981). When stigmatisation reaches extreme forms, it appears in the behaviour of self - destructive and suicide attempts (Bagley and Ramsay, 1986; Briere, 1984; De Young, 1982; Herman, 1981). Another symptom related here is the low - self esteem on psychological tests (Bagley and Ramsay, 1986).

In contrast, the De Francis (1969) study and the Tuft's (1984) research did not find evidence that sexually abused children in any of the age groups had consistently lower self - esteem than a normal population of children. Sexual abuse, however, is also cited as having an effect on self - esteem, but this effect has not yet been established by empirical studies (Finkelhor, D., 1986, p150). Frequently symptoms of guilt and shame are observed in abuse victims. There

are few studies giving clear percentages (Finkelhor, D., 1986, p149). In two studies, a guilt reaction was found in the victims; Anderson et al's study (1981) found a guilt reaction in 25% of the victims, De Francis (1969) reported that 64% of the subjects expressed guilt. However, the degree of guilt reaction concerning the abuse itself is less than when the event is disclosed (Anderson, S.C., Bach, C.M.,and Griffith, S., 1981).

The long term effects associated with stigmatisation

The first long term effect in this approach is self-destructive tendencies. In some studies, self - destructiveness is commonly noted in victims who have been sexually abused. In Briere (1984) study, sampling a community health counselling centre, it was found that 51% victims of sexual abuse, versus 34% of non abused clients, had a history of suicide attempts. In addition, of the sexual abuse victims, 31% exhibited a desire to hurt themselves, compared to 19% of non abused clients. Also, another researcher found similar results -- sexual abuse is associated with deliberate attempts at self-mutilation (For example, Bagley and Ramsay, 1986; De Young, 1982; Herman, 1981). Moreover, in Sedney and Brooks' sample of college students, they found that 39% of samples with experience of sexual abuse reported having thoughts of hurting themselves, compared to 16% of the control group, and 16% of samples had made at least one suicide attempt, versus 6% of their peers. The depressive and self - destructive tendencies among victims of sexual abuse thus same to be very well established (Finkelhor, D., 1986, P154).

The sexual abuse victims continue to feel isolated and stigmatised as adults. This idea has been supported by some clinical studies. In Briere's (1984) study, 64% of subjects versus 49% of the control group reported feelings of isolation. Herman's study (1981) found all of the women who had experienced father-

daughter incest in this clinical sample felt branded, marked or stigmatised by the victimisation. As a result, victims often feel isolated and gravitate to stigmatised levels of society (Finkelhor, D., 1988, P75).

Poor self-esteem is the other long term effect associated with the dynamic of stigmatisation. Although a negative self-concept was not confirmed as an initial effect, evidence for it as a long term effect was much stronger (Finkelhor, D., 1986, p156). In Bagleg and Ramsay's study (1985), researchers use the instrument of Coopersmith Self-esteem inventory to test the self-concept of sexually abused children. The result of this study found 64% of the child sexual abuse victims scored in the "very poor" area, compared to 5% of the control group. This study also reported only 9% of the victims exhibited the self-esteem level been "very good", compared to 20% of the control group. As might be expected, self-esteem problems among clinical samples of incest victims tended to be much greater (Finkelhor, D., 1986). Courtois's study (1979) and Herman's study (1981) found similar result. In the former, 87% of victims reported that the experience of sexual abuse from a family member affected their sense of their own worth. In the latter, 60% of the incest victims in the researcher's clinical sample reported they have a "predominantly negative self-image", versus 10% of the comparison group with seductive but not incestuous fathers. The wide spread clinical impression of low self-esteem among abuse victims thus seems to be supported by the empirical literature (Finkelhor D., 1986).

POWERLESSNESS

Powerlessness is the final dynamic in this model. There are two main components to the traumagenic dynamic of powerlessness: (1) a child's will, wishes, and sense of efficacy are repeatedly over ruled and frustrated, and (2) a child experiences the threat of injury or annihilation. The most basic form of

powerlessness, and one central to sexual abuse itself, is the experience of having one's body space repeatedly invaded against one's wishes, whether this occurs through force or deceit. A second core form of powerlessness is the experience of violence, coercion, and threat to life and body that occur in some types of sexual abuse. Both these forms of powerlessness-invasion and life threat - are exacerbated when children resist by fighting back, running away, or trying to outsmart the abuser, and are frustrated in their efforts to end the abuse. Finally, children often experience an enormous, unexpected, and devastating increase in powerlessness in the aftermath of abuse, when they find themselves unable to control the decisions of the adult world, that may visit upon them many unwanted events - separation from their family, prosecutions, police investigations - in addition to the termination of abuse (Finkelhor, D., 1988. P71, 72).

The initial effects associated with the dynamic of powerlessness

Fear is the most common emotional impact of child sexual abuse. This initial effect is noticed in both clinical and non-clinical empirical studies. Tufts researchers (1984), produced the Louisville Behaviour Checklist (LBC). They gathered data on families involved in a treatment programme. This treatment programme was offered to children who had been victimised or revealed their victimisation in the previous six months (Gomes Schwartz, Horowitz, and Sauzier, 1985). From the LBC, they found 45% of the 7 to 13 years old subjects manifested severe fears, compared to 13% of the 4 to 6 years old, and 36% of the 14 to 18 years old had increased scores on "ambivalent hostility" or the fear of being harmed, as tested by the adolescent version of the LBC. Similarly, as high as 83% of subjects showed fear as reported by De Francis (1969) and 49% of victims as reported by Anderson, Bach and Griffith (1981). Another initial effect associated with the dynamic of powerlessness is psychological somatic

complaints and physical symptoms. Physical symptoms indicative of anxiety and distress are noted in the empirical literature as well as in clinical reports (Finkelhor, D., 1986). Peter's study (1976), found that 31% of the child victims of intrafamilial sexual abuse had difficulty sleeping and 20% of victims had eating disturbances. Similarly, in Anderson et al's study (1981), 17% of victims reported sleeping disturbances and 5% to 7% had experienced changes in eating habits after the victimisation. Anderson, Bach and Griffith (1981) is another study, which reviewed clinical charts of 155 female adolescent sexual assault victims. All of these victims had been treated at the Harborview Medical Centre in Washington, D.C. They found that 63% of the subjects reported psycho social complication; 67% of the female victims reported "internalised psycho social sequel" including sleep and eating disturbance, fear and phobias, depression, guilt and shame. Further research also showed this effect, for example, Adams-Tucker (1981), Gglinas (1983), Goodwin (1982), Summit (1983), Briere (1984), and Tuft's New England Medical Center (1984). However, without a comparison group it is hard to know if this is seriously pathological for any group of children, or for clinical populations in particular, it is also possible that some of the judgements of these effects may be subjective (Finkelhor, D., 1986).

The other initial effects of child sexual abuse associated with the dynamic of powerlessness concern social functioning. The effects in the literature include difficulties at school, truancy, running away from home, and early marriages by adolescent victims (Finkelhor, D., 1986). Meiselman's study (1978) noticed that 50% of the incest victims left home before the age of 18, compared with 20% of women in a comparison group. Herman (1981) interviewed 40 patients who had been victims of father-daughter incest and chose 20 therapy clients who had seductive but not incestuous fathers to be a comparison group. This study compared these two group's reports and found that 33% of the incest victims attempted to run away as adolescents, compared to 5% of the comparison group.

Peter's study (1976) found 10% quit school and that all of the subjects were under the age of 12. Anderson et al (1981) found that 20% of girls in this study sample had problems at school (including truancy or quitting school). In addition, child sexual abuse, running away and delinquency are connected. Wisconsin's Female Juvenile Offender study (1982) found that 32% of female juvenile offenders had been sexually abused by a relative or another person close to them.

The long term effects associated with the dynamic of powerlessness

The first long term effect associated with this dynamic is somatic disturbances and dissociation. Less attention has been paid in the empirical literature to somatic problems as a long term effect rather than as an initial reaction among victimised children. However, Briere (1984) found in his adult sample that 54% of the sexual abuse victims experienced anxiety attacks, compared to 28% of the non victims. He also reported that 54% of the subjects had nightmares, compared to 23% of the control group, and 72% of the subjects reported difficulty sleeping, compared to 55% of the non victims. In another study, Sedney and Brooks (1984) found that 59% of the subjects from the college sample had symptoms of nervousness and anxiety versus 41% of the comparison group, 41% of the subjects indicated extreme tension, compared with 29% of the comparison group, and 51% of the victims had trouble sleeping versus 29% of the control group. Moreover, Bagley and Ramsay (in press) found that 19% of the subjects with experience of child sexual abuse reported symptoms indicating somatic anxiety, compared to 9% of the non victims on the Middlesex Hospital Questionnaire, Briere and Runtz (1985) with the college student group, found abuse victims to show scores on the somatisation scale (Hopkins Symptom Checklist) which were quite strongly differentiated from non victim students.

Another somatic effect connected with child abuse shown in the empirical literature is eating disorders, shown 34% in those who had been sexually abused before the age of 15 (about one-third with anorexia and two-third with bulimia) (Finkelhor, D., 1986). In Oppenheimer et al's study, it was suggested that eating disorders may be a more common long term effect of childhood sexual molestation than is currently recognised (Oppenheimer, Palmer, and Brandon, 1984).

In the clinical literature, dissociation is quite a common symptom of the victims of sexual abuse. In Briere and Runtz's (1985) study, with the college student sample it was found that 42% of the victims reported symptoms of dissociation and "spaciness", compared to 22% of non victims, with 21% of the subjects feeling "out of body" experiences, compared to 8% of the non victims, and 33% of the victims feeling that "things are unreal", compared with 11% of the non victims. Also, abuse victims in their student sample scored significantly higher than non victims on the Dissociation Scale (derived from the Hopkins Symptom Checklist). Briere and Runtz hypothesise that dissociation is a strategy that victims use to escape from the unpleasant sensation of the abuse experience, and that this later become an autonomous symptom (Finkelhor, D., 1986).

The child sexual abuse is connected with later substance abuse is also suggested in the empirical literature. In Briere's study (1984), of his work - in sample from a community health centre, it was found that 27% of the child sexual abuse victims had a history of alcoholism, compared with 11% of non victims, and 21% of the subjects had a history of drug addiction, compared with 2% of the non victims. Herman (1981) found that 35% of the women with experience of incestuous fathers reported drug and alcohol abuse, compared with 5% of the women with seductive fathers. Moreover, Peters (1984), in a carefully controlled community study, noticed 17% of the female victims had symptoms of alcohol

abuse, compared to 4% of the nonvictimized women, and 27% of victims at least abused some types of drug, compared to 12% of nonvictimized women. On the other hand, Sedney and Brooks (1984), sampling college students, found a surprisingly low reported incidence of substance abuse and no significant differences between groups.

However, Finkelhor arrives at the conclusion that the powerlessness dynamic in sexual abuse has an association with three distinct clusters of effects.

The first cluster includes fear and anxiety, which reflect the experience of having been unable to control a noxious event, and the PTSD symptoms: nightmares, phobias, hyper vigilance, dissociation, somatic complaints, sleep problems, deadness of affect. These symptoms are noted in both the young and in adults (Finkelhor, 1988; Briere, 1984; Goodwin, 1982; Sunnit, 1983; De Francis, 1969; Peter, 1976; Tuft. 1984; Anderson, Bacg and Griffith, 1981; Adams - Tucker, 1981).

The second cluster of effects is the impairment to a person's coping skills. Victims have experienced a failure to protect themselves and they have a low sense of efficacy. This cluster translates into learning problems, school difficulties, employment problems, running away and more generalised despair and depression (Adams-Tucker, 1981; Bach and Griffith, 1981; Herman, 1981; Peter, 1979).

Finally, powerlessness may produce a compensatory reaction, an unusual need to control or dominate, seen particularly in male victims (Groth, 1979; Rogers and Terry, 1984). In this cluster of effects, Finkelhor groups aggressive, delinquent behaviour, becoming an abuser or molester, as all stemming from the desire to be powerful and even fearsome to compensate for past powerlessness.

Summary of Initial Effects of Child Sexual Abuse

In summary, both clinical and non clinical literature and a certain amount of empirical literature, present the initial effects of child sexual abuse as including inappropriate sexual behaviour, anger, hostility, depression, guilt, shame and fear. However, because many of studies lack standardised outcome measures and adequate comparison group; it is not clear whether these findings reflect the experience of all child victims of sexual abuse, or are even representative of those children currently being seen in clinical settings. At this point, the empirical literature on the clinical effects of child sexual abuse would have to be considered sketchy (Finkelhor, D., 1986).

Summary of Long Term Effects of Child Sexual Abuse

Long term effects of child sexual abuse suggested in empirical studies include sexual adjustment problems, sexual anxiety, sexual guilt, aversion to sex and difficulty with arousal. Depression and distrust of people and intimate relationships are manifest symptoms, self-destructiveness, self-mutilation, suicidal thoughts, or suicide attempts, feelings of isolation from others, and poor self-esteem have also been reported by a number of empirical researchers. Moreover, anxiety attacks, somatic disturbances (including nightmares, difficulty sleeping, eating disorders), dissociation (feeling "spaciness", "out of body experiences", that things are unreal) and later substance abuse (including alcohol and drug abuse) are also presented in literature.

CONCLUSION



I will discuss three items in this conclusion. First, that some effects overlap in different dynamics. This implies that the dynamics affect each other, or the dynamic can not exactly reflect effects. For example, the symptoms of isolation, depression, aggressive behaviour and delinquency appear not only in one dynamic. In addition, Finkelhor's Traumagenic Dynamics Model does not separate initial effects and long term effects so it is difficult to know the different dynamics between initial and long term effects. On the other hand, the model includes the very complete effects of child sexual abuse. However, it is also not clear from the literature how the dynamics between initial effects and long-term effects function. In other words, we do not know how initial effects affect long-term effects if victims do not deal with the initial effects.

Secondly, it is manifest that every victim has different symptoms due to the victimisation. As a result, when a worker supplies the literature information on the victim, the worker should remind himself/herself not to label and assume they have symptoms which are the same as in the literature.

Finally, from all of effects, it seems that victims' future is full of difficulties and they fail in life, but this can be disputed, because victims use their own methods to live in their environment before they meet professionals, and a great many victims never meet professionals throughout their life, so they are survivors not failures. In addition, some of the victims can be good helpers, able to help other victims to face painful experiences after they have dealt with their own experiences. However, the most important function of the effects to the study on C.S.A. is that studies can be a good basis for professionals to produce suitable treatment project for victims. Indeed, the dynamics, psychological impact and behaviour manifestations will help professionals to understand victims and offer a suitable service for them. Then, professionals, and victims will have the chance

to turn negative effects to good; the other argument is the function of the treatment project.

TABLE 2.5-1: Traumagenic Dynamic in the Impact of Child Sexual Abuse

| |
|--|
| I. TRAUMATIC SEXUALISATION |
| Dynamics: |
| Child rewarded for sexual behaviour in appreciate to developmental level. Offenders exchanges attention and affection for sex. Sexual parts of child fetishised. Offenders transmits misconception about sexual behaviour and sexual morality. Conditioning of sexual activity with negative emotion and memories. |
| Psychological Impact: |
| Increased salience of sexual issues. Confused about sexual identity. Confusion about sexual norms. Confuse of sex with love and care - getting and arousal sensations. Aversion to sex - intimacy. |
| Behaviour Manifestations: |
| Sexual preoccupation and compulsive sexual behaviours; Precocious sexual activity; Aggressive sexual behaviour; Promiscuity; Sexual dysfunction: flashbacks, difficulty in arousal, orgasm; Avoidance of or phobia reactions to sexual intimacy. |
| II. STIGMATISATION |
| Dynamics: |
| Offenders blames, denigrates victim. Offender and others pressure child for secrecy. Child infers attitudes of shame about activities. Others have shocked reaction to disclosure. Others blame child for events. Victim is stereotyped as damaged goods. |
| Psychological Impact: |
| Guilt, shame. Lowered self - esteem. Sense differentness from others. |
| Behaviour Manifestation: |
| Isolation; Drug or alcohol abuse; Criminal involvement; Self - mutilation; Suicide. |

TABLE 2.5-1: Traumagenic Dynamic in the Impact of Child Sexual Abuse (continue)

| |
|--|
| III. BETRAYAL |
| Dynamics: |
| Trusted vulnerability manipulated. Violation of expectation that others will provide care and protection. Child's well - being disregarded. Lack of support and protection from parent(s). |
| Psychological Impact: |
| Grief, depression. Extreme dependency. Impaired ability to judge trust worthiness of others. Mistrust; particularly of men. Anger, hostility. |
| Behaviour Manifestation: |
| Clinging; Vulnerability to subsequent abuse and exploitation; Allowing own children to be victimised; Isolation; Discomfort in intimate relationships; Martial problems; Aggressive behaviour; Delinquency. |
| IV. POWERLESS |
| Dynamics: |
| Body territory invaded against the child's wishes. Vulnerability to invasion continues over time. Offender uses force or trickery to involve child. Child feels unable to protect self and half abuse. Repeated experience of fear. Child is unable to make others believe. |
| Psychological Impact: |
| Anxiety, fear.; Lowered sense of efficacy.; Perception of self as victim.; Need to control.; Identification with the aggressor. |
| Behaviour Manifestation: |
| Nightmares; Phobias; Somatic complaints; eating and sleeping disorders; Depression; Running away; School problems, truancy; Employment problems; Vulnerability to subsequent victimisation; Aggressive behaviour, bullying; Delinquency; Becoming an abuser |

source from: Finkelhor, D., The Trauma of Child Sexual Abuse - Two Models in Gail Elizabeth Wyatt (eds) *LASTING EFFECTS OF CHILD SEXUAL ABUSE*, 1988 p.73,74.

TABLE 2.5-2: Long - term and Initial effects

| Traumatic sexualisation | Betrayal |
|-------------------------------------|--------------------------------------|
| <i>Initial effects</i> | <i>Initial Effects</i> |
| 1.excessive sexual curiosity | 1. anger |
| 2.frequent exposure of the genitals | 2. hostility |
| 3.open masturbation | 3. aggression & antisocial behaviour |

| | |
|--|--------------------------------------|
| 4.sexual preoccupation | 4. extreme dependence |
| 5.coppulsive masturbation | 5. clinging behaviour |
| 6.sex play | |
| 7.sexual knowledge & behaviours inappropriate to their age group | |
| 8.sexual problems | |
| 9.sexualise all their relationships | |
| <i>Long - term Effects</i> | <i>Long - term Effects</i> |
| 1.sexual adjustment problems | 1. depression |
| 2.sexually anxious | 2. mistrust men |
| 3.sexual guilt | 3. intimate relationships in general |
| 4.dissatisfaction with their sexual relationship | 4. extreme dependency need |
| 5.a decreased sex drive | |
| 6.aversion to sex | |
| 7.flashbacks during sex | |
| 8.difficulty with arousal and orgasm | |
| 9.relax and enjoy sexual activity | |
| 10.avoidance of or abstention from sex | |
| 11.conversely | |
| 12.compulsive desire for sex | |
| 13.lower levels of sexual self esteem | |
| 14.promiscuity | |
| 15.mistreat their own children (sexual or physical) | |

TABLE 2.5-2: Long - term and Initial effects (continue)

| Stigmatisation | Powerlessness |
|-------------------------|-------------------------------------|
| <i>Initial Effects</i> | <i>Initial Effects</i> |
| 1. feeling isolation | 1. fear |
| 2. drug abusers | 2. psychological somatic complaints |
| 3. criminal subcultures | 3.physical symptoms |
| 4. prostitution | 4. anxiety |
| 5. self - destructive | 5. distress |
| 6. suicide attempt | 6. difficulty sleeping |
| 7. low - self esteem | 7. eating disturbances |
| 8. guilt | 8. phobias |
| 9. shame | 9. depression |
| | 10. guilt |

| | |
|--------------------------------|--|
| | 11. shame |
| | 12. social functioning(difficulties at school, truancy, running away from home, early marriages) |
| <i>Long - term Effects</i> | <i>Long - term Effects</i> |
| 1. self - destructive | 1. somatic disturbances |
| 2. suicide attempt | 2. dissociation |
| 3. a desire to hurt themselves | 3. anxiety attacks |
| 5. depressive | 4. nightmares |
| 6. isolation | 5. difficulty sleeping |
| 7. branded | 6. nervousness |
| 8. marked | 7. extreme tension |
| 9. gravitate | 8. eating disorders |
| 10. poor self - esteem | 9. spaciness |
| | 10. " out of body" |
| | 11. " things are unreal" |
| | 12. alcoholism |
| | 13. drug addiction |

CHAPTER 2, Section 6

Literature Review- Current Situation of Child Abuse in Taiwan and the UK

I. Research of Child Abuse in Taiwan:

From 1987 to 1992 Taiwan has had six research projects relating to child abuse, though none of them have dealt with sexual abuse. They have the following titles

1. Seriousness Assessment Research about child abuse in Taiwan (Jui-Long Cheng, 1988)

1) Main aim of this study: assessment research about child abuse in Taiwan.

2) Sample resource: sampling professionals and general population.

3) Sample number: 523

4) Research style: questionnaire.

5) Definition of child sexual abuse in this study:

Parents or guardians having sexual intercourse with children or fondling, digital penetration which involves coercion or temptation.

Sexual mores: Parents or caretakers allow children to watch sexual actives or pornographic materials for themselves sexual desire.

6) The main finding of this research is that:

- i. The situation of child abuse is becoming more serious in Taiwan.;
- ii. Professionals working with children are more concerned about this issue than non-professionals; females are more concerned about this issue than males, the families which have more income are more concerned about this issue than low income families; old people are more concerned about this issue than young people.
- iii. People who have been abused tend to accept the child who has been abused.

iv. The form of child abuse was divided into 14 categories in this research: exploitation, sexual mores, lack of supervision, emotional abuse, sexual abuse, alcohol and drug abuse, physical abuse, medical neglect, child support, nutrition, cleanliness, housing, clothing and education; item 1 to 8 are more serious than others.

2. The research of child abuse and neglect - case study with family structure view (Hsiu-Fen Ling, 1989).

1) Main aim of this study:

i. To understand the relationship between parents and children in abusive and neglect families.

ii. To find out families' function, members' responses style and families' responses under stressful situation in abusive and neglect families.

2) Sample resource: primary school students, their peers, and their parents.

3) Sample numbers: Seven families including 22 people.

4) Research style: face to face interview.

Definition of child sexual abuse in this study: Mentally immature children involved in sexual activities/prostitution/pornographic materials/exhibition which they do not truly comprehend, to which they are unable to give consent.

3. **Definition research about child abuse behaviour** (Su-Ying Ou-Yang, 1989). The form of child abuse was divided into 13 categories in this research and apart from "exploitation" the others are the same as the first research-Seriousness assessment research about child abuse in Taiwan. This research used "The Vignette and Rating for Child Abuse" (Giovannoni and Becerra, 1979).

1) Main aim of this study:

i. To exam how Chinese define the behaviour of child abuse.

ii. Comparison of results from USA.

2) Sample resource:

- i. Professionals: doctors, lawyers, police men and social workers.
- ii. Non-professionals: over 19 years old

3) Sample numbers:

- i. 164
- ii. 165

4) Research style: questionnaire

5) Definition of child sexual abuse in this study: Parents who lead children to experience as follows: sexual experience, watching pornographic materials.

6) The main finding of this research is:.

- i. The most serious items are: sexual abuse, physical abuse and supervision, the professionals' attitudes are the same as non-professional's attitudes in this part.
- ii. The factor of "professional", "gender", "age" and "the experience of breed baby" affects the definition of child abuse.
- iii. Doctors, lawyers and social workers have similar attitudes and are different from the polices.

4. Research of Parents experience of abuse and child abuse. (Su-Chen Hong, 1991). This research accounts to Freud's theory to discuss the relationship between parents who have experienced abused and child abuse. "

1) Main aim of this study:

- i. To exam the relationship between character of parents and child abuse event.
- ii. To exam the relationship between abusive experience in parents' childhood and child abuse event.
- iii. To discuss about the factors and result model of child abuse.

2) Sample resource: high level students in primary school and their parents.

3) Sample numbers: 982

4) Research style: questionnaire

5) Definition of child sexual abuse in this study: The author did not write down the clear definition about child sexual abuse but from the questionnaire which seem implicate the definition as following: children are allowed watching pornographic materials, or children have sexual intercourse with adults, children are touched sex organ by adults, adults encourage children attending sexual exhibition or pornographic films.

6) The main finding of this study is that:

i. The father who tends to abuse children has low education level(below primary school); The family which tend to abuse children is working class and has a low income.

ii. The parents who tend to abuse children have been abused. Abuse which most seriously effects on children is sexual abuse and victims tend to have a cycle to sexually abuse their own children.

iii. Young fathers, Taiwanese, low education (below primary school), working class, traditionally religious, non-single parent, parents who have a small of number of children , parents who are very young and have their first child, all of the above samples tend to abuse children.

iv. Parents who have experience abused are affected in that they very strongly tend to abuse their own children but the parents' education level, family's income and the different occupation will change the effect.

5. The effect s of stress of family life of parent(s) and child abuse study (Wu-Ling Liu, 1991).

1) The main aim of this study:

i. To discover parents who abuse children face what kind of pressure environment when the event happen.

ii. To find the relationship between children who be abused and parents who abuse children.

iii. To find the social support system for parents who abuse children.

2) Sample resource: cases of Chinese Children Foundation

3) Sample numbers:12

4) Research style: face to face interview.

5) The definition of child sexual abuse in this study:

Sexual abuse is divided into two kinds: one is sexual molestation and the other is sexual exploitation.

Sexual molestation involves some degree of coercion, seduction to reach the aim of sexual contact.

Sexual exploitation means the adult who encourage children involving pornography materials to gain benefit..

6) The main finding in this research is that:

i. The parent(s) who abuse children have some family problems at the same time, for instance economic, work, matrimony and supervision of the behaviour of children.

ii. The father who has work stress tends to use austere supervision of children who have behaviour problems. The mothers who did not have a good relationship with their own mothers tend to have difficulty loving their own children. If the child has some behaviour problems the mother easily tend to use austere supervision to deal with the child.

iii. The support system of parents who abused children comes from the relation who lives near the abused family. Almost all of the samples moved from country side to big city, as a result, they lost the important support system.

6. The parent(s) who abused children - Psycho social Study (Chien-Yu Hong, 1991).

- 1) The main aim of this study: to find out the psycho-social symptom of abusive parents. This study offers some information for professionals to analyse what kind of families may be at risk.
- 2) Sample resource: July 1989 to March 1990, cases from children protection line of the Chinese Children Foundation
- 3) Sample number: 31
- 4) Research style: face to face interview.
- 5) The definition of child sexual abuse in this study: adults offer pornography materials (books, films) to children, disrobing, fondling, sexual intercourse.
- 6) The main finding of this research is:
 - i. Marital problems easily cause child abuse behaviour, for instance divorce, separation without a legal divorce, death of one partner.
 - ii. The other causes of child abuse are stress of normal life and parent(s)' personality and the personality of children.
 - iii. The response of the parent(s) to abusive behaviour is divided into four categories: contradiction, powerlessness, natural (as a matter of course), and denial.
 - iv. Almost all of the samples who abused children had an unhappy childhood, for example they had unsuitable supervision, had too high ideals and lacked family love.
 - v. The personality of parent(s) who abused children tend to be of low self-control, sensitive, selfish, lonely.

III. Discussion of the above studies

Recently there are six studies which provide information in Taiwan about child abuse. There is no research (MA or P.h.D.) in this area before 1988 in Taiwan. Even some existed articles of child abuse may be found, normally they are translated from American information. Therefore, research of child abuse is a

new field in Taiwan which also included child sexual abuse. In general, authors tended not to analyse or describe few information about sexual abuse. For example, Hsiu-Fen Ling (1989) used case studies to understand the dynamic in abusive families. One of these cases was a sexual abuse family but the author did not write down any information about this case. In other words, the only one case of sexual abuse was omitted in this study. It still seemed to be taboo to discuss about sexual abuse

Another argument is methodology. Two studies used few questions to identify sexual abuse behaviour. Firstly, Jui-Long Chen (1988) used five questions to identify sexual abuse behaviour, sexual mores (e.g. parents having sexual intercourse and children being allowed watch), and sexual exploitation (e.g. parents allowing children to perform for pornographic materials to earn money for parents) can not be classified as sexual abuse. The main aim of this study is to assess what kind of abuse is more serious in Taiwan, so the author used more detail classification in this study. When social workers apply this classification to their cases, they need to remind themselves of a serious attitude towards sexual mores, sexual exploitation or sexual abuse. Secondly, Su-Ying Ou-Yang (1989) used 6 questions to identify sexual abuse behaviour. She did not have the other sub-items about sexual exploitation or sexual mores so her definition of sexual abuse behaviour is more narrow than Jui-Long Cheng (1988).

The other argument is in Su-Chen Hong (1991) study. The author used 6 questions to identify sexual experience of children. In contrast, she used just two questions to identify sexual experience of children (samples) enforced by their parents. Then the author correlated the two groups. The influence of parents' sexual experience on childhood are as follows: Did you see your family members read pornographic books when you were small? Did you see your friends or neighbour read pornographic books when you were small?

It is a great argument. The author used the above questions namely for the parents to ask whether they themselves were sexual abused in their childhood. It is clear that this study has two weak points. One is that the author examined the same experiences (sexual abuse experience) in different groups but she used different items (questions) to exam the same experience. As a result, the two groups did not have the same standard to compare their experience. The other weak point is that the author used two questions to identify sexual abuse experiences that simplified the meaning of child sexual abuse. Also the content of two questions are not sufficient for a deneralisation of sexual abuse. For example, maybe I saw my friends read pornographic books but it does not mean that I have experienced sexual abuse. Even though, the results of this study point out sexual abuse as having more serious effects on children than other abuses; and victims tend to in turn sexually abuse their own children, the findings of this study are nonetheless limited for the abuse reasons.

As a final point in this section, I would like to discuss the research definition of child sexual abuse in Taiwan. Firstly, Jui-Long Cheng (1988), Su-Ying Ou-Yang (1989) and Su-Chen Hong (1991) focus on parents who are abusers so they do not talk about the offence outside the family. The other three studies which used case-studies still focus on the intrafamily situation. It is interesting, because a large proportion of child sexual abuse in Taiwan outside the family (prostitution), but no study acknowledges this part of sexual abuse. Maybe it is difficult to interfere in this. However, child prostitution, sexual exploitation (using children in pornography) are very important issues in Taiwan society. These six studies identified thy type of sexual abuse, but none did any research on these issues. Moreover, social service systems and the work process of child prostitution are different from other kinds of child sexual abuse. Thirdly, these definitions do not have age discrepancy between offenders and victims, so this

may exclude peer sexual abuse and sibling sexual abuse, which were not considered in Taiwan society until now. Fourthly, all of these definitions do not have victims' age limit and perpetrator age limited. In general, these four points of definition in Taiwan are quite different from definition in Britain and America. In other words, the definition of child sexual abuse in Taiwan is undeveloped compared with that of Britain and America. Definition is a foundation for social workers and also for researchers. This is one of the important reason why I chose to define child sexual abuse as one part of my study.

III. Available Sources of Information in Taiwan.

In Taiwan there are two main child protection networks to help children who have been abused; one is in North Taiwan, the other in South Taiwan. The protection network, includes some organisations for example Chinese Children Foundation (C.C.F.), The Children Service Centre (C.S.C.) of the Social Service Department. (both of them have branch offices around Taiwan), Children Protective Line (C.P.L.), Police Offices, Taiwan Children Mental Health Centre, Taipei Mental Hospital, and several voluntary organisations. All of them can provide information about child abuse/child sexual abuse but C.C.F., C.S.C. and C.P.L. are the main organisations in Taiwan.

IV Basic findings

The Children Protection Network was established in 1990 in south Taiwan. The following information is from their findings from January 1991 to January 1993. There is a total of 624 cases, 249 of which have been treated, so there are still

375 cases in continuation which are being dealt with. The researcher will explain some important information from the Children Protection Network in south Taiwan.

1. The form of abuse

Table 2.6- 1: The form of abuse

| The form of abuse (plural choice) | Case number |
|-----------------------------------|-------------|
| 1) physical abuse | 234 |
| 2) emotional abuse | 140 |
| 3) sexual abuse | 33 |
| 4) neglect | 270 |
| 5)abandonment | 76 |
| 6)suspected neglect | 46 |
| Total | 799 |

According to table 2.6-1, the prevalence of sexual abuse is 5% from January 1991 to January 1993. From this table, we identify that "physical abuse" and "neglect" are highest. The reasons for this result may be because Chinese culture accepts parent(s)' rights to hit children.

2. The reporter of child abuse

Table 2.6-2: The reporter of child abuse

| Reporter | number | Reporter | number |
|---------------|--------|-------------------------------|--------|
| 1) mother | 92 | 7) hospital | 20 |
| 2) father | 16 | 8)social service organisation | 47 |
| 3) relation | 84 | 9) client | 52 |
| 4) neighbour | 70 | 10) public | 55 |
| 5) school | 87 | 11) court | 12 |
| 6) government | 38 | 12) police | 0 |
| Total | | | 521 |

The Police is one important organisations in the Child Protection Network but did not report any case during these two years. The mother is the most frequent

reporter. The reason for this may be because the offender is frequently the father (see table 2.6-4). The other higher rate report groups are "relation" "school" and "neighbour" . This implies two aspects about protection of children. Firstly, if the family is not isolated from neighbours and relations then child abuse will easily be discovered. Secondly, if teachers always notice students behavioural development level and the teacher can recognise the symptom of abuse then they can identify abuse quicker.

3: The age groups of children suffering abuse

Table 2.6-3: The age groups of children suffering abuse

| The age groups of the children who were abused: | |
|---|------------|
| age | number |
| 1) under 2 years old | 28 |
| 2) 3 -5 | 57 |
| 3) 6-8 | 88 |
| 4) 8-12 | 184 |
| 5) 13-15 | 127 |
| 6) over 15 | 19 |
| 7) not known | 11 |
| Total | 624 |

According to table 2.6-3, the groups most at risk are aged between 8 to 12 and 13 to 15 years old. The child gets out of the home when he/she enters school at 8 years-old, when they learn social skills and study. In their life they not only play but also have home work. For some children, it is difficult to study hard or complete home work, therefore they will have conflict with parent(s). This situation increases the opportunities for parent(s) to punish children, because

they are not good. This situation is due to the fact that the best child studies very hard and have high marks at school, even at a very young age. As a result, a number of parent(s) in Taiwan punish their children in order to make them get good marks from primary school. Otherwise, it is a matter of shame for the parents. As a result, a number of parent(s) use physical punishment to impress their children. From the age of 13, the child enters adolescence. At this stage, young people try to be independent from their parent(s). They also face more stress from their study, therefore they may develop some ideas against their parent(s)' values or they develop anti-social behaviour. In addition, if during this period their parent(s) are facing some life- stress (for example, economic crisis, marital problems) these will increase opportunities for children to be scapegoats.

4: The relationships between the offender and the victim

Table 2.6-4: The relationships between the offender and the victim

| The relationship between the offender and the child | number |
|---|--------|
| 1) natural father | 308 |
| 2) natural mother | 165 |
| 3) parents | 2 |
| 4) step-father | 13 |
| 5) step-mother | 11 |
| 6) foster-father | 4 |
| 7) foster-mother | 3 |
| 8) relation | 33 |
| 9) teacher | 0 |
| 10) neighbour | 12 |
| 11) carer | 2 |
| 12) the partner of father | 14 |
| Total | 588 |

A Chinese proverb says: If you do not hit the child, the child can not succeed, or under the club you will have a dutiful son. As a result, natural parents hit their children as a natural thing in Chinese culture, which equates careful

supervision and love of parent(s). This ideal is still strong in some people's mind. On the other hand, step-parents and foster-parents hitting the step-child or foster-child is a huge taboo in Chinese culture. Maybe this is the reason why the rape of step-parents and foster-parents under therapy is very low compared with natural parents. Moreover, the teacher and child welfare organisations tend not to be offenders in South Taiwan, this situation is different from England and U.S.A. There may be reasons for this; firstly, the process of training a teacher (primary school and junior high school) is different from England and U.S.A.. In general, the teacher has a strong morality in Taiwan, so they tend to have strong inner self-control. Secondly, if they do something wrong, the public will criticize them seriously and it will be very difficult for them to get another job again. In addition, from table 4 we can see that the rate of the offender inside the family is higher than outside the family. This point is similar to the literature from the UK and U.S.A..

5: The age groups of the offender

Table 2.6-5: The age groups of the offender

| The age groups of the offender | |
|--------------------------------|------------|
| age | number |
| 1) under the age of 15 | 11 |
| 2) 16-20 | 3 |
| 3) 21-25 | 12 |
| 4) 26-30 | 40 |
| 5) 31-35 | 109 |
| 6) 36-40 | 176 |
| 7) 41-45 | 115 |
| 8) 46-50 | 26 |
| 9) 51-55 | 10 |
| 10) over 56 | 38 |
| 11) not known | 31 |
| Total | 571 |

The age groups of 21 to 45, is the most important stage in human life. During this period, people find their own work life, family life, breed children etc., so people will easily come across stress in daily life. If one person can not deal with his/her stress very well, the child may be his/her scapegoat. Research also points out that marital problems, work stress and economic problems can cause child abuse (Wu-Ling Liu, 1991, Chien-Yu Hong, 1991, Taiwan).

6: The occupation of offender

According to table 2.6-6, child abuse tends to happen in the working class, but may be this is because social work tend to service the working class in Taiwan. As a result, the social service system more often finds out child abuse cases in working class, which nobody knows the situation of the child abuse in the middle class. In addition, 24% of offenders are out of employment during the event. Perhaps this is due to the stress of unemployment. The research also points out that the father who has work stress tend upon use austere supervision to children (Wu-Ling Liu, 1991, Taiwan).

Table 2.6-6: The occupation of offender

| The occupation of offender | number |
|-----------------------------------|---------------|
| 1) technician | 35 |
| 2) top administrator | 9 |
| 3) assistant | 13 |
| 4) trade | 60 |
| 5) service work | 77 |
| 6) farmer, fishing, pasturage | 16 |
| 8) labourer | 89 |
| 9) unemployed | 134 |
| 10) housewife | 54 |
| 11) soldier | 3 |
| 12) others | 51 |
| Total | 541 |

7: The Educational Level of Offender:

Table 2.6-7: The Educational Level of Offender:

| The Educational level of offender | number |
|-----------------------------------|--------|
|-----------------------------------|--------|

7: The Educational Level of Offender:

Table 2.6-7: The Educational Level of Offender:

| The Educational level of offender | number |
|-----------------------------------|-----------|
| 1) illiterate | 30 (5%) |
| 2) primary | 167 (30%) |
| 3) junior high school | 186 (33%) |
| 4) high school | 107 (19%) |
| 5) college | 21 (3.7%) |
| 6) undergraduate | 6 (1%) |
| 7) postgraduate | 3 (0.5%) |
| 8) unknown | 43 (7.8%) |
| Total | 563 |

The total percentage under junior high school (including junior high school) is 68%, and under high school is 87%. This finding seems to indicate that high education leads to fewer cases of child abuse. At this point, the research analyses that parent(s) who have been abused strongly tend to abuse their own children but the educational level of parent(s) will change this tendency (Su-Chen Hong 1991, Taiwan). On the other hand, may social work tend to serve low education people, so the research does not cover the highly educated population.

8: Marital status of offender

Table 2.6-8: Marital status of abusers

| Marital status of abusers | number |
|--------------------------------------|------------|
| 1) married | 181 (34%) |
| 2) not married | 32 (6%) |
| 3) divorced | 135 (26%) |
| 4) combatants | 20 (3.8%) |
| 5) widowed | 29 (5.5%) |
| 6) separated without a legal divorce | 100 (19%) |
| 7) remarried | 12 (2.75%) |
| 8) unknown | 12 (2.75%) |
| Total | 521 |

From Hsiu Fen Ling from case studies it is found that almost all abusers remain married but all their relationships are unhappy. Even the group of "divorced" and "separated families" are "at-risk" families , the " unsuccessful relationship" family are also a dangerous family.

9: Economic situation of the family

Table 2.6-9: Economic situation of the family

| Economic situation of the family | Numbers | Percentage |
|----------------------------------|---------|------------|
| 1) abundant (wealthy) | 15 | 3 |
| 2) well-to do | 80 | 15 |
| 3) average income | 243 | 46 |
| 4) poor (impoverished) | 112 | 21 |
| 5) destitute | 54 | 12 |
| 6) unknown | 15 | 3 |
| Total | 519 | 100 |

Researchers found families which tended to abuse children to be of low income and economic problems. (Hsiu-Fen Ling, 1989; Su-Chen Hong, 1991; and Wu-Ling Liu, 1991) These figures disprove the researchers' conclusions. Even though the "poor" and "destitute" families have a high rate of child abuse, the "well-to do" and "average income" families have a higher rate of child abuse. It could be that the definition of "low income" is different for those researchers and this report.

10: The cause of child abuse

i: Environmental reasons of abuse

Table 2.6-10: Environmental reasons of abuse

| i: Reason of environment | | |
|--------------------------|---------|------------|
| | Numbers | Percentage |
| 1) destitution | 60 | 7 |

| | | |
|----------------------------------|-----|------|
| 2) economic crisis | 114 | 13 |
| 3) isolation | 133 | 16 |
| 4) parents with marital problems | 242 | 29 |
| 5) single parent family | 132 | 16 |
| 6) parent(s) cohabiting | 62 | 7.4 |
| 7) others | 85 | 11.6 |
| Total | 828 | 100% |

Taiwanese society has gone through big changes during these twenty years. The family structure was the extended family and the society was an agricultural society. As a result, the family had difficulty in isolating itself from society; even though parents went out working, they still had other family members taking care of the children, so parents met less stress from children. If parents had economic crisis and marital problems they would have support from the extended family immediately, so the family support system was very strong. Now, Taiwan is an industrial society, family members move to different big cities, the family support system is broken and the social support system is under developed. As a result, when parent(s) faced any crisis, the child may become their scapegoat.

ii: Parent(s) reasons of abuse

Table 2.6-11: Parent(s) reasons of abuse

| ii: Parent(s) reasons | Numbers | Percentage % |
|--------------------------------------|---------|--------------|
| 1) mental retardation | 14 | 1.5 |
| 2) lack of supervision skills | 296 | 33 |
| 3) unreal expectation | 124 | 14 |
| 4) alcohol/drug | 118 | 13 |
| 5) regressing personality | 142 | 16 |
| 6) parent(s) with a history of abuse | 25 | 2.7 |
| 7) superstition | 7 | 0.9 |

| | | |
|--|-----|------|
| 8) the idea that boys are more important than girls? | 9 | 1 |
| 9) illness | 8 | 0.9 |
| 10) mental illness | 53 | 6 |
| 11) others | 97 | 11 |
| Total | 893 | 100% |

" They say its because of his childhood, but its not true, he had a happy childhood, my nana and granddad are lovely people...they did not abuse him. Its all been gone into by social services...he was not abused or ill-treated. But he abused me for six years...and now they say that if you have been abused you will abuse your child. How can they say that? My dad was not abused, yet he abused me...its not fair. How can they say that?" (Stone, M. 1991, P114).

The theory of "cycle of violence" points out that the child who has been abused tend to become an abuser and abuses other children (Gelles, 1980; P.88; Widom, 1989:p. 355-356, and Galson, 1984: p.572-574). In addition, this theory also points out the violent behaviour which is adopted so this violent behaviour will transferred to the next generation (Gelles, 1980, p.818; and Thorman, 1982, p.133). In contrast. Table 2.6-11 does not seem to support this theory, because only a very low rate of the abusers have been abused in their childhood. Also in this sense, abusers are victims because they have been abused so they become abusers, so they do not have responsibility for the act of abuse on others. In addition, the social work response is to care for them and help them to meet their needs in a less destructive way (Stone, M. 1991, p.14). Following on from this idea as Stone points out, workers find no consolation or help from the body of professional literature which is intended to inform and guide their practice. Additionally, the victims of child abuse see such ideas as an added burden, increasing their sense of guilt (Stone, M. 1991, p.14).

iii: Child's reasons

Table 2.6-12: Child's reasons of abuse

| iii: Child's reasons | Number |
|---|--------|
| 1) the child is a unplanned pregnancy | 9 |
| 2) the child is a difficult delivery | 1 |
| 3) the child is disabled | 247 |
| 4) the child attains puberty early | 197 |
| 5) the child has anti-social tendencies | 96 |
| 6) the child is hyperactive | 11 |
| 7) the child is ill | 7 |
| 8) others | 165 |
| Total | 733 |

The literature points out (direct, indicate, refer to the main theme) that the child which tends to be abused is a bastard or an unplanned child. (Morris, 1966; Bishop, 1971; Bakan, 1971; Gelles, 1973; Gil, 1970; Koch & Koch, 1980; and Parton, 1985). Harold Martin also indicates six aspects to explain the cause of child abuse:

1. The child is difficult to take care of and the mother's caring ability is not enough.
2. Some events affect the relationship between children and mothers, for instance difficult pregnancy, the child is like his/her father who deserted the mother.
3. Disruptions in attachment between parent(s) and child(ren).
4. The child can not satisfy the parent(s)' expectations.
5. The problems of the child(ren)'s development level.
6. The anti-behaviour of the children

These figures refer to "the child is unplanned" and "the child has anti-social behaviour" as "at risk" groups to support this literature review. In contrast, one argument is that if the child has anti-social behaviour and development problems (retardation) this can cause him/her to be abused or that the child is abused so it causes the child to have anti-social behaviour and retarded development. All of this information is about child abuse in South Taiwan, it is not particularly about sexual abuse because this kind of information has not yet been published.

The researcher discussed the current situation of child sexual abuse in the UK and the USA in the chapter 2, section 3 (Prevalence of Child Sexual Abuse) of this study. The literature reviews of this study are also from these two countries, therefore the researcher does not repeat them in this section.

The researcher described and discussed theories, definitions, prevalence, factors, effects of child sexual abuse, and current situation of child (sexual) abuse in Taiwan and the UK in chapter 2. The researcher will present the main study of this research in the following chapter; that a cross-cultural study will provide more knowledge and argument to examine theories and working skills. Literature reviews are background knowledge of this research and the researcher wish that the main study could go further from this background in chapter 3.

CHAPTER 3: MAIN STUDY

SECTION 1: INTRODUCTION-Main Study

Chapter 3 includes ten sections:

SECTION 1: Introduction-Main Study

SECTION 2: Methodology

SECTION 3: Results-Personal Information of Responses

SECTION 4: Results-Responses of Definitions of Child Sexual Abuse

SECTION 5: Results-Perceived Initial Effects on Children

SECTION 6: Results-Perceived Long-term Effects on Children

SECTION 7: Results-Perceived Most Common Age Groups of Children
suffering Child Sexual Abuse sufferers

SECTION 8: Results-Perceived Difficulties in Dealing with Child Sexual
Abuse

SECTION 9: Training Needs

SECTION 10: Summary of Results

The results in each section are divided into four main parts: the research results in Taiwan, the research results in the UK, a comparison of results between Taiwan and the UK, and conclusion.

CHAPTER Three, Section 2

METHODOLOGY

The purpose of the current study was to examine a selected sample of social workers on their attitudes towards child sexual abuse.

The UK sample was derived via personal contact with social workers in the North of England where the writer was studying. This opportunity sample limited the initial core of the data, and the writer is aware of this, but it has generated a useful basis for further research.

In the Taiwan sample an attempt was made to achieve geographical spread by selecting social workers for the north, south and centre of the country. Specific social workers in these three areas were chosen in consultation with managers who identified staff with experience of sexual abuse casework.

Neither sample followed rigid procedures for random and stratified sampling nevertheless they were consulted sufficiently to allow conclusion to be drawn in this exploratory study.

These attitudes include samples of social workers' perceived initial and long effects on children, samples of social workers' perceived most common age groups of child sexual abuse sufferers, samples of social workers' perceived difficulties in dealing with child sexual abuse and training needs. The researcher used (1) questionnaires (2) interviews in this study. The study took place during winter, 1993. The study also attempted to measure the differences between samples in Taiwan and the UK.

Procedures-- I. Questionnaire

There are some advantages to using questionnaires to survey social workers' attitudes, which are as follows:

- i) This method can collect more responses.
- ii) It is economical in time and cost.
- iii) It can generalise people's tendencies.

A pilot study was first conducted with 15 post graduate students in the Counselling and Guidance course in the School of Education of Durham University and five social workers in the Durham area. Feedback from these respondents indicated that there were complications in sections "Definitions of child sexual abuse" and "Difficulties in dealing with child sexual abuse". The researcher modified the questionnaire.

The purposes of questionnaire are as follows:

- i) To discover which kind of definitions of child sexual abuse from the response of social workers are more helpful in dealing with it, the reasons for samples of social workers to choose one particular definition which they identified as more helpful, and the differences between Taiwan and the UK.
- ii) To point out the initial and long-term effects of child sexual abuse which samples of social worker frequently encountered, and the different points and similar points between Taiwan and the UK.
- iii) To explore the most common age groups of children suffering from child sexual abuse from samples of social workers' perceived in Taiwan and the UK.
- iv) To discover the difficulties for social workers in dealing with child sexual abuse in Taiwan and the UK in comparison.
- v) To understand the training needs on samples of social worker in Taiwan and the UK, and the different/similar points in both countries.

1. Main study in Taiwan:

Firstly, the researcher translated the questionnaire into Chinese and discussed it with some professionals. The researcher changed two sub-item in section "Difficulties in Dealing with Child Sexual Abuse" according to responses from these professionals.

Secondly, the researcher required the permission to discuss her study from the managers of the Social Service Department in different areas and managers of agencies. Eighty potential subjects was selected from the S.S.D. and agencies' social workers who have experience working with child sexual abuse cases.

Finally, the researcher visited some managers and gave them questionnaires, or posted them to others (including the North, the Middle, and the South of Taiwan). After one week, the researcher phoned every manager to make sure that they gave questionnaires to their social workers. Two weeks later, the researcher sent a "Thank You" card to each social worker to remind them to send back the questionnaire. The researcher sent out eighty copies of questionnaire and sixty copies were completed and returned (75%).

2. Main study in the UK

Firstly, the researcher required the permission to discuss her study from the managers of the Social Service Department in North England.

Secondly, the researcher sent out forty copies of the questionnaire. One week later, the researcher phoned every manager to make sure that they had received the questionnaires. Two weeks later, the researcher sent a "Thank You" card to each social worker to remind them to send back the questionnaire. Twenty copies were completed and returned (50%).

There were no questionnaires returned incomplete. All the responses (Taiwan and the UK) of close questions were processed using SPSS (Statistic Package for Social Science). The statistical methods used in this study to analyse data are descriptive statistics, Chi-square analysis and correlation.

Procedures--III. Interviews

There are some advantages using interviews to achieve the aims of this study which are as follows:

i) The less structured interview can collect more specific information about social workers' attitudes.

ii) The interview provided a chance to the researcher to obtain an understanding of the samples' personal history of experience working with child sexual abuse cases and their own feelings.

The purposes of the interview in Taiwan and the UK are as follows:

- i) To understand different working processes in different work organisations (Social Services Department, agencies)
- ii) To understand different work roles in different organisations
- iii) To understand how different work organisations work together
- iv) To discover difficulties in different working organisations
- v) To understand the changing of service system in child sexual abuse
- vi) To discover how the other service systems (legal system, police system & medical system) support the social service system in child sexual abuse.

The interview procedures in Taiwan and the UK are as follows:

- i) Managers arranged the senior social workers to provide interview with the researcher.
- ii) The researcher had fifteen interviews with managers and social workers in Taiwan and seven in the UK.
- iii. The researcher recorded most of the interviews.

Instruments

The questionnaire in this study is divided into six parts as listed below: personal information of the sample, the definitions of child sexual abuse, the initial effects of child sexual abuse (C.S.A.), the long-term effects of C.S.A., the training needs, and the difficulties in dealing with C.S.A..

1. Personal information includes the working day and years in C.S.A., the age, gender, the initial training and further training etc.

2. The definitions of C.S.A.: The researcher chose four definitions of C.S.A. from the literature review and the legal definitions in the UK (in England) and in Taiwan. Some points are different in each definition but some are similar. Samples needed to respond to three aspects in this part of the questionnaire: choose one definition which they felt was more helpful in dealing with C.S.A., the reasons for C.S.A., to underline some key words/phrases in each definition.

3. The initial effects and long-term effects: The researcher organised the possible initial effects and long-term effects from the literature review, the categories were in accord with Finkelhor's Four Traumagenic Dynamics Model (traumatic sexualisation, betrayal, stigmatisation, powerlessness). The researcher chose two or three effects from each dynamic to form this part of the questionnaire. This

part also is divided into two sections: the effects on male victims and the (initial, long-term) effects on female victims.

4. The difficulties in dealing with C.S.A.: There are two sources in this part of the questionnaire; one is from literature review, the other is from my interview with some workers and managers in North England, before I designed this part of the questionnaire. I used two kinds of methods to collect the information of difficulties. Firstly, I organised some possible situations which workers may face in dealing with C.S.A., then I examined what kinds of situations workers identified, as not being well-prepared for by the training programmes. Secondly, I provided open questionnaires to samples, so they could freely write down the difficulties which they faced.

5. The training needs on social workers: I offered an open questionnaire to samples so they could write down any kind of training programmes which they need.

CHAPTER 3, Section 3

Results-Personal Information of Responses

This section will describe personal information of response. The following twenty six tables provide a summary of personal data from the two samples.

1. SEX in Taiwan

TABLE 3.3-1: SEX in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|--------------|------------|----------------|-----------------|-------------|
| Female | 1.00 | 51 | 85.0 | 85.0 | 85.0 |
| Male | 2.00 | 9 | 15.0 | 15.0 | 100.0 |
| | | ----- | ----- | ----- | |
| | Total | 60 | 100.0 | 100.0 | |
| Mean 1.150 | Median 1.000 | Mode 1.000 | Valid cases 60 | Missing cases 0 | |

There are very few male samples of social worker in Taiwan. Table 3.3-1 indicates 15% of the samples who are male.

There are two reasons for this situation:

- 1) The payment is very small.
- 2) The job has a low socio-economic status for a man.

2. SEX in the UK

TABLE 3.3-2: SEX in the UK

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|---------------|--------------|------------|----------------|-----------------|-------------|
| Female | 1.00 | 11 | 55.0 | 55.0 | 55.0 |
| Male | 2.00 | 7 | 35.0 | 35.0 | 90.0 |
| | 9.00 | 2 | 10.0 | 10.0 | 100.0 |
| | | ----- | ----- | ----- | |
| | Total | 20 | 100.0 | 100.0 | |
| Mean 2.150 | Median 1.000 | Mode 1.000 | Valid cases 20 | Missing cases 0 | |
| Std dev 2.390 | | | | | |

There are more female samples of social worker than male social workers in both UK and Taiwan showing in Table 3.3-1 and Table 3.3-2, but the percentage of female samples to male samples of social worker is closer in the UK(55.0% vs 35.0%) than in Taiwan(85% vs 15%)

3. AGE in Taiwan

TABLE 3.3-3: AGE in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|--------------|------------|----------------|-----------------|-------------|
| 21-30 Years | 1.00 | 27 | 45.0 | 45.0 | 45.0 |
| 31-40 Years | 2.00 | 30 | 50.0 | 50.0 | 95.0 |
| 41-50 Years | 3.00 | 1 | 1.7 | 1.7 | 96.7 |
| 51-60 Years | 4.00 | 2 | 3.3 | 3.3 | 100.0 |
| | | ----- | ----- | ----- | |
| Total | | 60 | 100.0 | 100.0 | |
| Mean 1.633 | Median 2.000 | Mode 2.000 | Valid cases 60 | Missing cases 0 | |

The samples of social worker tend to be young (under 40) in Table 3.3-3. The reasons for this are as follows:

- 1) Social work is a new field in Taiwan.
- 2) It is a very demanding job but low payment force the social workers to seek the other employment.
- 3) If social workers, particularly males, have a chance to change their position from practical work to a government job then they will change because if a person work in a government job the position is higher than a social worker.

4. AGE in the UK

TABLE 3.3- 4: AGE in the UK

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|--------------|------------|---------------|----------------|-----------------|
| 21-30 Years | 1.00 | 3 | 15.0 | 16.7 | 16.7 |
| 31-40 Years | 2.00 | 2 | 10.0 | 11.1 | 27.8 |
| 41-50 Years | 3.00 | 9 | 45.0 | 50.0 | 77.8 |
| 51-60 Years | 4.00 | 4 | 20.0 | 22.2 | 100.0 |
| | 9.00 | 2 | 10.0 | Missing | |
| | | ----- | ----- | ----- | |
| Total | | 20 | 100.0 | 100.0 | |
| Mean 2.778 | Median 3.000 | Mode 3.000 | Std dev 1.003 | Valid cases 18 | Missing cases 2 |

The samples of social worker tend to be not young (over 40) in Table 3.3-4. The percentage of samples of social worker 41-50 years old in the UK in Table 4 is 47.4%. This is very different from Taiwanese samples. The percentage of samples of Taiwanese social worker 21-30 years old is 45%; 31-40 years old is 50%; and 41-50 years old is just 1.7%.

This data implies that samples of social worker in the UK are more mature in their life experience, working experience than samples of social worker in Taiwan and it is a longer established.

5. MARITAL STATUS in Taiwan

TABLE 3.3-5: Marital Status in Taiwan

| Value Label | Value | Frequency | Valid | | Cum |
|---------------------|-------|-----------|---------|---------|---------|
| | | | Percent | Percent | Percent |
| Married | 1.00 | 30 | 50.0 | 50.0 | 50.0 |
| Single | 2.00 | 30 | 50.0 | 50.0 | 100.0 |
| Living with partner | 3.00 | 0 | 0.0 | 0.0 | 100.0 |
| Divorced | 4.00 | 0 | 0.0 | 0.0 | 100.0 |
| Widowed | 5.00 | 0 | 0.0 | 0.0 | 100.0 |
| | | | ----- | ----- | ----- |
| | Total | 60 | 100.0 | 100.0 | |

Marital status in Taiwan are either married or single.

6. MARITAL STATUS in the UK

TABLE 3.3-6: Marital Status in the UK

| Value Label | Value | Frequency | Valid | | Cum | | |
|---------------------|-------|---------------|---------|---------|---------|---------|-------|
| | | | Percent | Percent | Percent | | |
| Married | 1.00 | 8 | 40.0 | 44.4 | 44.4 | | |
| Single | 2.00 | 3 | 15.0 | 16.7 | 61.1 | | |
| Living with partner | 3.00 | 4 | 20.0 | 22.2 | 83.3 | | |
| Divorced | 4.00 | 2 | 10.0 | 11.1 | 94.4 | | |
| Widowed | 5.00 | 1 | 5.0 | 5.6 | 100.0 | | |
| | 9.00 | 2 | 10.0 | Missing | | | |
| | | | ----- | ----- | ----- | | |
| | Total | 20 | 100.0 | 100.0 | | | |
| Mean | 2.167 | Median | 2.000 | Mode | 1.000 | Std dev | 1.295 |
| Valid cases | 18 | Missing cases | 2 | | | | |

42.1% of the sample are married, 21.1% of the sample are living with a partner, and just 15.8% are single showing in Table 5. This is different from Taiwan. Apart from 50% of the sample who are married the other 50% of the sample are single in Taiwan. None of the sample in Taiwan is: living with a partner, divorced, widowed. The reasons for this difference may be as follows:

- 1) The age of the samples are younger in Taiwan than in the UK, so the marital status may still be stable.
- 2) Cultural factors: living with a partner, divorce and separation are not good values in Chinese society. The figure of a social worker is a particularly good model for society or the client in Taiwan.

7. Years working experience in C.S.A. in Taiwan

TABLE 3.3-7: Years working experience in C.S.A. in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|----------------|--------------|------------|----------------|-----------------|-------------|
| No experience | 1.00 | 3 | 5.0 | 5.0 | 5.0 |
| Under one year | 2.00 | 15 | 25.0 | 25.0 | 30.0 |
| 1-3 Years | 3.00 | 35 | 58.3 | 58.3 | 88.3 |
| 4-6 Years | 4.00 | 4 | 6.7 | 6.7 | 95.0 |
| 7-9 Years | 5.00 | 2 | 3.3 | 3.3 | 98.3 |
| Over 10 Years | 6.00 | 1 | 1.7 | 1.7 | 100.0 |
| | Total | 60 | 100.0 | 100.0 | |
| Mean 2.833 | Median 3.000 | Mode 3.000 | Valid cases 60 | Missing cases 0 | |

1) 78% of samples' working experience of C.S.A. is under one year (25%) or 1-3 years (58%). This implies that workers will have little experience to analyses their cases and there are few senior colleagues to give suitable advise. The researcher supports this view from the interview with workers in Taiwan.

2) C.S.A. has become important only during these few years, so even a senior worker can not know how to deal with a C.S.A. case.

3) Before 1992 social workers did not belong to a formal organic structure. They belonged to a temporary organic structure. The Government has a national exam to change this system in 1992. This means if workers pass the national exam then they will become formal organic structure workers. A lot of senior workers did not pass the exam so they left their job and lots of new workers who passed the exam got their jobs. The main problem of the exam is that everyone can attend, no matter if he/she graduated from a Social Work Dep.

8. Years working experience in C.S.A. in the UK

TABLE 3.3-8: Years working experience in C.S.A. in the UK

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|---------------|--------------|------------|---------------|----------------|-----------------|
| 1-3 Years | 3.00 | 5 | 25.0 | 27.8 | 27.8 |
| 4-6 Years | 4.00 | 7 | 35.0 | 38.9 | 66.7 |
| Over 10 Years | 6.00 | 6 | 30.0 | 33.3 | 100.0 |
| | 9.00 | 2 | 10.0 | Missing | |
| | | ----- | ----- | ----- | |
| Total | | 20 | 100.0 | 100.0 | |
| Mean 4.389 | Median 4.000 | Mode 4.000 | Std dev 1.243 | Valid cases 18 | Missing cases 2 |

The data shows that 36.8% of the sample have 4-6 years of work experience and 31.6 of the sample have 1-3 years of work experience. In addition, there is quite a high proportion of samples of social worker very experienced in this area (26.3% of the sample have worked with C.S.A. for over 10 years).

Most of samples of social worker in Taiwan (78.3% of the sample) have working experience in dealing with C.S.A. for under 3 years.

9. Proportion of the working day devoted to child sexual abuse in Taiwan

TABLE 3.3-9: Proportion of the working day devoted to child sexual abuse in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|-------|-----------|---------|---------------|-------------|
| 0-20 % | 1.00 | 37 | 61.7 | 61.7 | 61.7 |
| 21-40 % | 2.00 | 10 | 16.7 | 16.7 | 78.3 |
| 41-60 % | 3.00 | 7 | 11.7 | 11.7 | 90.0 |
| 61-80 % | 4.00 | 2 | 3.3 | 3.3 | 93.3 |
| 81 -100 % | 5.00 | 4 | 6.7 | 6.7 | 100.0 |
| | Total | 60 | 100.0 | 100.0 | |
| Mean | 1.767 | Median | 1.000 | Mode | 1.000 |
| | | | | Valid cases | 60 |
| | | | | Missing cases | 0 |

1. Over 60% of the samples' percentage of the working day in C.S.A. is from 0-20%. The reasons are as follows:

- 1) There are very little cases being reported
- 2) No particular work team working with children or family, every worker alternates to deal with C.S.A. cases.

10. Proportion of the working day devoted to child sexual abuse in the UK

TABLE 3.3-10: Proportion working day in the UK

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|-------|-------------|---------|---------------|-------------|
| 0-20 % | 1.00 | 7 | 35.0 | 38.9 | 38.9 |
| 21-40 % | 2.00 | 8 | 40.0 | 44.4 | 83.3 |
| 41-60 % | 3.00 | 3 | 15.0 | 16.7 | 100.0 |
| | 9.00 | 2 | 10.0 | Missing | |
| | Total | 20 | 100.0 | 100.0 | |
| Mean | 1.778 | Median | 2.000 | Mode | 2.000 |
| Std dev | .732 | Valid cases | 18 | Missing cases | 2 |

The data in Taiwan is show that 0-20% of the working day (61.7% of the sample) is taken up with child sexual abuse.

This data shows samples of social worker in the UK have been dealing with child sexual abuse in their working day more than workers in Taiwan.

The reasons for this difference may be due to:

- 1) More reporting received in England
- 2) Social workers are dealing with too many kinds of cases in Taiwan (old men, low income families, children, women....)

11. The proportion of the working day devoted to child sexual abuse is changing in Taiwan or not. If there is a change, in which way?

TABLE 3.3-11: PROPORTION OF WORKING DAY IS CHANGING OR NOT in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|-------|---------------|---------|---------------|-------------|
| Yes | 1.00 | 27 | 45.0 | 45.0 | 45.0 |
| No | 2.00 | 29 | 48.3 | 48.3 | 93.3 |
| Others | 3.00 | 4 | 6.7 | 6.7 | 100.0 |
| | Total | 60 | 100.0 | 100.0 | |
| Mean | 1.617 | Median | 2.000 | Mode | 2.000 |
| Valid cases | 60 | Missing cases | 0 | | |

12. The way of proportion change in Taiwan- Increase or decrease

TABLE 3.3-12: The way of proportion change in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|-------|---------------|---------|---------------|-------------|
| Increasing | 1.00 | 19 | 31.7 | 57.6 | 57.6 |
| Decreasing | 2.00 | 5 | 8.3 | 15.2 | 72.7 |
| others | 3.00 | 9 | 15.0 | 27.3 | 100.0 |
| No change | .00 | 27 | 45.0 | Missing | |
| | Total | 60 | 100.0 | 100.0 | |
| Mean | 1.697 | Median | 1.000 | Mode | 1.000 |
| Valid cases | 33 | Missing cases | 27 | | |

Initially, my view is that: workers' proportion of the working day devoted to child sexual abuse will change and increase. However, the data does not support this hypothesis. Under 50% of the sample agree that the proportion of their working day has changed, but only 31.7% of samples said the proportion is increasing and 45% of the samples said there was no change in the proportion of their working day devoted to child sexual abuse.

The following information obtained from interview with social workers: the reasons for this are due to the following:

- 1) The child sexual abuse issues are becoming important for social workers, but not in the society as a whole. The society of Taiwan still feels it hard to believe that a lot of children have been sexually abused, particularly by their parents.
- 2) Some professional workers (e.g. teachers) can not have a good partnership with social workers. For example, if a student is found to be sexually abused in a school, the school try to hide it, otherwise they will feel shame or be in trouble.

13. The proportion of the working day devoted to child sexual abuse is changing in the UK or not

TABLE 3.3-13: The Proportion of the working day is changing or not

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|-------|---------------|---------|---------------|-------------|
| Yes | 1.00 | 10 | 50.0 | 55.6 | 55.6 |
| No | 2.00 | 5 | 25.0 | 27.8 | 83.3 |
| Others | 3.00 | 3 | 15.0 | 16.7 | 100.0 |
| | 9.00 | 2 | 10.0 | Missing | |
| | Total | 20 | 100.0 | 100.0 | |
| Mean | 1.611 | Median | 1.000 | Mode | 1.000 |
| Std dev | .778 | | | | |
| Valid cases | 18 | Missing cases | 2 | | |

47.4% of the samples in the UK agree that the proportion of the working day devoted to child sexual abuse is changing. 26.3% of the sample answer it is not changing. Reviewing this point in Taiwan, 45% of the samples agree that is changing- this is similar to the data in the UK; 48.3% of the samples answer which is not changing, this is much higher than the proportion in the UK.

Maybe child sexual abuse has just become an important issue during these last few years in Taiwan so some samples of social worker notice the change in their work. In addition, child sexual abuse is dealt with by so many junior workers in Taiwan that they can not have enough experience to tell whether the proportion has changed or not.

14. The way of proportion change in the UK- Increase or decrease

TABLE 3.3-14: The way of proportion change in the UK

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|-------|-------------|---------|---------------|-------------|
| No change | .00 | 5 | 25.0 | 27.8 | 27.8 |
| Increasing | 1.00 | 11 | 55.0 | 61.1 | 88.9 |
| others | 3.00 | 2 | 10.0 | 11.1 | 100.0 |
| | 9.00 | 2 | 10.0 | Missing | |
| | Total | 20 | 100.0 | 100.0 | |
| Mean | .944 | Median | 1.000 | Mode | 1.000 |
| Std dev | .873 | Valid cases | 18 | Missing cases | 2 |

52.6% of the samples answered that the proportion of the working day devoted to child sexual abuse had increased and none answer decreased.

In Taiwan, 31.7% of the samples answered it increased but few (8.3% of the samples) answered it decreased. Normally, child sexual abuse cases came from someone reporting to Social Services Department. The proportion of increase is higher in the UK than in Taiwan. This information suggests that may be child sexual abuse is reported more common in the UK than Taiwan.

15. The majority cases in Taiwan

TABLE 3.3-15: The majority cases in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|--------------|-----------|---------|---------------|-------------|
| Girls | 1.00 | 51 | 85.0 | 85.0 | 85.0 |
| Boys | 2.00 | 9 | 15.0 | 15.0 | 100.0 |
| | | ----- | ----- | ----- | |
| | Total | 60 | 100.0 | 100.0 | |
| Mean 1.150 | Median 1.000 | Mode | 1.000 | Valid cases | 60 |
| 0 | | | | Missing cases | |

The data shows that 85% of the victims in the social workers experience are girls. This supports all the E.G.S. literature which suggests that the majority of the victims are girls rather than boys. On the other hand, in my interview, a few samples of social worker also dealt with boys who had been sexually abused. In one case is the whole class boys were buggered by their teacher.

Taiwan is a patriarchal society where girls seem to be the possession of men. Girls are also taught to be obedient in every thing which is considered to be a good character.

16. The majority of cases in the UK

The results are very similar between the UK and Taiwan. There are 89.5% of social workers in the UK whose majority of cases are girls. and 85% of workers in Taiwan whose majority of cases are girls.

I think this is one of the main reason. When I interviewed a manager, that he said that even though male sexual abuse is an important issue, under the limited social recourse, female sexual abuse is more important.

TABLE 3.3-16: The majority of cases in the UK

| Value Label | Value | Frequency | Valid | | Cum |
|-------------|-------|---------------|---------|---------|---------|
| | | | Percent | Percent | Percent |
| Girls | 1.00 | 18 | 90.0 | 100.0 | 100.0 |
| | 9.00 | 2 | 10.0 | Missing | |
| Total | | 20 | 100.0 | 100.0 | |
| Mean | 1.000 | Mode | 1.000 | Std dev | .000 |
| Valid cases | 18 | Missing cases | 2 | | |

17. Social workers training in Taiwan

TABLE 3.3-17: Social workers training in Taiwan

| Value Label | Value | Frequency | Valid | | Cum |
|-------------|-------|-----------|---------------|---------|---------|
| | | | Percent | Percent | Percent |
| Social work | 1.00 | 29 | 48.3 | 48.3 | 48.3 |
| Sociology | 2.00 | 11 | 18.3 | 18.3 | 66.7 |
| Education | 3.00 | 2 | 3.3 | 3.3 | 70.0 |
| Psychology | 4.00 | 5 | 8.3 | 8.3 | 78.3 |
| Counselling | 5.00 | 1 | 1.7 | 1.7 | 80.0 |
| Others | 6.00 | 12 | 20.0 | 20.0 | 100.0 |
| Total | | 60 | 100.0 | 100.0 | |
| Mean | 2.567 | Median | 2.000 | Mode | 1.000 |
| Valid cases | | 60 | Missing cases | | 0 |

If you want to be a social worker you do not need a qualification in Taiwan. No matter what department you graduated from if you pass the national exam then you can be a formal organic structure worker in a Social Service Dep. in Taiwan. Even though they graduated from Social Work, it does not mean that they have any training in dealing with child sexual abuse cases. In the researcher's experience of Social Worker Education system, Universities do not provide lessons in current issues, e.g. drug abuse, child abuse, family violence. If students are interested in particular issues they will attend training programmes from placement and other charities.

From the data, just 48% of the workers graduated from the S.W., i.e., Social Work is not a professional field, so any one can do it. Apart from "Sociology",

"Education", "Psychology" and "Counselling", there still is a very high percentage (20%) of social workers that have graduated from the other fields, e.g.: Law, Children Welfare Dep., Literature, Journalism, etc.

As Social Work does not seem to be a very professional field in Taiwan, workers feel powerless in partnership with the other professional people (e.g. doctors, lawyers, or psychologists)(information is from the interview with samples of social worker).

18. Social workers training in the UK

TABLE 3.3-18: Social workers training in the UK

| Value Label | Value | Frequency | Percent | Percent | Valid Percent | Cum |
|-------------|-------|--------------|------------|--------------|----------------|-----------------|
| Social work | 1.00 | 14 | 70.0 | 77.8 | 77.8 | |
| Sociology | 2.00 | 4 | 20.0 | 22.2 | 100.0 | |
| | 9.00 | 2 | 10.0 | Missing | | |
| | Total | 20 | 100.0 | 100.0 | | |
| Mean 1.222 | | Median 1.000 | Mode 1.000 | Std dev .428 | Valid cases 18 | Missing cases 2 |

The data shows 73.6% of samples of social worker are qualified social workers. It is very difficult for a social worker to enter the "child protection team" in S.S.D in the UK. if the social worker is not a qualified social worker. The system of social service is different in Taiwan. If you pass the national exam for working in S.S.D. then you can be a qualified social worker irrespective of which subject you graduated in. This system causes so many problems in Taiwan now. It has been described in the discussion on Taiwan.

19. C.S.A in social workers initial training in Taiwan

TABLE 3.3-19: C.S.A. in social workers initial training in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|-------|---------------|---------|---------------|-------------|
| Yes | 1.00 | 24 | 40.0 | 40.0 | 40.0 |
| No | 2.00 | 36 | 60.0 | 60.0 | 100.0 |
| | Total | 60 | 100.0 | 100.0 | |
| Mean | 1.600 | Median | 2.000 | Mode | 2.000 |
| Valid cases | 60 | Missing cases | 0 | | |

1. 60% of the samples of social worker do not have the initial training in C.S.A. cases. This data is very different from the UK. This also leads to many difficulties which the social workers in Taiwan are having to face.

2. For example, it is possible that a new social worker needs to deal with a child sexual abuse case in his/her first working day. In addition, social workers do not know the working processes dealing with child sexual abuse or do not know what a worker's role and rights are etc.

3. 40% of samples of social worker have attended initial training.

20. C.S.A in social workers initial training in the UK

TABLE 3.3-20: C.S.A. in social workers initial training

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|-------|-----------|---------|---------------|-------------|
| Yes | 1.00 | 10 | 50.0 | 55.6 | 55.6 |
| No | 2.00 | 8 | 40.0 | 44.4 | 100.0 |
| | 9.00 | 2 | 10.0 | Missing | |
| | Total | 20 | 100.0 | 100.0 | |
| Mean | 1.444 | Mede | 1.000 | Mode | 1.000 |
| | | | | Std dev | .511 |
| | | | | Valid cases | 18 |
| | | | | Missing cases | 2 |

Even though the proportion in the UK (52.6% of the samples have initial training in C.S.A.) is higher than the proportion in Taiwan (40% of workers have initial training in C.S.A.), there is no big difference (52.6% vs. 40%) between them. Initially, my idea is that there will be a big difference between these two countries. The results do not support this idea.

21. If yes, the attention was devoted to the subject in the UK

TABLE 3.3-21: If yes, the attention was devoted to the subject in the UK

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|---------------------|--------------|-----------|--------------|----------------|-----------------|
| No Initial training | .00 | 8 | 40.0 | 44.4 | 44.4 |
| 0-20 % | 1.00 | 8 | 40.0 | 44.4 | 88.9 |
| 21-40 % | 2.00 | 2 | 10.0 | 11.1 | 100.0 |
| | 9.00 | 2 | 10.0 | Missing | |
| | | ----- | ----- | ----- | |
| | Total | 20 | 100.0 | 100.0 | |
| Mean .667 | Median 1.000 | Mode .000 | Std dev .686 | Valid cases 18 | Missing cases 2 |

44.4% of samples of social worker attend 0-20% of training in the subject. This proportion is higher than the 25% of samples of social workers in Taiwan who attended similar training for child sexual abuse.

11.1% of samples of social worker attend 21-40% of training which is similar to 10.0% of samples of social worker in Taiwan.

Few social workers receive 41-60% of training in Taiwan (5% of the workers).

This does not happen in the UK

This data in the two countries indicates:

How to improve the quality of service by social workers in Taiwan?:

- 1) add more initial training, apply theory to practical work.
- 2) more experience in dealing with C.S.A. (keeping social workers stable in their work)
- 3) supervision system., case studies

22. Social workers attend further training in Taiwan

TABLE 3.3-22: Social workers attend further training in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|--------------|------------|----------------|-----------------|-------------|
| Yes | 1.00 | 46 | 76.7 | 80.7 | 80.7 |
| No | 2.00 | 11 | 18.3 | 19.3 | 100.0 |
| | .00 | 3 | 5.0 | Missing | |
| | Total | 60 | 100.0 | 100.0 | |
| Mean 1.193 | Median 1.000 | Mode 1.000 | Valid cases 57 | Missing cases 3 | |

1. The data shows a very high proportion of samples of social worker (76.7%) attend further training during their working time. This implies that S.S.D./charities/workers feeling more training is necessary. Normally, S.S.D. offers training programmes for workers (S.S.D.'s workers or charity's workers). Some social workers also go to the U.S.A. to attend short term training programmes. (from open questionnaires)

2. Even though most of the samples of social worker accept training during their working time, they do not feel that it is enough. Some of the samples of social worker feel the training programmes are not really helpful in their work because the training is just focused on some theories. The most important training for social workers is ensuring that they can apply theories to their practical work or provide them individual supervision. (information is from the interview with social workers)

23. Social workers attend further training in the UK

The data in this point is very interesting. The proportion of having further training is lower in the UK than in Taiwan (68.4% of the samples vs. 76.7%).

On the other hand, the proportion of no further training is higher in the UK than in Taiwan (26.3% vs. 18.3%).

The reasons for this situation are as follow:

- 1) As C.S.A. is a new issue, many training programmes for workers are necessary.
- 2) There is not many samples of social worker who have had initial training in dealing with child sexual abuse, so they need further training in their work.

TABLE 3.3-23: Social workers attend further training in the UK

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-------------|-------|---------------|---------|---------------|-------------|
| Yes | 1.00 | 12 | 68.4 | 66.7 | 66.7 |
| No | 2.00 | 6 | 26.3 | 33.3 | 100.0 |
| | .00 | 2 | 5.3 | Missing | |
| | | ----- | ----- | ----- | |
| | Total | 20 | 100.0 | 100.0 | |
| Valid cases | 18 | Missing cases | 2 | | |

24. Samples' working placement in Taiwan

TABLE 3.3-24: Samples' working placement in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|--------------------------|-------|---------------|---------|---------------|-------------|
| charitable social worker | 1.00 | 40 | 66.7 | 66.7 | 66.7 |
| Field social worker | 2.00 | 20 | 33.3 | 33.3 | 100.0 |
| | | ----- | ----- | ----- | |
| | Total | 60 | 100.0 | 100.0 | |
| Mean | 1.333 | Median | 1.000 | Mode | 1.000 |
| Valid cases | 60 | Missing cases | 0 | | |

33.3% of the samples in this study are from Field social workers and 66.7% of the samples are from charitable social workers.

25. Samples' working placement in the UK

There are 88,9% of the samples are from Field social workers, and the other 11.1% are from Charitable social workers.

TABLE 3.3-25: Samples' working placement in the UK

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|--------------------------|-------|-----------|---------|---------------|---------------|
| Field social worker | 1.00 | 16 | 80.0 | 88.9 | 88.9 |
| Charitable social worker | 3.00 | 2 | 10.0 | 11.1 | 100.0 |
| | 9.00 | 2 | 10.0 | Missing | |
| | | ----- | ----- | ----- | |
| Total | | 20 | 100.0 | 100.0 | |
| Mean | 1.222 | Median | 1.000 | Mode | 1.000 |
| | | | Std dev | .647 | Valid cases |
| | | | | | 18 |
| | | | | | Missing cases |
| | | | | | 2 |

26. Working team of sample in the UK

TABLE 3.3-26: Working Team in the UK

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|-----------------------|-------|-----------|---------|---------------|---------------|
| Child protection team | 1.00 | 9 | 45.0 | 50.0 | 50.0 |
| Child care team | 2.00 | 9 | 45.0 | 50.0 | 100.0 |
| | 9.00 | 2 | 10.0 | Missing | |
| | | ----- | ----- | ----- | |
| Total | | 20 | 100.0 | 100.0 | |
| Mean | 1.500 | Median | 1.500 | Mode | 1.000 |
| | | | Std dev | .514 | Valid cases |
| | | | | | 18 |
| | | | | | Missing cases |
| | | | | | 2 |

Taiwan does not separate social work into different working teams.

50 % of the samples who work in Child protection teams, while the other 50 % work in Child care teams.

In summary, samples of social worker are younger in Taiwan than in the UK; there are more female samples of social worker than male samples of social worker in both Taiwan and the UK; samples of social worker in the UK have more experience in dealing with child sexual abuse than samples of social worker in Taiwan; the proportion of the working day taken up with child sexual abuse is higher in the UK than in Taiwan; the majority of victims in both

countries are female; and nearly 50 % of the samples in both countries have initial training in child sexual abuse.

CHAPTER 3, Section 4

Results- Responses of Definitions of Child Sexual Abuse

INTRODUCTION

This section will answer three questions:

- I. Which definition do samples of social worker prefer in Taiwan and the UK.?
- II. What key words/phrases do samples of social worker consider which are important in defining C.S.A.?
- III. What reasons influence for samples of social worker choice of definition?
- IV. Discussion and Conclusion

Four definitions of child sexual abuse were selected from the literature review.

Definition I:

Sexual abuse is divided into two kinds. One is sexual molestation and the other is sexual exploitation. Sexual molestation involves some degree of coercion, seduction to reach the aim of sexual contact and non physical contact. They include: exhibitionism, asking children to take clothes off, offering pornography to children, flirting with children (non contact), fondling children's genital areas, sexual intercourse, rape, digital/penile penetration of the anus/vagina and so on. Sexual exploitation means the adult who uses children in pornographic acts for commercial purposes. In addition, the adults engage in a degree of coercion, violence, seduction, persuasion, and also giving of financial incentives to children to take part in pornography, slides, films, exhibitions, shows and so on.

The source of Definition I: Social Services Department in Taiwan, Social Welfare Journal 20.1990 . This definition is taken from the America Hawaii-Revised statute , Chapter 350 Child Abuse.

Definition III:

The involvement of dependent children or adolescents under the age of 18 years, in sexual activity which they do not truly comprehend, to which they are unable to give consent which involves the use of power or force by an adult, that violates the social taboos of family roles in prevailing culture or that is against the law. These procedures must be followed when considering the welfare of all children involved in the following offences: Incest, rape, indecent assault, gross indecency (homosexual activity), buggery, indecency with children, offences of attempting such offences, aiding and abetting the committing of such offences, procuring, use of children in indecent pictures and exposure of children to pornographic material. The procedures include situations where those responsible for children encourage or allow them to be involved in unlawful sexual activity with others, but young people who have committed 'technical offences' in the context of a 'normal' teenage relationship are excluded.

The source of Definition III: Durham County Child Protection Procedures in 1993

Definition IIII:

Any child below the age of consent may be deemed to have been sexually abused when a sexually mature person has, by design or by neglect of their usual societal or specific responsibilities in relation to the child, engaged or permitted the engagement of that child in any activity of a sexual nature which is intended to lead to the sexual gratification of the sexually mature person. This definition pertains to whether or not this activity involves explicit coercion by any means, whether or not it involves genital or physical contact, whether or not initiated by the child, and whether or not there is discernible harmful outcome in the short term.

The source of Definition IIII: SCOSAC, 1984, Definition of Child Sexual Abuse, Standing Committee on Sexually Abused Children, London.

Definition IV:

Child sexual abuse as a sexual act imposed on a child who lacks emotional, maturation, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or

older adolescent perpetrator, which is in sharp contrast to the child's age, dependency and subordinate position. Authority and power enables the perpetrator, implicitly or directly, to coerce the child into sexual compliance. Incest from a psycho social perspective incestuous child sexual abuse encompasses any form of sexual activity between a child and a parent or stepparent or extended family member (for example, grandparent, aunt, or uncle) or surrogate parent figure (for example common-law spouse or foster parent). Incest is variously defined by statute as specific sexual acts (usually involving some type of intercourse) performed between persons who are prohibited to marry.

The source of Definition IV: Suzanne M. Sgroi, M.D., Handbook of Clinical Intervention in Child Sexual Abuse, 1987, D.C. Health and Company, p.9.

These definitions include the following central points which are considered in the definitions of child sexual abuse found in the literature review.

1. the age of children (victims); the emotional, physical, and developmental maturity in the victim
2. the position and power difference between children (victims) and abuser
3. the relationship between children (victims) and abusers
4. the type of abuse

I. Which definition does social workers prefer?

The data in the UK shows just one person who chose definition I (Taiwan's). Samples of social workers prefer definition II (England's legal)(36.8%) or definition III SCOSAC (31.6%). Taiwan's data shows that samples of social worker prefer definition I (Taiwan)(38.3%) or definition II (England's legal) (30.0%). Just a small proportion of the samples like definition III (SCOSAC.) (8.3%).

TABLE 3.4-1: Definitions in Taiwan

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|---------------|-------|-----------|---------|---------------|-------------|
| Taiwan | 1.00 | 23 | 38.3 | 39.0 | 39.0 |
| England legal | 2.00 | 18 | 30.0 | 30.5 | 69.5 |
| SCOSAC | 3.00 | 5 | 8.3 | 8.5 | 78.0 |
| Suzanne M. | 4.00 | 13 | 21.7 | 22.0 | 100.0 |
| | 9.00 | 1 | 1.7 | Missing | |
| Total | | ----- | ----- | ----- | |
| | | | 100.0 | 100.0 | |

TABLE 3.4-2: Definitions in the UK

| Value Label | Value | Frequency | Percent | Valid Percent | Cum Percent |
|---------------|-------|---------------|---------|---------------|-------------|
| Taiwan | 1.00 | 1 | 5.0 | 5.9 | 5.9 |
| England legal | 2.00 | 7 | 35.0 | 41.2 | 47.1 |
| SCOSAC | 3.00 | 6 | 30.0 | 35.3 | 82.4 |
| Suzanne | 4.00 | 3 | 15.0 | 17.6 | 100.0 |
| | 9.00 | 3 | 15.0 | Missing | |
| Total | | ----- | ----- | ----- | |
| | | 20 | 100.0 | 100.0 | |
| Mean | 2.647 | Median | 3.000 | Mode | 2.000 |
| Std dev | .862 | | | | |
| Valid cases | 17 | Missing cases | 3 | | |

A Chi-square analyses of the frequency scores in this item shows the significant result [$X^2(3)=11.71, p=.00$]. The samples of social worker response depends on which country they come from. While social workers in Taiwan prefer Taiwan's and England's legal definition (39% & 30.5%). The UK's social workers prefer England's legal definition (41.2%) and SCOSAC definition (35.3%). Just a few samples chose Taiwan's definition.

III. The reasons why social workers chose the definition

1. The reasons why workers chose DEFINITION I

Table 3.4-3: The reasons why workers chose DEFINITION I

| Taiwan | UK. |
|---|---|
| 1. It has always been used in Taiwan, as it is simple and easy to understand. It is, therefore, accepted by more people | 1. It fits the worker's view and their working experience with C.S.A. cases |
| 2. It is divided into two kinds of styles (sexual molestation & sexual exploitation) and explains the content /meaning | |
| 3. Easily applicable to social worker's practical work | |
| 4. All the behaviour can be found in the law, so the case can be dealt with easily | |
| 5. Most cases come from sexual exploitation to sexual molestation | |
| 6. Is not limited by the abuser's age | |

38.3 % of Taiwan's samples chose this definition because it has been used for a long time and it lists many traits associated with sexual abuse behaviour which helps the social workers to identify the case.

2. The reasons why workers chose DEFINITION II

Definition II is the most popular definition chosen by samples of social worker in both Taiwan and the UK. The reasons why workers chose this definition in both countries are as follows:

1. Clear age limit of victims helps workers to identify the case
2. Listing clear sexual abuse behaviour helps workers to identify the case
3. Legal use and difference in power between children and adults

Table 3.4-4: The reasons why workers chose DEFINITION II

| Taiwan | UK. |
|---|---|
| 1. It talks about the terms under the age of 18, do not truly comprehend (helping social worker in the practical work), and unable to give consent, | 1. Many workers feel that the first paragraph of this definition which explains C.S.A. is comprehensible and quite clear. |
| 2. Includes sexual abuse in general and sexual exploitation ;includes contact and non-contact sexual abuse | 2. It talks about 'informed consent' |
| 3. Includes different aspects: society, family, pupil group, culture, and legal | 3. It lists a wide range of unlawful actives |
| 4. Has a clear behavioural list; easy to understand; suitable in practical work | 4. In terms of the law it is succinct, explicit and clear |
| 5. Explains clearly who the abusers and victims are | 5. It encompasses a wide range of working experience of C.S.A. casework |
| | 6. It talks of the power differences between victims and abusers |
| | 7. It lists the types of violations at the more serious level |
| | 8. It explains normal peer group sexual activity |
| | 9. It mentions betrayal of trust |

3. The reasons why workers chose DEFINITION III

31.6% of the U.K.'s samples chose this definition. The most important reasons appear in table 3.4-5, which are fully comprehensive and all encompassing, do not blame the child but places responsibility with the abuser. Even though just a few people chose this definition in Taiwan the reason for this is very interesting. Child prostitution is an important issue in Taiwan and this definition helps to highlight it.

Table 3.4-5: The reasons why workers chose DEFINITION III

| Taiwan | UK. |
|---|---|
| 1 .Whether or not this activity involves explicit coercion by any means | 1. This sums up C.S.A. There is no real answer if a child has ' Have me' stamped on its head. It is still C.S.A. and illegal |
| 2. Comprehensible; applicable to proposition. | 2. Because it is all-encompassing and leaves less room for all the excuse which paedophiles often make for themselves. Does not get ' bogged down' to types of offences |
| 3. Below the age of consent-- sexually mature person | 3. The definition is fully comprehensive, embracing all acts specifically named in other definitions plus any other. It does not blame the child but places responsibility with the abuser. |
| | 4. The use of the term 'sexually mature person' is broad enough to include adolescent offenders as well as adults. |
| | 5. This definition appears to be the widest ranging, encompassing all aspects of what may be regarded or appropriated as abuse |
| | 6. No blame is placed on children. Harmful effects are not always discernible in the short term |

4. The reasons why workers chose DEFINITION IV

In definition IV both countries highlight the power and domination of the adult and the subordinate position of the child. The researcher interviews with social workers in Taiwan show that incest is an important issue there, because many cases of child sexual abuse are found in families where the abuser is the father.

Table 3.4-6: The reasons why workers chose DEFINITION IV

| Taiwan | UK. |
|--|--|
| 1. It talks about the terms "all-powerful" and "dominant position", "Authority and power", and "implicitly and directly" | 1. This definition is the most comprehensive and includes child abuse, refers to powerful/dominant/subordinate position. This definition also stresses the lack of 'informed consent' on the part of the child |
| 2. Children lack emotional maturation, cognitive development /dependency and subordinate position | 2. The first paragraph is the most helpful. It highlights the child's dependency and contrasts it with the power and domination of the adult. |
| 3. Easily be accepted by social workers | 3. This refers to the 'powerful' adult who terrorises children and use their power to exact sexual gratification. |
| 4. so many cases are related to incest | |
| 5. Describe the cause of abuser | |

III. The key words/phrases social workers consider which are important in defining child sexual abuse in Taiwan and the UK

Table 3.4-7 lists all the key words/phrases with frequencies. Some key words/phrases appear in the different definitions. Even though the definitions use different words/phrases their meanings are very similar to each other. As a result, the researcher put them together from item 1 to item 7. Item 8 to item 27 shows the key words/phrases in each definition.

Table 3.4-7: Frequency of choice of key words/phrases of social workers in Taiwan and the UK

| key words/phrases | Taiwan respondent frequency % | UK. respondent frequency % | Definition |
|--|-------------------------------|----------------------------|----------------|
| 1. involve coercion, seduction, lure, persuasion, violence , | 8.60 | 6.16 | I; III; IV |
| 2. abuse behaviour, ¹ whether or not involve genital or physical contact, sexual contact, sexual activities, in any activity of a sexual nature | 15.94 | 17.18 | I; II; III; IV |
| 3. encourage, allow, permitted, implicitly, directly, abetting, children involve | 6.07 | 6.60 | II; III; IV |
| 4. dependent children, adolescents; below the age of consent; dependency and subordinate position | 9.87 | 8.81 | II; III; IV |
| 5. do not truly comprehend; lacks emotional maturation, cognitive development | 6.58 | 7.48 | II; IV |
| 6. power or force by an adult; all-powerful and dominant position of the adult or older adolescent perpetrator; authority and power | 5.06 | 9.25 | II; IV |
| 7. responsible for children; societal or specific responsibilities in relation to the child | 4.81 | 4.84 | II; III |
| | | | I |
| 8. sexual molestation & sexual exploitation | 2.27 | 5.28 | |
| 9. commercial purposes | 2.78 | 0.44 | |
| 10. giving of financial incentives | 3.29 | 0.44 | |
| | | | II |
| 11. unable to giving consent | 3.79 | 5.72 | |
| 12. violates the social taboos of family roles in prevailing culture or that is again the law | 5.06 | 3.52 | |
| 13. under the age of 18 | 4.30 | 1.76 | |
| 14. considering the warfare of all children | 0 | 0.88 | |
| 15. child involve in unlawful sexual active | 0 | 1.76 | |
| 16. 'technical offences' in the context of a 'normal' teenage relationship are excluded | 1.77 | 0.44 | II |
| | | | III |
| 17. a sexually mature person | 0.50 | 2.4 | |

¹Abuse behaviour include: exhibitionism, asking children to take their clothes off, offering pornography to children, flirting with children (non contact), fondling children's genital areas, sexual intercourse, rape, digital/penile penetration of the anus/vagina ,incest, rape, indecent assault, gross indecency(homosexual activity), buggery, indecency with children, aiding and abetting the committing of such offences, procuring, use of children in indecent pictures and exposing them to pornographic material.

| | | | |
|--|-----------------|--------------|-------------------|
| 18. by design or by neglect | 3.54 | .96 | |
| 19. lead to the sexual gratification of the sexually mature person | 1.01 | 4.40 | |
| key words/phrases | Taiwan % | UK. % | Definition |
| | | | |
| 20. whether or not initiated by the child | 1.51 | 2.20 | |
| 21. whether or not there is discernible harmful outcome in the short term | 0.25 | 2.20 | |
| 22. whether or not involves explicit coercion by any means | 3.29 | 1.76 | |
| | | | IV |
| 23. which is in sharp contrast to the child's age | 0 | 1.32 | |
| 24. incest: any form of sexual activity between a child and a parent or stepparent | 4.55 | 0.88 | |
| 25. or extended family member | 1.51 | 0.44 | |
| 26. or surrogate parent figure | 1.51 | 0.44 | |
| 27. incest: performed between persons who are prohibited to marry | 2.02 | 0 | |
| TOTAL | 100% | 100% | |

Table 3.4-8: Most frequently chosen key words/phrases of social workers in Taiwan and the UK

| key words/phrases | Taiwan respondent frequency % | UK. respondent frequency % | Definition |
|---|--------------------------------------|-----------------------------------|-------------------|
| 1. involve coercion, seduction, lure, persuasion, violence, | 8.60 | 6.16 | I; III; IV |
| 2. abuse behaviour, whether or not involve genital or physical contact, sexual contact, sexual activities, in any activity of a sexual nature | 15.94 | 17.18 | I; II; III; IV |
| 4. dependent children, adolescents; below the age of consent; dependency and subordinate position | 9.87 | 8.81 | II; III; IV |
| 6. power or force by an adult; all-powerful and dominant position of the adult or older adolescent perpetrator; authority and power | 5.06 | 9.25 | II; IV |
| | | | I |
| 8. sexual molestation & sexual exploitation | 2.27 | 5.28 | |
| 10. giving of financial incentives | 3.29 | 0.44 | |
| | | | II |
| 11. unable to giving consent | 3.79 | 5.72 | |
| 12. violates the social taboos of family roles in prevailing culture or that is against the law | 5.06 | 3.52 | |
| 13. under the age of 18 | 4.30 | 1.76 | |
| | | | III |
| 18. by design or by neglect | 3.54 | .96 | |
| 19. lead to the sexual gratification of the sexually mature person | 1.01 | 4.40 | |
| 22. whether or not involves explicit coercion by any means | 3.29 | 1.76 | |
| 23. which is in sharp contrast to the child's age | 0 | 1.32 | IV |

| | | | |
|--|------|------|--|
| 24. incest: any form of sexual activity between a child and a parent or stepparent | 4.55 | 0.88 | |
|--|------|------|--|

The researcher made table 3.4-8 according to table 3.4-7 in order to point out the most frequently chosen key words in both countries. This information also indicated the most important key words which social workers chose to identify C.S.A.. Table 3.4-8 shows:

1. From item 1 to item 7, the researcher chose the three most frequently chosen items in Taiwan and the UK in order were:

Taiwan:

Item 2: abuse behaviour, whether or not it involves genital or physical contact, sexual contact, sexual activities, and in any activity of a sexual nature

Item 4: dependent children, adolescents; below the age of consent; dependency and subordinate position

Item 1: involves coercion, seduction, lure, persuasion, and violence ,

UK:

Item 2: abuse behaviour, whether or not it involves genital or physical contact, sexual contact, sexual activities, and in any activity of a sexual nature

Item 6: power or force by an adult; all-powerful and dominant position of the adult or older adolescent perpetrator; authority and power.

Item 4: dependent children, adolescents; below the age of consent; dependency and subordinate position.

The above information indicates that both countries' samples feel a helpful definition should identify clear 'abuse behaviour'. Taiwan's data shows that item 4 (children's position) is the second most important key phrases and item 1 (involve coercion) the third most important key phrase. On the other hand, the U.K.'s data shows item 6 (adult's power) to be the most important key phrase, and item 4 (children's position) the third most important key phrases. This result

indicates that compared to the UK's social workers, Taiwanese social workers might do not aware of the issues of 'adult's power' (item 6).

2. Taiwan's samples feel that 'giving a financial incentive to the child' (item 10) in Definition I is the most important phrases in this definition while the UK's social workers feel that 'sexual molestation & sexual exploitation' which is the most important phrase.

3. Taiwan's samples of social worker feel that 'violates the social taboo of family roles in prevailing culture or that which is against the law' (item 12) and 'under the age of 18' (item 13) are important phrases in definition II, while the U.K.'s samples feel that 'unable to giving consent' (item 11) is the most important phrase.

4. Taiwan's samples feel that 'adult by design or by neglect' (item 18) is the important phrase in Definition III, while the UK's social workers feel that 'lead to the sexual gratification of the sexually mature person' (item 20) is the most important phrase in definition III.

5. Taiwan's samples of social worker feel that 'incest' (item 24) is the most important phrase in Definition IV while the U.K.'s samples feel that ' the event is in sharp contrast to the child's age' (item 23) is the most important phrase in Definition IV.

6. The most frequently chosen key words of samples of social workers in both countries are as follows:

Item 1: involve coercion, seduction, lure, persuasion, violence.

Item 2: abuse behaviour, whether or not it involves genital or physical contact, sexual contact, sexual activities, and in any activity of a sexual nature

Item 4: dependent children, adolescents; below the age of consent; dependency and subordinate position

IV. Discussion and Conclusion

These definitions include the following central points from the result. These points are also considered in the definitions of child sexual abuse found in the literature review.

1. The age of children (victims) and their emotional, physical and developmental maturity.
2. The power and position are different between children (victims) and abuser; and abusers' strategy
3. The relationship between children (victims) and abusers
4. The type of abuse

Researcher will discuss these points in this section..

1. The age of the child; emotional maturation and the cognitive development of the child.

Some definitions which do not have the child's exact age and they use the term of 'dependent children or adolescents; below the age of consent'. As Danya Glaser suggests, the advantage in using this key phrases is that it 'incorporates a notion of developmental or social norms and of the child's ability to consent to sexual contact' (Danya Glaser,1988). Both of countries also believe that the term ' below the age of consent, dependent child or adolescents' is very important in defining child sexual abuse (see table 3.4-7). On the other hand, most of the studies which the researchers have reviewed have a children's a age limit. The advantage of a definition where the children's age is limited is that it helps the researchers to identify the a specific age-range. In addition, if the child needs to enter the legal process then the age of the victim is important. In this study, Taiwanese samples of social worker believe that the term 'under the age of 18' is more important than U.K.'s samples of social worker (see table 3.4-7). The reason for this could be due to the fact that when dealing with child sexual abuse, Taiwanese samples use a different law for different age groups (age under

12 is a group; age 12 to 18 is a group). In addition, the fact that the working process and workers' right are different in Taiwan means that social workers there need to be aware of a child's age. As a result, Durham county Child Protection Procedures put the term 'age under 18' and 'unable to give consent' in order to clarify this point.

2. The power and position difference between children and adults/abusers and abuses strategy

" Power is inherent in all relations between people, expressed in different forms and varying" (Danya Glaser, 1984, p.7).

Apart from definition I (Taiwan's definition), the other three definitions put the issue of power/position in this context. Even though they use different terms (e.g. 'subordinate'; and 'all-powerful and dominant position of the adult or old adolescent') the central meaning is the same. Both counties' samples said that the phrase 'dependence and subordinate position' is very important in the definition. However, the phrase 'all-power and dominant position' is more important for the samples in the UK than those in Taiwan (see table 3.4-8). The reason for this could be due to the result that compared to the samples in the UK, Taiwanese samples might do not aware of the issue of power, so they said that the term 'involve coercion, violence' which is more important (see table 3.4-8).

"All forms of abuse have at their centre the exploitation of a power differential; this may be explicit and obvious, as where direct physical force is used, or it may be more subtle, playing on the dependency of the victim - the more scenario in child sexual abuse" (Danya Glaser,1984).

CHAPTER 3, Section 5

Results-Perceived Initial Effects on Children

Introduction

The effects include initial effects and long term effects. The survivor includes female and male victims. The main aim of this section is to analyse how survivors are affected which social workers frequently encounter. Although the samples in this study were drawn from social workers and not victims, peoples understanding of the effects of child sexual abuse can still be much enhanced. The professions and society need to face the issue that the victims are the ones to be affected.

As a result, this section will discuss the following points:

1. The initial effects on female victims in Taiwan
2. The initial effects on male victims in Taiwan
3. The comparison of initial effects on female and male victims in Taiwan
4. The initial effects on female victims in the U.K.
5. The initial effects on male victims in the U.K.
6. The comparison of initial effects on female and male victims in the U.K.
7. The comparison of initial effects on female victims in Taiwan and the U.K.
8. The comparison of initial effects on female and male victims in Taiwan and the U.K.
9. Discussions and Conclusions

I. Initial Effects on Female Victims in Taiwan(in Questionnaire, pp.2, Q1)

TABLE 3.5-1: Initial Effects on Female Victims in Taiwan

Initial Effects on Female Victims in Taiwan-The child before the age of 18.

| | | | | | | |
|-------------|------------------|---|---|---|----------------------|---|
| Do not know | Rarely encounter | | | | Frequently encounter | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| Victim's sex | girl | | | |
|---|------|------|------|----------------|
| | Mean | Mode | S.D. | % ² |
| 1. Precocious sexual activity. | 4.35 | 5 | 1.59 | |
| 2. Confusion about sexual norms. | 4.27 | 5 | 1.38 | |
| 3. Sexual knowledge & behaviour inappropriate to their age group. | 4.70 | 5 | 1.18 | |
| 4. Excessive sexual curiosity. | 3.33 | 5 | 1.78 | 11.7 |
| 5. Frequent exposure of the genitals. | 1.43 | 1 | 1.22 | 18.3 |
| 6. Aggressive behaviour. | 2.32 | 1 | 1.64 | 11.7 |
| 7. Feelings of anger & hostility. | 4.00 | 5 | 1.75 | |
| 8. Clinging behaviour. | 4.23 | 5 | 1.32 | |
| 9. Extreme dependency . | 3.70 | 4 | 1.80 | |
| 10. Criminal involvement e.g. shoplifting or stealing. | 2.74 | 1 | 1.95 | 15.0 |
| 11. Self-mutilation. | 3.51 | 5 | 1.66 | |
| 12. Low self-esteem. | 4.55 | 6 | 1.47 | |
| 13. Feelings of guilt and shame. | 4.33 | 6 | 1.53 | |
| 14. Usually feeling isolated | 4.36 | 5 | 1.42 | |
| 15. Running away from home/care. | 3.75 | 5 | 1.83 | |
| 16. Having school problems. | 4.95 | 5 | 1.03 | |
| 17. Having psycho somatic complaints e.g. sleeping/eating disorders.. | 3.95 | 6 | 1.89 | 10.0 |

² "% " means the proportion that answer " Do not know"

1. The Mode on the following items is 1 : item 5, item 6, and item 10 according to the samples of social workers' experience in Taiwan they rarely encounter these effects on female victims.

2. The Mean in item "3", "12", and "16" are higher than 4.5, and the Mode is 6 in items "13" and "17".

The above data indicates that the important initial effects on girls for victims in Taiwan, according to social workers' experiences, are as follows:

- 1) Sexual knowledge and behaviour inappropriate to their age group.
- 2) Low self-esteem.
- 3) Feelings of guilt and shame.
- 4) Having psychosomatic complaints, e.g. sleeping/eating disorders.

3. If we analyse the data in more details we can find some effects which are based on the response of some social workers in Taiwan. In some effects over 10% of the samples in Taiwan answer "do not know". These effects are as follows:

- 1) Excessive sexual curiosity.
- 2) Frequent exposure of the genitals.
- 3) Aggressive behaviour.
- 4) Criminal involvement
- 5) Having psycho somatic.

The above information implies that workers may be unfamiliar in these effects.

II. Initial Effects on Male victims in Taiwan(in Questionnaire, pp. 2, Q1)

TABLE 3.5-2: Initial Effects on Male victims in Taiwan

Initial Effects on Male Victims in Taiwan-The child before the age of 18

| | | | | | | |
|-------------|------------------|---|---|---|----------------------|---|
| Do not know | Rarely encounter | | | | Frequently encounter | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| Victim's sex | Boy | | | |
|---|------|------|------|----------------|
| | Mean | Mode | S.D. | % ³ |
| 1. Precocious sexual activity. | 1.93 | 0 | 2.32 | |
| 2. Confusion about sexual norms. | 2.09 | 0 | 2.29 | |
| 3. Sexual knowledge & behaviour inappropriate to their age group. | 2.45 | 0 | 2.60 | 21.7 |
| 4. Excessive sexual curiosity. | 2.17 | 0 | 2.25 | 20.0 |
| 5. Frequent exposure of the genitals. | .93 | 0 | 1.43 | |
| 6. Aggressive behaviour. | 1.85 | 0 | 2.30 | 20.0 |
| 7. Feelings of anger & hostility. | 2.15 | 0 | 2.37 | 20.0 |
| 8. Clinging behaviour. | 1.83 | 0 | 2.12 | |
| 9. Extreme dependency . | 1.43 | 0 | 1.89 | |
| 10. Criminal involvement e.g. shop-lifting or stealing. | 1.76 | 0 | 2.22 | |
| 11. Self-mutilation. | 1.83 | 0 | 2.12 | |
| 12. Low self-esteem. | 2.21 | 0 | 2.31 | |
| 13. Feelings of guilt and shame. | 1.90 | 0 | 2.16 | |
| 14. Usually feeling isolated | 2.05 | 0 | 2.29 | 20.0 |
| 15. Running away from home/care. | 1.88 | 0 | 2.14 | |
| 16. Having school problems. | 2.48 | 0 | 2.52 | 26.7 |
| 17. Having psycho somatic complaints e.g. sleeping/eating disorders.. | 1.66 | 0 | 2.07 | |

³ "%" means the proportion that answer " 5" over 20% of samples

1. The finding that samples of social worker in Taiwan have very little experience in dealing with male cases means that the above data is difficult to analyse. The fact that the mode in every item is .00, means that samples of social worker in Taiwan do not know whether male victims are affected or not.

2. Even though most of the samples of social worker in Taiwan (about 50% of samples) answer "do not know" in this section, there are some social workers who base their answers on their own ideas. On some items over 20% of the samples in Taiwan answer "5" (this means that this effect is frequently encountered by social workers). Those effects are frequently encountered by social workers appearing on male victims in Taiwan that are as follows:

- 1) Sexual knowledge and behaviour inappropriate to their age group.
- 2) Excessive sexual curiosity
- 3) Aggressive behaviour
- 4) Feelings of anger and hostility
- 5) Usually feeling isolation
- 6) Having school problem

3. The above information indicates that male victims who are sexually abused may be more aggressive, angry or hostile than non-abuse children according to the samples of social workers' ideas in Taiwan.

4. This data also implies that male victims are rarely reported in Taiwan in the child protection work.

III. Comparison of the initial effects on female and male victims in Taiwan

TABLE 3.5-3: Comparison of the initial effects on female and male victims in Taiwan

| INITIAL EFFECTS in Taiwan-The child before the age of 18 | | | | | | |
|--|---|---|---|---|---|------------|
| Rarely encounter | | | | | | Frequently |
| encounter | 1 | 2 | 3 | 4 | 5 | 6 |

| Victim's sex | Girl | | | Boy | | |
|---|------|------|------|------|------|-------|
| | Mean | Mode | S.D. | Mean | Mode | S.D.. |
| 1. Precocious sexual activity. | 4.58 | 5 | 1.26 | 4.30 | 4 | 1.28 |
| 2. Confusion about sexual norms. | 4.35 | 5 | 1.26 | 4.28 | 5 | 1.11 |
| 3. Sexual knowledge & behaviour inappropriate to their age group. | 4.70 | 5 | 1.18 | 4.90 | 5 | 1.15 |
| 4. Excessive sexual curiosity. | 3.77 | 5 | 1.38 | 4.09 | 5 | 1.27 |
| 5. Frequent exposure of the genitals. | 1.75 | 1 | 1.12 | 2.54 | 3 | 1.22 |
| 6. Aggressive behaviour. | 2.63 | 1 | 1.49 | 3.82 | 5 | 1.83 |
| 7. Feelings of anger & hostility. | 4.28 | 5 | 1.43 | 4.30 | 5 | 1.36 |
| 8. Clinging behaviour. | 4.30 | 5 | 1.20 | 3.79 | 3 | 1.34 |
| 9. Extreme dependency . | 3.96 | 4 | 1.56 | 3.18 | 3 | 1.52 |
| 10. Criminal involvement e.g. shoplifting or stealing. | 3.24 | 1 | 1.69 | 3.92 | 4 | 1.54 |
| 11. Self-mutilation. | 3.70 | 5 | 1.48 | 3.72 | 5 | 1.43 |
| 12. Low self-esteem. | 4.55 | 6 | 1.47 | 4.15 | 3 | 1.37 |
| 13. Feelings of guilt and shame. | 4.33 | 6 | 1.53 | 3.67 | 3 | 1.55 |
| 14. Usually feeling isolated | 4.51 | 5 | 1.18 | 4.24 | 5 | 1.21 |
| 15. Running away from home/care. | 4.03 | 5 | 1.58 | 3.76 | 4 | 1.43 |
| 16. Having school problems. | 4.95 | 5 | 1.03 | 4.80 | 5 | 1.01 |
| 17. Having psycho somatic complaints e.g. sleeping/eating disorders.. | 4.38 | 6 | 1.43 | 3.70 | 3 | 1.38 |

The researcher provided Table 3.5-3 in order to compare samples of social workers' perceived initial effects on different gender victims in Taiwan and took out the samples who answered "do not know" in this part. Table 3.5-3 highlights some interesting information⁴:

⁴This analysis is based on the Mode score

1. Item "5": 'Frequent exposure of the genitals' rarely affects female and male victims according to samples of social workers' working experience in Taiwan.
2. Item " 6": Aggressive behaviour" rarely affects female victims but it i frequently affects male victims according to samples of social workers' perception in Taiwan.
3. Some items are more likely to affect female victims than male survivors according to social workers' responses in Taiwan e.g.:
 - 1) Clinging behaviour 2) Self-mutilation.
 - 3) Low self-esteem 4) Feelings of guilt and shame.
4. The Mean scores in the section 'initial effects on male victims' are lower than in the section 'the initial effects on girls'(apart from item 4, 5, 7 and item 10). This information implies that the samples in Taiwan feel the initial effects of sexual abuse will affect more seriously female victims than male victims in Taiwan.

TABLE 3.5-4: The first six most frequently encountered initial effects on male and female victims in Taiwan

| Country | Taiwan |
|---|---|
| Female victim | Male victim |
| 1. Having school problems. | 1. Sexual knowledge & behaviour inappropriate to their age group. |
| 2. Sexual knowledge & behaviour inappropriate to their age group. | 2. Having school problems. |
| 3. Precocious sexual activity. | 3. Precocious sexual activity. |
| 4. Low self-esteem. | 4. Feelings of anger & hostility. |
| 5. Usually feeling isolation | 5. Confusion about sexual norms. |
| 6. Having psycho somatic complaints e.g. sleeping/eating disorders. | 6. Usually feeling isolation |

Table 3.5-4 shows the first six most frequently encountered initial effects of sexual abuse on female and male survivors, according to samples of social worker in Taiwan. The researcher puts these effects in order of important. In

these twelve effects there are four different items which distinguishes the females from the males:

- 1) Low self-esteem.(female),
- 2) Having psycho somatic complaints e.g. sleeping/eating disorders.(female)
- 3) Feelings of anger & hostility (male)
- 4) Confusion about sexual norms.(male)

This information suggests that when professions face a female or a male victim they might need to notice these effects on the child and know how to help them overcome them.

IV. Initial Effects on Female Victims in the UK(Questionnaire, pp.2, Q1)

Table 3.4-5 shows that the initial effects on girls which social workers encounter most frequently in the U.K. are as follows:

- 1) Sexual knowledge and behaviour inappropriate to their age group (Mode is "6")
- 2) Low self-esteem (Mode is 6)
- 3) Feelings of guilt and shame (Mode is 6)

There are two items whose Modes are "5" but the Mean is more than 4.50. For this reason the researcher put them into the Frequently encountered items in the UK:

- 1) Feelings of anger and hostility
- 2) Having school problems

The rarely encountered initial effects on girls according to the social workers' working experience in the UK are as follows:

- 1) Frequent exposure of the genitals
- 2) Extreme dependency

There is one item whose Mode is located at "3" and "5". This data suggests that samples of social workers in the UK may be having different experiences in this item.

TABLE 3.5-5: Initial Effects on Female Victims in the UK

Initial Effects on Female Victims in the UK -The child before the age of 18

| | | | | | | |
|-------------|------------------|---|---|---|----------------------|---|
| Do not know | Rarely encounter | | | | Frequently encounter | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| Victim's sex | Girl | | |
|---|------|------|------|
| | Mean | Mode | S.D. |
| Frequency | | | |
| 1. Precocious sexual activity. | 3.94 | 4 | 1.26 |
| 2. Confusion about sexual norms. | 4.33 | 4 | 1.02 |
| 3. Sexual knowledge & behaviour inappropriate to their age group. | 5.05 | 6 | 1.07 |
| 4. Excessive sexual curiosity. | 3.89 | 4 | 1.24 |
| 5. Frequent exposure of the genitals. | 1.82 | 1 | 1.11 |
| 6. Aggressive behaviour. | 3.31 | 5 | 1.66 |
| 7. Feelings of anger & hostility. | 4.63 | 5 | 1.21 |
| 8. Clinging behaviour. | 3.47 | 5 | 1.50 |
| 9. Extreme dependency . | 3.10 | 2 | 1.24 |
| 10. Criminal involvement e.g. shoplifting or stealing. | 3.15 | 4 | 1.30 |
| 11. Self-mutilation. | 3.73 | 3 | 1.59 |
| 12. Low self-esteem. | 5.05 | 6 | .97 |
| 13. Feelings of guilt and shame. | 5.15 | 6 | 1.11 |
| 14. Usually feeling isolated | 4.31 | 5 | 1.05 |
| 15. Running away from home/care. | 3.84 | 4 | 1.57 |
| 16. Having school problems. | 4.47 | 5 | 1.21 |
| 17. Having psycho somatic complaints e.g. sleeping/eating disorders.. | 4.26 | 5 | 1.36 |

V. Initial Effects on Male Victims in the U.K.

TABLE 3.5-6: Initial Effects on Male Victims in the U.K.

Initial Effects on Male Victims in the UK -The child before the age of 18

| | | | | | | | |
|-------------|------------------|---|---|---|---|----------------------|--|
| Do not know | Rarely encounter | | | | | Frequently encounter | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |

| Gender | BOY | | |
|---|------|---------------|------|
| | Mean | Mode | S.D. |
| 1. Precocious sexual activity. | 2.63 | 1/4/5/ | 1.82 |
| 2. Confusion about sexual norms. | 3.42 | 5 | 2.21 |
| 3. Sexual knowledge & behaviour inappropriate to their age group. | 3.52 | 6 | 2.34 |
| 4. Excessive sexual curiosity. | 3.15 | 4 | 1.74 |
| 5. Frequent exposure of the genitals. | 2.10 | 0/1/2/ 3/ | 1.69 |
| 6. Aggressive behaviour. | 3.36 | 4 | 1.89 |
| 7. Feelings of anger & hostility. | 3.89 | 5 | 1.94 |
| 8. Clinging behaviour. | 2.10 | 2 | 1.48 |
| 9. Extreme dependency . | 2.15 | 2 | 1.07 |
| 10. Criminal involvement e.g. shoplifting or stealing. | 3.05 | 4 | 1.92 |
| 11. Self-mutilation. | 2.15 | 2 | 1.46 |
| 12. Low self-esteem. | 3.78 | 5 | 2.07 |
| 13. Feelings of guilt and shame. | 3.95 | 6 | 2.43 |
| 14. Usually feeling isolated | 3.57 | 5 | 1.89 |
| 15. Running away from home/care. | 3.05 | 3/1/2/ 4/5 | 1.92 |
| 16. Having school problems. | 3.57 | 3/5 | 1.98 |
| 17. Having psycho somatic complaints e.g. sleeping/eating disorders.. | 2.84 | 5 | 2.00 |

1. The most frequently encountered items in the initial effects on male victims by samples of social worker in the U.K. are as follows:

1) Sexual knowledge and behaviour inappropriate to their age group (Mode is "6"; Mean is 3.44). This item has a similar effects on female victims according to social workers' responses in the UK.

2) Feelings of guilt and shame.(Mode is "6", Mean is 3.89) This item has a similar effects on female victims according to samples' responses in the UK.

Even though the Mode for these two items is "6", their Mean is not high. This data suggests that samples' ideas in this part of initial effects on male victims are different from each other in the UK. The researcher's interviews with the social workers in the UK also prove this point. Even though samples of social worker have more working experience with male victims than workers in Taiwan. On the other hand, social workers in the UK have more experience in dealing with male victims than Taiwanese social workers, they still feel that male victims are not reported enough. Therefore some of samples found it very difficult to answer this section.

2. The most rarely encountered items in the initial effects on male victims by samples of social worker in the U.K. are as follows:

1) Frequent exposure of the genitals. This item has a similar effect on female victims according to samples of social workers response in the UK. The Mode is 0, 1, and 2. This information shows that workers have different ideas about this item.

2) clinging behaviour. This item has a different effect on female victims according to samples' responses in the UK.

3) Extreme dependency. This item has a similar effects on female victims according to samples of social workers' responses in the UK.

4) Self-mutilation. This item has a different effect on female victims according to samples of social workers' responses in the UK.

3. The following items have more than one Mode score:

1) Confusion about sexual norms. The Mode is "0" (Do not know), "4" and "5" (middle range encounter)

2) Running away from home/care. The Mode is "0" (Do not know), "2" (Rarely encounter), "3" and "4" (middle range encounter), "5" (Frequently encounter).

The above information also shows that the attitude of samples of social worker is quite different from each other in those items.

VI. Comparison of the initial effects on female and male victims in the U.K.

Table 3.5-7 indicates some items which are frequently encountered in both female and male victims by social workers in the U.K.. These effects are as follows:

Item 3: Sexual knowledge & behaviour inappropriate to their age group.

Item 12: Low self-esteem.

Item 13: Feelings of guilt and shame.

Table 3.5-7 also shows that item 8: 'Clinging behaviour' is frequently encountered in female victims but not in male victims. Item 9: 'Extreme dependency' is rarely encountered in both female and male victims. The Mean scores in the section 'initial effects on the male victims' are lower than in the section 'the initial effects on girls'. (apart from items 5 and 6) This information suggests that the samples feel that the sexually abused initial effects will be more serious in female victims than in male victims.

TABLE 3.5-7: Comparison of the initial effects on female and male victims in the U.K.

INITIAL EFFECTS in the UK -The child before the age of 18

| | | | | | | | |
|-------------|------------------|---|---|---|---|----------------------|--|
| Do not know | Rarely encounter | | | | | Frequently encounter | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |

| Victim's sex | Girl | | | Boy | | |
|---|------|------|------|------|---------------|------|
| | Mean | Mode | S.D. | Mean | Mode | S.D. |
| 1. Precocious sexual activity. | 3.94 | 4 | 1.26 | 2.63 | 1/4/5/ | 1.82 |
| 2. Confusion about sexual norms. | 4.33 | 4 | 1.02 | 3.42 | 5 | 2.21 |
| 3. Sexual knowledge & behaviour inappropriate to their age group. | 5.05 | 6 | 1.07 | 3.52 | 6 | 2.34 |
| 4. Excessive sexual curiosity. | 3.89 | 4 | 1.24 | 3.15 | 4 | 1.74 |
| 5. Frequent exposure of the genitals. | 1.82 | 1 | 1.11 | 2.10 | 0/1/2/ 3/ | 1.69 |
| 6. Aggressive behaviour. | 3.31 | 5 | 1.66 | 3.36 | 4 | 1.89 |
| 7. Feelings of anger & hostility. | 4.63 | 5 | 1.21 | 3.89 | 5 | 1.94 |
| 8. Clinging behaviour. | 3.47 | 5 | 1.50 | 2.10 | 2 | 1.48 |
| 9. Extreme dependency . | 3.10 | 2 | 1.24 | 2.15 | 2 | 1.07 |
| 10. Criminal involvement e.g. shoplifting or stealing. | 3.15 | 4 | 1.30 | 3.05 | 4 | 1.92 |
| 11. Self-mutilation. | 3.73 | 3 | 1.59 | 2.15 | 2 | 1.46 |
| 12. Low self-esteem. | 5.05 | 6 | .97 | 3.78 | 5 | 2.07 |
| 13. Feelings of guilt and shame. | 5.15 | 6 | 1.11 | 3.95 | 6 | 2.43 |
| 14. Usually feeling isolated | 4.31 | 5 | 1.05 | 3.57 | 5 | 1.89 |
| 15. Running away from home/care. | 3.84 | 4 | 1.57 | 3.05 | 3/1/2/ 4/5 | 1.92 |
| 16. Having school problems. | 4.47 | 5 | 1.21 | 3.57 | 3/5 | 1.98 |
| 17. Having psycho somatic complaints e.g. sleeping/eating disorders.. | 4.26 | 5 | 1.36 | 2.84 | 5 | 2.00 |

The first six frequently encountered initial effects

Table 3.5-8 shows the first six frequently encountered initial effects of sexual abuse on female and male victims, according to samples of social workers' responses in the UK. These effects are arranged in order of important by the researcher. These effects are very similar in female and male victims according to samples of social workers' responses in the UK. The only two different effects

are ' Confusion about sexual norms.' (samples of social worker encounter this effect to affect female victims) and 'Usually feeling isolated'(samples of social worker encounter this effect to affect male victims)

TABLE 3.5-8: The first six frequently encountered initial effects

| Country | UK |
|---|---|
| Female victim | Male victim |
| 1. Feelings of guilt and shame. | 1. Feelings of guilt and shame. |
| 2. Low self-esteem. | 2. Feelings of anger & hostility. |
| 3. Sexual knowledge & behaviour inappropriate to their age group. | 3. Low self-esteem. |
| 4. Feelings of anger & hostility. | 4. Usually feeling isolated |
| 5. Having school problems. | 5. Having school problems. |
| 6. Confusion about sexual norms. | 6. Sexual knowledge & behaviour inappropriate to their age group. |

VIII. Comparing initial effects on female victims in Taiwan and the UK.

Table 3.5-9 shows that the initial effects of item 5(Frequent exposure of the genitals) is rarely encountered in female victims by samples of social worker in Taiwan and the UK..

This table also indicates that the initial effects of item 6 (Aggressive behaviour) and item 10 (Criminal involvement) are rarely encountered on female victims by samples of social worker in Taiwan, compared to the U.K.. Item 12 (Low self-esteem) and item 13 (Feelings of guilt and shame) are frequently encountered by female victims according to the samples of social workers' responses in Taiwan and the UK.

TABLE 3.5-9: Comparing initial effects on female victims in Taiwan and the UK.

Initial Effects on female victims in Taiwan and the UK -The child before the age of 18

Do not know 0 Rarely encounter 1 2 3 4 5 Frequently encounter 6

| Country | Taiwan | | | UK. | | |
|---|--------|------|------|------|------|------|
| | Mean | Mode | S.D. | Mean | Mode | S.D. |
| Gender | girl | | | | | |
| Frequency | | | | | | |
| 1. Precocious sexual activity. | 4.35 | 5 | 1.59 | 3.94 | 4 | 1.26 |
| 2. Confusion about sexual norms. | 4.27 | 5 | 1.38 | 4.33 | 4 | 1.02 |
| 3. Sexual knowledge & behaviour inappropriate to their age group. | 4.70 | 5 | 1.18 | 5.05 | 6 | 1.07 |
| 4. Excessive sexual curiosity. | 3.33 | 5 | 1.78 | 3.89 | 4 | 1.24 |
| 5. Frequent exposure of the genitals. | 1.43 | 1 | 1.22 | 1.82 | 1 | 1.11 |
| 6. Aggressive behaviour. | 2.32 | 1 | 1.64 | 3.31 | 5 | 1.66 |
| 7. Feelings of anger & hostility. | 4.00 | 5 | 1.75 | 4.63 | 5 | 1.21 |
| 8. Clinging behaviour. | 4.23 | 5 | 1.32 | 3.47 | 5 | 1.50 |
| 9. Extreme dependency . | 3.70 | 4 | 1.80 | 3.10 | 2 | 1.24 |
| 10. Criminal involvement e.g. shoplifting or stealing. | 2.74 | 1 | 1.95 | 3.15 | 4 | 1.30 |
| 11. Self-mutilation. | 3.51 | 5 | 1.66 | 3.73 | 3 | 1.59 |
| 12. Low self-esteem. | 4.55 | 6 | 1.47 | 5.05 | 6 | .97 |
| 13. Feelings of guilt and shame. | 4.33 | 6 | 1.53 | 5.15 | 6 | 1.11 |
| 14. Usually feeling isolated | 4.36 | 5 | 1.42 | 4.31 | 5 | 1.05 |
| 15. Running away from home/care. | 3.75 | 5 | 1.83 | 3.84 | 4 | 1.57 |
| 16. Having school problems. | 4.95 | 5 | 1.03 | 4.47 | 5 | 1.21 |
| 17. Having psycho somatic complaints e.g. sleeping/eating disorders.. | 3.95 | 6 | 1.89 | 4.26 | 5 | 1.36 |

Table 3.5-10 shows the first five most frequently encountered initial effects of sexual abuse on female victims in order of important. Even though the order is different in Taiwan and the UK the first five initial effects on female victims are still very similar in both countries. The only two different items are 'Usually feeling isolated'(social workers encounter this effect in female victims in

Taiwan) and 'Feelings of anger & hostility' (social workers encounter this effect in female victims in the UK.)

TABLE 3.5-10: The first five most frequently encountered initial effects on female victims in Taiwan and the UK

| Taiwan: Female victim | UK.: Female victim |
|---|---|
| 1. Having school problems. | 1. Feelings of guilt and shame. |
| 2. Sexual knowledge & behaviour inappropriate to their age group. | 2. Low self-esteem. |
| 3. Precocious sexual activity. | 3. Sexual knowledge & behaviour inappropriate to their age group. |
| 4. Low self-esteem. | 4. Feelings of anger & hostility. |
| 5. Usually feeling isolated | 5. Having school problems. |

VIII. Comparing initial effects on male victims in Taiwan and the UK

Table 3.5-11 shows that some initial effects on male victims are frequently encountered by samples of social worker in Taiwan and the UK:

Item 2: Confusion about sexual norms.

Item 3: Sexual knowledge & behaviour inappropriate to their age group.

Item 7: Feelings of anger & hostility.

Item 14: Usually feeling isolated

This table also shows that item 13(Feelings of guilt and shame) is more frequently encountered by workers in the UK. than in Taiwan.

TABLE 3.5-11: Comparing initial effects on male victims in Taiwan and the UK

Initial Effects on male victims in Taiwan and the UK -The child before the age of 18

| | | | | | | |
|--------------------------|------------------|---|---|---|---|------------|
| Do not know encounter | Rarely encounter | | | | | Frequently |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| Country | Taiwan | | | UK. | | |
|---|--------|------|------|------|---------------|------|
| Victim's sex | Boy | | | Boy | | |
| Frequency | Mean | Mode | S.D. | Mean | Mode | S.D. |
| 1. Precocious sexual activity. | 4.30 | 4 | 1.28 | 2.63 | 1/4/5/ | 1.82 |
| 2. Confusion about sexual norms. | 4.28 | 5 | 1.11 | 3.42 | 5 | 2.21 |
| 3. Sexual knowledge & behaviour inappropriate to their age group. | 4.90 | 5 | 1.15 | 3.52 | 6 | 2.34 |
| 4. Excessive sexual curiosity. | 4.09 | 5 | 1.27 | 3.15 | 4 | 1.74 |
| 5. Frequent exposure of the genitals. | 2.54 | 3 | 1.22 | 2.10 | 0/1/2/ 3/ | 1.69 |
| 6. Aggressive behaviour. | 3.82 | 5 | 1.83 | 3.36 | 4 | 1.89 |
| 7. Feelings of anger & hostility. | 4.30 | 5 | 1.36 | 3.89 | 5 | 1.94 |
| 8. Clinging behaviour. | 3.79 | 3 | 1.34 | 2.10 | 2 | 1.48 |
| 9. Extreme dependency . | 3.18 | 3 | 1.52 | 2.15 | 2 | 1.07 |
| 10. Criminal involvement for example, shoplifting or stealing. | 3.92 | 4 | 1.54 | 3.05 | 4 | 1.92 |
| 11. Self-mutilation. | 3.72 | 5 | 1.43 | 2.15 | 2 | 1.46 |
| 12. Low self-esteem. | 4.15 | 3 | 1.37 | 3.78 | 5 | 2.07 |
| 13. Feelings of guilt and shame. | 3.67 | 3 | 1.55 | 3.95 | 6 | 2.43 |
| 14. Usually feeling isolation | 4.24 | 5 | 1.21 | 3.57 | 5 | 1.89 |
| 15. Running away from home/care. | 3.76 | 4 | 1.43 | 3.05 | 3/1/2/ 4/5 | 1.92 |
| 16. Having school problems. | 4.80 | 5 | 1.01 | 3.57 | 3/5 | 1.98 |
| 17. Having psycho somatic complaints e.g. sleeping/eating disorders.. | 3.70 | 3 | 1.38 | 2.84 | 5 | 2.00 |

TABLE 3.5-12: The first six most encountered effects on male victims in Taiwan and the UK

| Taiwan: Male victim | UK.: Male victim |
|---|---|
| 1. Sexual knowledge & behaviour inappropriate to their age group. | 1. Feelings of guilt and shame. |
| 2. Having school problems. | 2. Feelings of anger & hostility. |
| 3. Precocious sexual activity. | 3. Low self-esteem. |
| 4. Feelings of anger & hostility. | 4. Usually feeling isolated |
| 5. Confusion about sexual norms. | 5. Having school problems. |
| 6. Usually feeling isolated | 6. Sexual knowledge & behaviour inappropriate to their age group. |

Table 3.5-12 show that the first six most frequently encountered initial effects of sexual abuse on male victims by samples of social worker in Taiwan and the UK.. There are different effects between Taiwan and the UK. as below:

1. Confusion about sexual norms.(Taiwanese social workers encounter this effect in male victims)
2. Precocious sexual activity. (Taiwanese social workers encounter this effect in male victims)
3. Feelings of guilt and shame.(social workers encounter this effect in male victims in the UK.)
4. Low self-esteem. (social workers encounter this effect in male victims in the UK.)

This result suggests that samples of social worker in Taiwan and the UK have a different attitude to 'the initial effects on male victims' compared to 'the initial effects on female victims'.

X. CHI-SQUARE ANALYSES of the FREQUENCY SCORES

1. Initial effects on female victims by country.(UK/Taiwan)

The Chi-square analysis of the frequency scores for the items below show that the significant result for Taiwan and the UK.. in the section "Initial effects on female victims". The answer "0.00" equals "Do not know"; the answer "1.00"

equals "Rarely encountered" the effect; the answer "2.00" equals "Frequently encountered" the effect.

1) Item 6: Aggressive behaviour (initial effect on female victims)

A Chi-square analyses of the frequency scores for item 6 shows a significant result [$X^2 (2)=8.70, P=0.012$].

This data indicates that different countries will affect the samples' response. The result shows that this initial effect on female victims of aggressive behaviour is "Frequently encountered" in the UK and "Rarely encountered" in Taiwan.

2) Item 9: Extreme dependency (initial effect on female victims)

A Chi-square analyses of the frequency scores for item 9 shows a significant result [$X^2 (2)=7.00, P=0.030$]. The samples response ("Frequently encountered" or "Rarely encountered") depends on which country they come from. The result shows that the effect on female victims of extreme dependency was "Rarely encountered" by social workers in the UK and "Frequently encountered" by social workers in Taiwan.

3) Item 13: Feeling of guilt and shame (initial effect on female victims)

A Chi-square analyses of the Frequency scores for item 13 shows a significant result [$X^2 (1)=5.32, P=0.021$]. The samples response in the section "the initial effects on female victims"("Rarely encountered" or "Frequently encountered") depends on which country they come from.

The table 3.5-15 shows that the effect on female victims of guilt and shame is "Frequently encountered" by social workers in the UK and Taiwan.

2. Initial Effects on male victims by Country (UK/Taiwan)

This section was divided into three ranges: "0" (Do not know), "1" (Rarely encounter) and "2" (Frequently encounter). The result of Chi-square analyses in

this section showed the most significant result in the whole section. The researcher suspected that it was due to the fact that over 50% of the samples in Taiwan responded "Do not know". Therefore, the researcher converted the "do not know" data into "Missing value". After this, the result of Chi-square analyses in this section left just three items showing a significant result. The researcher chose the last result to describe the meaning of the data.

The Chi-square analyses of the frequency scores for these items shows the significant result for the UK and Taiwan in the section "Initial effects on male victims". If social workers responded "1" the effect will be "Rarely encounter" on male victims; if the social workers answered "2" the effect will be "Frequently encounter" on male victims. In order to answer this section on the initial effects on male victims, the social workers in both the UK and Taiwan relied on their own ideas. They may or may not have experience in dealing with male victims or not.

1) Item 11: Self-mutilation (initial effect on male victims)

The Chi-square analyses of the frequency scores for item 11 (self-mutilation) shows the significant result [$\chi^2 (1)=4.68, P=0.03$]. The samples response depends on which country they come from. While Table 3.5-16 shows that the effect on male victims of self-mutilation is "Rarely encountered" by social workers in the UK, it is both 2 "rarely encountered" and "Frequently encountered" by social workers in Taiwan.

2) Item 16: Having school problems (initial effect on male victims)

The Chi-square analyses of the frequency scores for item 16 (Having school problems) shows the significant result [$\chi^2 (1)=3.811, P=0.05$]. The samples response depend on which country they come from. Table 3.5-17 shows that the initial effect on male victims of having school problems is "Frequently

encountered" by social workers in the UK and Taiwan. However, the percentage is higher in Taiwan than in the UK.(87.1% vs. 62.5%).

XI. Discussions and Conclusions

According to the responses in Taiwan there are three items (Having school problems, Sexual knowledge & behaviour inappropriate to their age group, and Precocious sexual activity) which are the same in male and female victims and four items which are different(Low self-esteem, Having psycho somatic complaints, Feelings of anger & hostility, and Confusion about sexual norms). On the other hand, according to the responses in the UK, there are four items which are the same in male and female victims and just two items which are different. As a result, the attitudes of social workers in the UK to the initial effects on male and female victims are very similar, unlike those in Taiwan.

The initial effect on female victims are rated more highly than male victims in both countries. This suggests that social workers feel that the initial effects are more serious for female victims than male victims in both countries. This result supports Baker's study which suggests that women come off much worse than men (Baker, A. and Duncan, S. 1985).

According to the responses from Taiwan and the UK relating to the first five initial effects on females which are frequently encountered by social workers there are three items which are the same (Having school problems, Sexual knowledge & behaviour inappropriate to their age group, and Low self-esteem) in both countries and two which are different.(Usually feelings isolated and Feelings of guilt and shame) At the same time, the initial effects for male victims which are frequently encountered by social workers in Taiwan and the UK show that there are three items which are the same in both countries and four items which are different. This result indicates that the attitude of social workers in the

UK and Taiwan to the initial effects on female victims , compared to male victims, is very similar.

The initial effects on female victims show significant differences in Taiwan and the UK:

- 1) Aggressive behaviour: the respondents in the UK frequently encounter this effect on female victims while social workers in Taiwan do not .
- 2) Extreme dependency: the respondents in Taiwan frequently encounter this effect on female victims while social workers in the UK do not.
- 3) Feelings of guilt and shame: the fact that the respondents in the UK frequently encounter this effect on female victims ensures that social workers in the UK are more concerned with this effect than social workers in Taiwan.

The ratings of initial effects on male victims are frequently encountered by social workers which show significant differences between Taiwan and the UK:

- 1) Self-mutilation: the fact that social workers in Taiwan frequently encounter this effect on male victims ensures that social workers in Taiwan are more concerned with this effect than social workers in Taiwan.
- 2) Have school problem: Although social worker in both countries frequently encounter this effect on male victims, workers in Taiwan are more concerned with this effect than social workers in the UK.

The questions relating to the effects on victims in this study are based on Finkelhor's the Traumagenic Dynamics Model. The researcher developed this structure and the other studies in order to incorporate the initial and long-term effects on victims into this Model. The questionnaire was designed to reflect this framework according to the literature review of effects on children.

The reasons why the researcher choose this Mode for the foundation of this part of the study are as follows:

1) This Model divided the different effects into four categories. This advantage was not easy to find in the other studies.

2) This Model does not just describe the victims' behaviour but also explains the traumagenic dynamics of the behaviour. In addition, it also describes how these dynamic develop into different behaviours. (see the literature review of effects on children and the methodology for more details)

As a result, the Model was used to draw up the first five initial effects which workers frequently encounter as the table below show. In this Model four traumagenic dynamics account for the impact of sexual abuse: traumatic, betrayal, stigmatisation and powerless.

In each traumagenic dynamic there are several distinct processes which contribute to the dynamic. Each traumagenic dynamic is also connected to different effects of child sexual abuse (see the literature review of effects on C.S.A. for more details).

Table 3.5-18 shows that the first five initial effects on female and male victims are evenly allocated in the four traumagenic dynamic.

Table 3.5-18 highlights the following information:

1. Workers in Taiwan did not frequently encounter the Betrayal dynamic (Feelings of anger and hostility) as an initial effect on Female victims. Maybe young female victims suddenly showed their anger and hostility to words the social workers. The reason for this point needs more detailed research.

As Danya Glaser and Stephen Frosh argue,

"dependency is a defining necessary element of childhood, and children have a right to enter into it with trust".

As a result, it is reasonable to suggest that children have betrayal feelings after being sexually abused.

Ruth Porter(1984) suggests:

" the victim has difficulty in expressing their anger, because of the intensity of their anger feelings towards their mother for failing to protect them, as well as towards their father ".

Perhaps this is one of the reason why young female victims in Taiwan do not express their anger.

2. Workers in the UK did not frequently encounter the Traumatic dynamic (Sexual knowledge and Behaviour inappropriate to their age group; confusion about the sexual norms) as an initial effect on male victims. The reason for this point needs more detailed research.

TABLE 3.5-13: Initial effects in Four Traumgenic Dynamics Model

| Four Traumgenic Dynamics | Taiwan | | UK | |
|--|--------|------|--------|------|
| | Female | Male | Female | Male |
| Traumatic | | | | |
| 1. Sexual knowledge & behaviour inappropriate to their age group | 2 | 1 | 3 | |
| 2. Confusion about sexual norms | | 4 | | |
| Betrayal | | | | |
| 1. Feelings of anger and hostility | | 3 | 4 | 2 |
| Stigmatisation | | | | |
| 1. Low self-esteem | 3 | 5 | 2 | 3 |
| 2. Usually feeling isolated | 5 | | | 4 |
| Powerless | | | | |
| 1. Having school problems | 1 | 2 | 5 | 5 |
| 2. Feelings of guilt and shame | 4 | | 1 | 1 |

CHAPTER 3, Section 6

Results-Perceived Long Term Effects on Children

Introduction

The effects of sexual abuse include initial effects and long term effects. The long term effects indicates the effects on the victims after the age 18. The main aim of this section is to explore what kind of long term effects social workers frequently encounter with the survivor after age 18.

Although samples of social worker do not have many chances to face victims after the age of 18, this knowledge will help workers having a prehensile view to dealing with child sexual abuse cases. If a social worker particularly works with adults or family then this knowledge is necessary, as some clients' appearing problems may be connect with sexual abuse. As a result, if social workers have an understanding the long-term effects this will help social workers to be more sensitive the connection, between cases' current difficulties and the past experience.

The effects on victims may differ depending on the gender of the survivor. This is an important knowledge foundation when a social worker faces a victim. It also help social workers have knowledge about gender as a factor in their action plan for the victim when it need. The effects on victims may also be different in different country under different culture or may be similar.

This section will show social workers perceptions of long-term effects on sexual abuse survivors in different country. As a result, this section will discuss some points as follow:

1. Long-Term effects on female victims in Taiwan
2. Long-Term effects on male victims in Taiwan
3. A Comparison of Long-Term effects on female and male victims in Taiwan
4. Long-Term effects on female victims in the UK.

5. Long-Term effects on male victims in the UK.
6. A Comparison of Long-Term effects on female and male victims in the UK.
7. A Comparison of Long-Term effects on female victims in Taiwan and the UK.
8. A Comparison of Long-Term effects on female and male victims in Taiwan and the UK.
9. Chi-Square Analyses of the Frequency Scores
10. Summary and Conclusion

I. Long-Term Effects on Female Survivors in Taiwan(Questionnaire, pp. 3, Q2)

TABLE 3.6-1: Long-Term Effects on Female Survivors in Taiwan

| | | | | | | | |
|-------------|------------------|---|---|---|---|---|----------------------|
| Do not know | Rarely encounter | | | | | | Frequently encounter |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |

| Survivor gender | Female Survivor | | | | |
|--|-----------------|------|------|------|----------------|
| | Frequency | Mean | Mode | S.D. | % ⁵ |
| 1. Able to enjoy sex | 1.61 | 1 | 1.34 | 16.7 | |
| 2. Protect their own children better. | 2.01 | 1 | 1.40 | 10.0 | |
| 3. Become abusers. | 3.76 | 5 | 1.52 | | |
| 4. Unable to form or maintain stable relationships. | 4.53 | 5 | 1.15 | | |
| 5. Permit their own children to be victimised. | 2.81 | 4 | 1.90 | 16.7 | |
| 6. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. | 3.61 | 5 | 2.07 | 18.3 | |
| 7. Have promiscuous tendencies. | 4.43 | 5 | 1.33 | | |
| 8. Are afraid of women/men. | 3.98 | 4 | 1.63 | | |
| 9. Are afraid to be alone, extreme dependency. | 3.75 | 4 | 1.41 | | |
| 10. Have emotional upset or depression. | 4.55 | 5 | 1.26 | | |
| 11. Have suicidal thoughts / tendencies. | 4.25 | 5 | 1.43 | | |
| 12. Feel different from others. | 4.70 | 5 | 1.28 | | |
| 13. Feel the events surrounding them are unreal | 3.80 | 5 | 1.62 | | |
| 14. Have psycho somatic complaints e.g. eating /sleeping disorders. | 4.16 | 5 | 1.60 | | |
| 15. Have a drug and/or alcohol problem. | 4.11 | 5 | 1.37 | | |
| 16. Withdraw from usual activities and friends | 4.21 | 5 | 1.48 | | |
| 17. Do not like his/her own body. | 4.41 | 5 | 1.40 | | |
| 18. Feel nervousness & extreme tension. | 4.43 | 5 | 1.09 | | |

5. "% " means the proportion responding " Do not know " in that item.

Table 3.6-1 shows:

1. Item 1: Able to enjoy sex. and

Item 2: Protect their own children better.

have the lowest Mean and Mode in this section. This indicate that these two long-term effects are rarely encountered happening to female victims by social workers in Taiwan .

2. Some effects have a Mean of over or near 4.50. This indicates that those effects are quite often encountered to female victims when compared with the other effects.

Those long-term effects that are frequently encountered by social workers in Taiwan happen to female victims are as follows:

Item 4: Unable to form or maintain stable relationships.

Item 7: Have promiscuous tendencies.

Item 10: Have emotional upset or depression.

Item 12: Feel different from others.

Item 17: Do not like her own body.

Item 18: Feel nervousness and extreme tension.

Children's Homes put incest cases and child prostitution cases together so there is no differentiation between incest cases and prostitute cases. (this information is from the interview with social workers in Taiwan)

3. Four of the long-term effects received an answer of 'do not know' in excess of 10% of the sample's respondents in Taiwan. These are:

Item 1: Able to enjoy sex.

Item 2: Protect their own children better.

Item 5: Permit their own children to be victimised.

Item 5: Experience sexual dysfunction.

This implicates social workers in Taiwan unfamiliar with those long-term effects.

III. Long -term effects on male survivors in Taiwan (Questionnaire, pp. 3, Q2)

TABLE 3.6-2: Long -term effects on male survivors in Taiwan

| | | | | | | |
|-------------|------------------|---|---|---|---|----------------------|
| Do not know | Rarely encounter | | | | | Frequently encounter |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| Survivor's Gender Frequency | Male Survivor | | | |
|--|---------------|------|------|----------------|
| | Mean | Mode | S.D. | % ⁶ |
| 1. Able to enjoy sex | 1.18 | 0 | 1.32 | |
| 2. Protect their own children better. | 1.15 | 0 | 1.50 | |
| 3. Become abusers. | 3.36 | 0 | 2.20 | 23.3 |
| 4. Unable to form or maintain stable relationships. | 3.33 | 5 | 2.16 | |
| 5. Permit their own children to be victimised. | 2.0 | 0 | 2.13 | |
| 6. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. | 2.71 | 0 | 2.22 | |
| 7. Have promiscuous tendencies. | 3.10 | 0 | 2.32 | 25.0 |
| 8. Are afraid of women/men. | 2.68 | 0 | 2.17 | |
| 9. Are afraid to be alone, extreme dependency. | 2.41 | 0 | 2.00 | |
| 10. Have emotional upset or depression. | 2.88 | 4 | 2.08 | |
| 11. Have suicidal thoughts / tendencies. | 2.55 | 1 | 2.06 | |
| 12. Feel different from others. | 3.01 | 0 | 2.25 | |
| 13. Feel the events surrounding them are unreal | 2.85 | 0 | 2.13 | |
| 14. Have psycho somatic complaints e.g. eating /sleeping disorders, | 2.50 | 0 | 2.19 | 21.7 |
| 15. Have a drug and/or alcohol problem. | 3.18 | 0 | 2.35 | 23.3 |
| 16. Withdraw from usual activities and friends | 2.86 | 0 | 2.15 | |
| 17. Do not like his/her own body. | 2.78 | 0 | 2.23 | |
| 18. Feel nervousness & extreme tension. | 3.01 | 0 | 2.22 | |

⁶. " % " means the proportion responding " 5 " OVER 29% of the sample.

This part of 'long-term on male survivors' is also very difficult for social workers in Taiwan to answer because of social workers lack of working experience and knowledge background. As a result, social workers according to their own understanding of long-term effects on male survivors to do the answers.

Table 3.6-2 shows:

1. The Mean score in the first two effects obtained the lowest values of all the effects listed:

Item 1: Able to enjoy sex;

Item 2: Protect their own children better

Which implies that social workers in Taiwan do not think these two long term effects occur with male victims.

2. Apart from two effects, respondents tended to answer "0" (do not know) in this section. Two effects had a Mode value of "5" and "4" (often happening) and these long term effects are as follows:

Item 4: Unable to form or maintain stable relationships.

Item 7: Have promiscuous tendencies.

This information implies that samples in Taiwan feeling a male survivor probably finds relationships difficult and has promiscuous tendencies after he becomes an adult.

3. In some effects, over 20% of respondents "5" (i.e. this effect frequently encounter appearing on a male victim, according to workers' own view). These long-term effects are as follows:

Item 3: Become abusers.

Item 7: Have promiscuous tendencies.

Item 14: Have psycho-somatic complaints e.g. eating/sleeping disorders.

Item 15: Have a drug and /or alcohol problem.

20% of samples could be perceived as not a great number but over 50% respondents to be exact responded "Do not know" so 20% of samples is still a significant value, when only 50 % gave usable answer.

III. Comparison on Long-term Effects on female and Male Survivors in Taiwan

TABLE 3.6-3: Comparison on long-term effects on female and male survivors in Taiwan

| | | | | | | |
|-------------|------------------|---|---|---|---|----------------------|
| Do not know | Rarely encounter | | | | | Frequently encounter |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| Survivor's gender Frequency | Female Survivor | | | Male Survivor | | |
|--|-----------------|------|------|---------------|------|------|
| | Mean | Mode | S.D. | Mean | Mode | S.D. |
| 1. Able to enjoy sex | 1.94 | 1 | 1.23 | 1.97 | 1 | 1.15 |
| 2. Protect their own children better. | 2.24 | 1 | 1.30 | 2.21 | 1 | 1.42 |
| 3. Become abusers. | 3.96 | 5 | 1.28 | 4.48 | 5 | 1.16 |
| 4. Unable to form or maintain stable relationships. | 4.53 | 5 | 1.15 | 4.44 | 5 | 1.11 |
| 5. Permit their own children to be victimised. | 3.38 | 4 | 1.56 | 3.52 | 4 | 1.60 |
| 6. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. | 4.42 | 4 | 1.27 | 4.07 | 4 | 1.34 |
| 7. Have promiscuous tendencies. | 4.58 | 5 | 1.06 | 4.42 | 5 | 1.32 |
| 8. Are afraid of women/men. | 4.12 | 4 | 1.47 | 3.92 | 4 | 1.40 |
| 9. Are afraid to be alone, extreme dependency. | 3.87 | 4 | 1.24 | 3.53 | 3 | 1.36 |
| 10. Have emotional upset or depression. | 4.71 | 5 | .94 | 4.11 | 4 | 1.01 |
| 11. Have suicidal thoughts /tendencies. | 4.48 | 5 | 1.06 | 3.64 | 4 | 1.42 |
| 12. Feel different from others. | 4.86 | 5 | .94 | 4.31 | 5 | 1.27 |
| 13. Feel the events surrounding them are unreal | 4.07 | 5 | 1.30 | 3.97 | 4 | 1.35 |
| 14 Have psycho somatic complaints e.g. eating /sleeping disorders. | 4.38 | 5 | 1.32 | 3.84 | 5 | 1.46 |
| 15. Have a drug and/or alcohol problem. | 4.18 | 5 | 1.27 | 4.58 | 5 | 1.20 |
| 16. Withdraw from usual activities and friends | 4.36 | 5 | 1.28 | 4.00 | 4 | 1.36 |
| 17. Do not like his/her own body. | 4.56 | 5 | 1.15 | 3.97 | 4 | 1.52 |
| 18. Feel nervousness & extreme tension. | 4.43 | 5 | 1.09 | 4.31 | 4 | 1.17 |

Table 3.6-3 shows the following results:

1. Most of the Mean scores in the " Male Survivor" section is higher than in the " Female Survivor" section. This data shows that Taiwanese social workers feel that the long-term effects more serious for female survivors than for male survivors.

2. Item 3: Become abusers, and Item 15: Have a drug and/or alcohol problem. The above items are the only two items having higher Mean value in the "Male Survivor" section than in the " Female Survivor" section. This data shows that Taiwanese social workers feeling male abuser survivors who are frequently encountered become an abuser themselves and having a drug and /or alcohol problem.

3. Item 1: Able to enjoy sex. and Item 2: Protect their own children better. These two items have the lowest Mean/Mode value in this whole section. This data indicates that Taiwanese social workers rarely encounter female and male survivors who are able to enjoy sex and protect their own children better after experiences of victimisation .

TABLE 3.6-4: Most frequently encountered long-term effects on female and male survivors in Taiwan

| Female Survivor | Male survivor |
|---|---|
| 1. Feel different from others. | 1. Have a drug and/or alcohol problem. |
| 2. Have emotional upset or depression. | 2. Become abusers. |
| 3. Have promiscuous tendencies. | 3. Unable to form or maintain stable relationships. |
| 4. Do not like his/her own body. | 4. Have promiscuous tendencies. |
| 5. Unable to form or maintain stable relationships. | 5. Feel different from others. |

Table 3.6-4 shows the most frequently encountered long-term effects, presented in order of frequency. Of these ten items three items appear on both female and male survivors categories as follows:

Item 12: Feel different from others.

Item 7: Have promiscuous tendencies.

Item 4: Unable to form or maintain stable relationships.

The other items are different in female and male survivors as follows:

Item 10: Have emotional upset or depression (this effect is frequently encountered for female survivors by social workers in Taiwan)

Item 17: Do not like his/her own body.(this effect is frequently encountered for female survivors by social workers in Taiwan)

Item 15: Have a drug and/or alcohol problem. (this effect is frequently encountered for male survivors by social workers in Taiwan)

Item 3: Become abusers.(this effect is frequently encountered for male survivors by social workers in Taiwan)

IV. Long -Term Effects on Female Survivor in the UK.

TABLE 3.6-5: Long-term effects on female survivors in the UK

| | | | | | | | |
|-------------|------------------|---|---|---|---|----------------------|--|
| Do not know | Rarely encounter | | | | | Frequently encounter | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |

| Gender of Survivor | Female survivor | | |
|--|-----------------|------|------|
| | Mean | Mode | S.D. |
| 1. Able to enjoy sex | 2.26 | 2 | 1.40 |
| 2. Protect their own children better. | 2.68 | 3 | 1.25 |
| 3. Become abusers. | 2.52 | 2 | 1.61 |
| 4. Unable to form or maintain stable relationships. | 4.10 | 5 | 1.85 |
| 5. Permit their own children to be victimised. | 3.31 | 3 | 1.66 |
| 6. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. | 3.47 | 6 | 2.29 |
| 7. Have promiscuous tendencies. | 3.94 | 5 | 1.54 |
| 8. Are afraid of women/men. | 3.57 | 5 | 1.61 |
| 9. Are afraid to be alone, extreme dependency. | 3.36 | 5 | 1.86 |
| 10. Have emotional upset or depression. | 4.47 | 5 | 1.57 |
| 11. Have suicidal thoughts / tendencies. | 3.89 | 5 | 1.62 |
| 12. Feel different from others. | 3.94 | 5 | 1.90 |
| 13. Feel the events surrounding them are unreal | 2.84 | 2 | 1.83 |
| 14. Have psycho somatic complaints e.g. eating /sleeping disorders. | 4.00 | 5 | 1.49 |
| 15. Have a drug and/or alcohol problem. | 3.84 | 4 | 1.50 |
| 16. Withdraw from usual activities and friends | 3.26 | 3 | 1.59 |
| 17. Do not like his/her own body. | 4.05 | 6 | 1.81 |
| 18. Feel nervousness & extreme tension. | 3.89 | 5 | 1.52 |

The above Table 3.6-5 is a list of long-term effects on girls . If the Mode of the item is "5" or "6" that means the item is a "Frequently encounter" by social workers in the UK.

If the Mode of the item is "2" that means the item is a "Rarely encounter" by social workers in the UK.

1. Firstly, below are the effects which workers answer "Rarely encounter" affecting on female survivors (the Mode is 2 or the Mean < 3.00):

Item 1: Able to enjoy sex

Item 2: Protect their own children better

Item 13: Feel the events surrounding them are unreal

2. Secondly, below are the effects which workers answer "Frequently encounter" affecting on female survivors (Mode = 6, or Mean > 4):

Item 4: Unable to form or maintain stable relationships

Item 6: Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious

Item 10: Have emotional upset or depression

Item 14: Have psycho somatic complaints e.g. eating/sleeping disorders

Item 17: Do not like his/her own body

V. Long -Term Effects on Male survivor in the UK.

TABLE 3.6-6: Long-term effects on male survivors in the UK

| | | | | | | |
|-------------|------------------|---|---|---|---|----------------------|
| Do not know | Rarely encounter | | | | | Frequently encounter |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| Gender | Male survivor | | |
|--|---------------|------|------|
| | Mean | Mode | S.D. |
| Frequency | | | |
| 1. Able to enjoy sex | 3.36 | 3 | .80 |
| 2. Protect their own children better. | 2.72 | 3 | 1.10 |
| 3. Become abusers. | 4.41 | 5 | 1.62 |
| 4. Unable to form or maintain stable relationships. | 3.75 | 3 | 1.65 |
| 5. Permit their own children to be victimised. | 3.50 | 3 | 1.50 |
| 6. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. | 4.00 | 4 | 1.67 |
| 7. Have promiscuous tendencies. | 4.25 | 5 | 1.42 |
| 8. Are afraid of women/men. | 3.25 | 1 | 1.81 |
| 9. Are afraid to be alone, extreme dependency. | 3.00 | 1 | 1.75 |
| 10. Have emotional upset or depression. | 4.25 | 5 | 1.48 |
| 11. Have suicidal thoughts / tendencies. | 4.00 | 4 | 1.53 |
| 12. Feel different from others. | 4.30 | 4 | 1.31 |
| 13. Feel the events surrounding them are unreal | 3.30 | 4 | 1.31 |
| 14 Have psycho somatic complaints e.g. eating /sleeping disorders. | 4.00 | 4 | 1.08 |
| 15. Have a drug and/or alcohol problem. | 4.38 | 6 | 1.60 |
| 16. Withdraw from usual activities and friends | 3.69 | 3 | 1.54 |
| 17. Do not like his/her own body. | 3.69 | 3 | 1.18 |
| 18. Feel nervousness & extreme tension. | 3.61 | 4 | 1.38 |

Table 3.6-6 shows:

1. Firstly, below are the effects which workers respond "Rarely encounter" affecting on male survivors (Mean<3.00 or Mode<=2):

Item 2: Protect their own children better

Item 8: Are afraid of women/men

Item 9: Are afraid to be alone, extreme dependency.

These results are different from the social workers who encounter the effects on female survivors in the UK. Particularly, the Mode is much lower in the section 'long-term effects on male survivors' than in the section 'long-term effects on female survivors'. (Mode = 1 vs. Mode = 5) in item 8: Are afraid of women/men and item 9: Are afraid to be alone. This data indicates that social workers frequently encounter these two effects for female survivors but not for male survivors.

2. Secondly, below are the effects which workers respond "Frequently encounter" affecting on male survivors. (Mode \geq 5)

- 1) Become abusers
- 2) Have promiscuous tendencies
- 3) being emotional upset or depression
- 4) Have a drug and/or alcohol problem

Item 3: Become abusers. The Mean is at its lowest in female survivors but highest in male survivors (2.52 vs. 4.41). This data shows that workers feel male victims are more likely to become abusers than female victims.

Item 10: Have emotional upset or depression, has a very similar result between girls and boys (Mode=5 vs. Mode=5). This data shows that social workers feel that both male and female victims will be emotional upset after the abuse.

VI. Comparison of Long- term Effects on Female and Male survivors in the UK.

Table 3.6-7 shows some information as follow:

1. Most of the Mean values are higher in the section "long-term effects on female survivor" than in the section " long-term effects on male survivor". This data indicates that social workers in the UK encountered the long-term effects are more serious for female survivors than for male survivors. This result is similar to the Taiwanese results.

2. Item 3: Become abusers. and item 15: Have a group and/or alcohol problem. The above two items have higher Mode and Mean valued in the section " Long-term effects on male survivor " than in the section " Long-term effects on female survivor ". This data indicates that social workers in the UK frequently encounter male survivors becoming an abuser and having a drug and/or alcohol problem after their victimisation. This result is the same as the Taiwanese results.

3. Item 8: Are afraid of women/men, Item 9: Are afraid to be alone, extreme dependency. and Item 17: Do not like his/her own body. The above items have higher Mode and Mean values in the section " Long-term effects on female survivor" than in the section "Long-term effects on male survivors". This data indicates that social workers in the UK frequently encounter a female survivor likely to be appearing afraid of men, afraid to be alone and do not like her own body, after their victimisation.

TABLE 3.6-7: Long-term effects in the UK

| | | | | | | | |
|-------------|------------------|---|---|---|---|----------------------|--|
| Do not know | Rarely encounter | | | | | Frequently encounter | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | |

| Survivor's gender | Female Survivor | | | Male Survivor | | |
|--|-----------------|------|------|---------------|------|------|
| | Frequency | Mean | Mode | S.D. | Mean | Mode |
| 1. Able to enjoy sex | 2.68 | 2 | 1.07 | 3.36 | 3 | .80 |
| 2. Protect their own children better. | 2.83 | 3 | 1.09 | 2.72 | 3 | 1.10 |
| 3. Become abusers. | 2.82 | 2 | 1.42 | 4.41 | 5 | 1.62 |
| 4. Unable to form or maintain stable relationships. | 4.33 | 5 | 1.60 | 3.75 | 3 | 1.65 |
| 5. Permit their own children to be victimised. | 3.50 | 3 | 1.50 | 3.50 | 3 | 1.50 |
| 6. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. | 4.40 | 6 | 1.54 | 4.00 | 4 | 1.67 |
| 7. Have promiscuous tendencies. | 4.16 | 5 | 1.24 | 4.25 | 5 | 1.42 |
| 8. Are afraid of women/men. | 3.77 | 5 | 1.39 | 3.25 | 1 | 1.81 |
| 9. Are afraid to be alone, extreme dependency. | 3.55 | 5 | 1.72 | 3.00 | 1 | 1.75 |
| 10. Have emotional upset or depression. | 4.72 | 5 | 1.17 | 4.25 | 5 | 1.48 |
| 11. Have suicidal thoughts /tendencies. | 4.11 | 5 | 1.36 | 4.00 | 4 | 1.53 |
| 12. Feel different from others. | 4.41 | 5 | 1.37 | 4.30 | 4 | 1.31 |
| 13. Feel the events surrounding them are unreal | 3.37 | 2 | 1.45 | 3.30 | 4 | 1.31 |
| 14. Have psycho somatic complaints e.g. eating /sleeping disorders. | 4.22 | 5 | 1.16 | 4.00 | 4 | 1.08 |
| 15. Have a drug and/or alcohol problem. | 4.05 | 4 | 1.21 | 4.38 | 6 | 1.60 |
| 16. Withdraw from usual activities and friends | 3.44 | 3 | 1.42 | 3.69 | 3 | 1.54 |
| 17. Do not like his/her own body. | 4.27 | 6 | 1.56 | 3.69 | 3 | 1.18 |
| 18. Feel nervousness & extreme tension. | 4.11 | 5 | 1.23 | 3.61 | 4 | 1.38 |

The first five effects frequently encountered in the UK

Table 3.6-8 arranges the first five long-term effects in the order which social workers identify as "frequently encounter" likely to be appearing on survivors

after their victimisation. There are two items that appear in both female and male survivors in the UK which are outlined below:

- 1) Feel different from others.
- 2) Have emotional upset or depression.

The other items are different in female and male survivors as listed below:

1) Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious.(social workers in the UK frequently encountered this effect for female survivors)

2)Unable to form or maintain stable relationships.(social workers in the UK frequently encountered this effect for female survivors)

3)Do not like his/her own body.(social workers in the UK frequently encountered this effect for female survivors)

4) Become abusers.(social workers in the UK frequently encountered this effect for male survivors)

5) Have a drug and/or alcohol problem.(social workers in the UK frequently encountered this effect for male survivors)

6) Have promiscuous tendencies.(social workers in the UK frequently encountered this effect for male survivors)

TABLE 3.6-8: The first five effects frequently encountered in the UK

| Female Survivor | Male survivor |
|--|--|
| 1. Have emotional upset or depression. | 1. Become abusers. |
| 2. Feel different from others. | 2. Have a drug and/or alcohol problem. |
| 3. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. | 3. Feel different from others. |
| 4. Unable to form or maintain stable relationships. | 4. Have promiscuous tendencies. |
| 5. Do not like his/her own body. | 5. Have emotional upset or depression. |

VIII. Comparison of Long -Term Effects on Female Survivors in Taiwan and the UK.

TABLE 3.6-9 :The long-term effects on female survivors in Taiwan and the UK.

| | | | | | | |
|-------------|------------------|---|---|---|----------------------|---|
| Do not know | Rarely encounter | | | | Frequently encounter | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| Country | TAIWAN | | | UK. | | |
|--|-----------------|------|------|-----------------|------|------|
| Survivor's gender | Female Survivor | | | Female Survivor | | |
| Frequency | Mean | Mode | S.D. | Mean | Mode | S.D. |
| 1. Able to enjoy sex | 1.94 | 1 | 1.23 | 2.68 | 2 | 1.07 |
| 2. Protect their own children better. | 2.24 | 1 | 1.30 | 2.83 | 3 | 1.09 |
| 3. Become abusers. | 3.96 | 5 | 1.28 | 2.82 | 2 | 1.42 |
| 4. Unable to form or maintain stable relationships. | 4.53 | 5 | 1.15 | 4.33 | 5 | 1.60 |
| 5. Permit their own children to be victimised. | 3.38 | 4 | 1.56 | 3.50 | 3 | 1.50 |
| 6. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. | 4.42 | 4 | 1.27 | 4.40 | 6 | 1.54 |
| 7. Have promiscuous tendencies. | 4.58 | 5 | 1.06 | 4.16 | 5 | 1.24 |
| 8. Are afraid of women/men. | 4.12 | 4 | 1.47 | 3.77 | 5 | 1.39 |
| 9. Are afraid to be alone, extreme dependency. | 3.87 | 4 | 1.24 | 3.55 | 5 | 1.72 |
| 10. Have emotional upset or depression. | 4.71 | 5 | .94 | 4.72 | 5 | 1.17 |
| 11. Have suicidal thoughts /tendencies. | 4.48 | 5 | 1.06 | 4.11 | 5 | 1.36 |
| 12. Feel different from others. | 4.86 | 5 | .94 | 4.41 | 5 | 1.37 |
| 13. Feel the events surrounding them are unreal | 4.07 | 5 | 1.30 | 3.37 | 2 | 1.45 |
| 14 Have psycho somatic complaints e.g. eating /sleeping disorders. | 4.38 | 5 | 1.32 | 4.22 | 5 | 1.16 |
| 15. Have a drug and/or alcohol problem. | 4.18 | 5 | 1.27 | 4.05 | 4 | 1.21 |
| 16. Withdraw from usual activities and friends | 4.36 | 5 | 1.28 | 3.44 | 3 | 1.42 |
| 17. Do not like his/her own body. | 4.56 | 5 | 1.15 | 4.27 | 6 | 1.56 |
| 18. Feel nervousness & extreme tension. | 4.43 | 5 | 1.09 | 4.11 | 5 | 1.23 |

Table 3.6-9 shows that social workers' view about long-term effects on female survivors is very similar between Taiwan and the UK.. Apart from a few items that have different results, the other items have similar responses in both of the two countries.

Table 3.6-10 shows the first five frequently encountered long-term effects of sexual abuse on female survivors in Taiwan and the UK, according to perception of social workers. Only two items differ between the UK and Taiwan, the other items are the same in both countries are show below:

1. The same items in the two countries which social workers more "frequently encounter" as appearing as long-term effects on male survivors are as follows:

- 1) Have emotional upset or depression.
- 2) Do not like his/her own body.
- 3) Unable to form or maintain stable relationships.
- 4) Feel different from others.

2. The different items in the two countries which social workers more "frequently encounter" as appearing as long-term effects on male survivors are as follows:

- 1) Taiwan: Have promiscuous tendencies.
- 2) UK.: Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious.

TABLE 3.6-10: The first five effects frequently encountered for female survivors in Taiwan and the UK

| Taiwan: Female survivor | UK.: Female survivor |
|---|--|
| 1. Feel different from others. | 1. Have emotional upset or depression. |
| 2. Have emotional upset or depression. | 2. Feel different from others. |
| 3. Have promiscuous tendencies. | 3. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. |
| 4. Do not like his/her own body. | 4. Unable to form or maintain stable relationships. |
| 5. Unable to form or maintain stable relationships. | 5. Do not like his/her own body. |

VIII. Comparison Long-Term Effects on Male Survivor in Taiwan and the UK.

Table 3.6-11 shows that social workers' view about long-term effects on male survivors is very similar between Taiwan and the UK.. Apart from a few items that have different results, the other items have similar responses in both of the two countries.

1. Item 1: Able to enjoy sex. and Item 2: Protect their own children better. The above two items have higher Mode and Mean values in the UK data than in the Taiwanese data. This information indicates that social workers in the UK more frequently than Taiwanese social workers encounter male survivors that are able to enjoy sex and protect their own children better after their victimisation.

2. Item 4: Unable to form or maintain stable relationships. and Item 8: Are afraid of women/men. The above items have higher Mode and Mean values in Taiwanese data than in the UK data. This information indicates that social workers in Taiwan more than social workers in the UK encounter male survivors that are unable to form or maintain stable relationships and are afraid of women.

TABLE 3.6-11: Long term effects on male victims in Taiwan and the UK

| | | | | | | |
|-------------|------------------|---|---|---|---|----------------------|
| Do not know | Rarely encounter | | | | | Frequently encounter |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |

| Country | Taiwan | | | UK. | | |
|--|---------------|------|------|---------------|------|------|
| Survivor's gender | Male Survivor | | | Male Survivor | | |
| Frequency | Mean | Mode | S.D. | Mean | Mode | S.D. |
| 1. Able to enjoy sex | 1.97 | 1 | 1.15 | 3.36 | 3 | .80 |
| 2. Protect their own children better. | 2.21 | 1 | 1.42 | 2.72 | 3 | 1.10 |
| 3. Become abusers. | 4.48 | 5 | 1.16 | 4.41 | 5 | 1.62 |
| 4. Unable to form or maintain stable relationships. | 4.44 | 5 | 1.11 | 3.75 | 3 | 1.65 |
| 5. Permit their own children to be victimised. | 3.52 | 4 | 1.60 | 3.50 | 3 | 1.50 |
| 6. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. | 4.07 | 4 | 1.34 | 4.00 | 4 | 1.67 |
| 7. Have promiscuous tendencies. | 4.42 | 5 | 1.32 | 4.25 | 5 | 1.42 |
| 8. Are afraid of women/men. | 3.92 | 4 | 1.40 | 3.25 | 1 | 1.81 |
| 9. Are afraid to be alone, extreme dependency. | 3.53 | 3 | 1.36 | 3.00 | 1 | 1.75 |
| 10. Have emotional upset or depression. | 4.11 | 4 | 1.01 | 4.25 | 5 | 1.48 |
| 11. Have suicidal thoughts /tendencies. | 3.64 | 4 | 1.42 | 4.00 | 4 | 1.53 |
| 12. Feel different from others. | 4.31 | 5 | 1.27 | 4.30 | 4 | 1.31 |
| 13. Feel the events surrounding them are unreal | 3.97 | 4 | 1.35 | 3.30 | 4 | 1.31 |
| 14. Have psycho somatic complaints e.g. eating /sleeping disorders. | 3.84 | 5 | 1.46 | 4.00 | 4 | 1.08 |
| 15. Have a drug and/or alcohol problem. | 4.58 | 5 | 1.20 | 4.38 | 6 | 1.60 |
| 16. Withdraw from usual activities and friends | 4.00 | 4 | 1.36 | 3.69 | 3 | 1.54 |
| 17. Do not like his/her own body. | 3.97 | 4 | 1.52 | 3.69 | 3 | 1.18 |
| 18. Feel nervousness & extreme tension. | 4.31 | 4 | 1.17 | 3.61 | 4 | 1.38 |

The first five frequently encountered long-term effects for male survivors in Taiwan and the UK

Table 3.6-12 shows the first five frequently encountered long-term effects of sexual abuse on male survivors in Taiwan and the UK, according to perception of social workers. Only two items differ between the UK and Taiwan, the other items are the same in both countries are show below:

1. The same items in the two countries which social workers more "frequently encounter" as appearing as long-term effects on male survivors are as follows:

- 1) Have a drug and/or alcohol problem.
- 2) Become abusers.
- 3) Have promiscuous tendencies.
- 4) Feel different from others.

2. The different items in the two countries which social workers more "frequently encounter" as appearing as long-term effects on male survivors are as follows:

- 1) Taiwan: Unable to form or maintain stable relationships.
- 2) UK.: Have emotional upset or depression.

TABLE 3.6-12: The first five frequently encountered long-term effects for male survivors in Taiwan and the UK

| Taiwan: Male Survivor | UK: Male Survivor |
|---|--|
| 1. Have a drug and/or alcohol problem. | 1. Become abusers. |
| 2. Become abusers. | 2. Have a drug and/or alcohol problem. |
| 3. Unable to form or maintain stable relationships. | 3. Feel different from others. |
| 4. Have promiscuous tendencies. | 4. Have promiscuous tendencies. |
| 5. Feel different from others. | 5. Have emotional upset or depression. |

IX. CHI-SQUARE ANALYSES of the FREQUENCY SCORES

1. Long-Term Effects on Female Survivors by Countries (Taiwan/UK)

The Chi-square analyses of the frequency scores for items below show a significant result between the UK and Taiwan in the section "Long-term effects on female survivors".

If the samples answered "0" that is equal to "Do not know"; if the samples answered "1" that is equal to "Rarely encounter" as a long-term effect on female victims; if the samples answered "2" that is equal to "Frequently encounter" as a long-term effect on female victims.

1) Item 3: Become Abusers

A Chi-square analyses of the frequency scores for item 3 (Become abusers) shows a significant result. [$X^2(2)=6.59, P=0.03$]

This data indicates workers in different countries have different attitudes to responding to this long-term effect on female victims. The table below shows social workers in Taiwan tend to answer "Frequently encounter" in this long-term effect on female victims but this is not so with social workers in the UK.

2) Item 16: Withdraw from usual activities

A Chi-square analyses of the frequency scores for item 16 (Withdraw from usual activities) shows a significant result [$X^2(2)=7.22, P=0.02$].

This data indicates that social workers in different countries have different attitudes to responding to this long-term effect on female victims. The table below shows that social workers in Taiwan tend to answer "Frequently

encounter" in this long-term effect for female victims. Social workers in the UK tend to have answered averagely in both "Rarely encounter" and "Frequently encounter".

2. Long-Term Effects on Male Survivors by Country(Taiwan/UK.)

1) Item 1: Able to enjoy sex

A Chi-square analyses of the frequency scores for item 1 (Able to enjoy sex) shows a significant result in this long-term effect on male survivors [$\chi^2(1)=5.22, P=0.02$].

Both social workers in Taiwan and the UK tend to respond "Rarely encounter" for this long-term effect on male victims. In addition, the proportion of samples in Taiwan is higher than the UK.(91.7% vs. 63.6%)

XI. Discussions and Conclusions

There are three items which are the same for different gender victims and four items which are different for different gender in the first five long-term effects for both female and male victims according to the responses in Taiwan.

On the other hand, according to the responses in the UK, there are two items which are the same for different gender victims and six items which are different for different gender victims in the first five initial effects. As a result, social workers in Taiwan have a similar attitude towards long-term effects for different gender victims than responses in the UK.

The long-term effects for female victims are related more highly than for male victims in both countries. This indicates that social workers encountered the long-term effects are more serious for female victims than for male victims in both countries. This result supports Baker's study which indicated that perceived damage was worse for women than men (Baker, A. and Duncan, S. 1985).

Four of the first five long-term effects on females according to both the responses in Taiwan and the UK, are the same (Feel different from others, Have emotional upset or depression, Do not like his / her own body, and Unable to form or maintain stable relationships). There are two items which are different. At the same time, the results for male victims in Taiwan and the UK is that there are also four items which are the same in both countries and two items which are different. This result indicates that social workers have resembling attitudes towards long-term effects on female victims and male victims in both countries.

The long-term effects on female victims show a significant difference in Taiwan and the UK which are as follows:

Item 3: Become abuser, the respondents in Taiwan "frequently encounter" this effect for female victims but this is not so for social workers in the UK.

Item 16: Withdraw from usual activities, the respondents in Taiwan "frequently encounter" this effect for female victims but the responses are evenly distributed in the UK data.

The questions relating to the effects on victims in this study are based on Finkelhor's the Traumagenic Dynamics Model. The researcher collated this structure and the other studies to develop the initial and long-term effects on victims into this Model.

Although Finkelhor's Model did not separate initial effects and long-term effects this was not appropriate to the needs of this study.

As a result, the Model was used to draw up the first five long-term effects which workers frequently encounter as the table below. In this model, there are four traumagenic dynamics to account for the impact of sexual abuse: traumatic, betrayal, stigmatisation and powerless.

In each traumagenic dynamic, there are several distinct processes which combine the contribution to the dynamic. Each traumagenic dynamic is also connected to different effects of C.S.A. (see literature review chapter 2, section 5 for more details).

The table below shows the first five initial effects on female and male victims which are evenly allocated in the four traumagenic dynamic.

TABLE 3.6-13: Long-term effects in Four Traumagenic Dynamics

| Four Traumagenic Dynamics | Taiwan | | UK | |
|--|--------|------|--------|------|
| | Female | Male | Female | Male |
| Traumatic | | | | |
| 1. Experience sexual dysfunction | | | 3 | |
| 2. Have promiscuous tendencies | 3 | 4 | | 4 |
| Betrayal | | | | |
| 1. Unable to form or maintain stable relationships | 5 | 3 | 4 | |
| 2. Have emotional upset or depression | 2 | | 1 | 5 |
| Stigmatisation | | | | |
| 1. Feel different from others | 1 | 5 | 2 | 3 |
| Powerless | | | | |
| 1. Do not like his/her own body | 4 | | 5 | |
| 2. Become abusers | | 2 | | 1 |
| 3. Have a drug and/or alcohol problem | | 1 | | 2 |

CHAPTER 3, Section 7

Results-Perceived Most Common Age Groups of Children Suffering Child Sexual Abuse

This section of the study provides data on the most common age groups of children suffering child sexual abuse in the opinion of social workers in Taiwan and the UK.

1. The age of children that social workers perceived to be the most common age at which child sexual abuse occurs at will be the high risk group and the age group that social workers might concentrate. If we know that age group, it will help us to implement prevention programmes for children more accurately. It is important to bear in mind that this data is only social workers' perceptions.

2. The emotional, cognitive and physical development of children are different in different age groups, so social workers need different working methods to work with children at different stages of development. If we know the most common age groups of abuse victims a way that permits more accurate developmental responses that will help to improve social workers' working skills.

My view of this point is that the common age groups of children suffering child sexual abuse is the same in Taiwan and the UK. The results do not support my hypothesis in this study. This section will be divided into three parts to discuss more detail as follows:

1. Social workers' perception of the most common age groups of children suffering child sexual abuse in Taiwan and the UK
2. Discussion and Conclusion

I. Social workers perception of the most common age groups of children suffering child sexual abuse in Taiwan and the UK (questionnaire p. 4, Q1)

TABLE 3.7-1: Social workers perception of the most common age groups of children suffering child sexual abuse in Taiwan

| 1. What do you think are the most common age groups of children suffering child sexual abuse? | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-18 |
|---|------|------|------|-------|-------|-------|
| proportion of disagree/% | 91.7 | 63.3 | 35 | 25 | 43.3 | 91.7 |
| proportion of agree/% | 8.3 | 36.7 | 65.0 | 75 | 56.7 | 8.3 |

1. Taiwanese social workers perceive the first most common age group is from age 10-12; the second most common age is from 7-9; the third is from age 13-15. The most common age groups found in many studies that is 10 to 12 years old including Finkelhor (1979), Formuth (1984), Finkelhor (1984), Badgley (1984) and Wyatt (1985). Liz Kelly's (1990, UK) study said the high risk age groups is the ages under 12 years old. The Taiwanese data in this study also reflect these earlier findings. The other most common age group in the Taiwanese data is the age range 13 to 15 years old. This results is different in the UK data and also different from many other studies in the literature review.

TABLE 3.7-2: Social workers perception of the most common age groups of children suffering child sexual abuse in the UK

| 1. What do you think are the most common age groups of children suffering child sexual abuse? | 0-3 | 4-6 | 7-9 | 10-12 | 13-15 | 16-18 |
|---|-----|------|------|-------|-------|-------|
| proportion of disagree | | 36.8 | 47.4 | 42.1 | | |
| proportion of agree | | 63.2 | 52.6 | 57.9 | | |

Social workers perceptions of the most common age groups of children suffering from child sexual abuse in the UK are in order as follows : 4-6, 10-12, 7-9 years old. Liz Kelly's study (1990, UK) indicated the high risk age group is under the age 12 years old. Social workers in the UK according to their working experience support this result in Liz Kelly's study.

On the other hand, social workers perception of the most common age group is the age 4 to 6 years old in the UK's data, this result is different from the literature reviewed. Most of the studies said the highest risk age group was the age range 10 to 12 years old.(Finkelhor, 1979; Formuth , 1984; Finkelhor, 1984; Badgley, 1984; Wyatt, 1985)

UK's data is quite different from the Taiwanese data. The data in Taiwan are in order as follow: (see table 3.7-2)

Social workers perceived the common age groups which are younger in the UK than in Taiwan. A tentative explanation for this result are as follows:

1) There is a GP. service system in England and nursing home support, so if children do not receive good care it is more likely to be reported.

2) Society in the UK is more aware of child sexual abuse.(court cases, Cleveland Report, DES/DHSS CIRCULAR 5/88, 1988)

Taiwanese social workers perceptions of the most common age group of children suffering child sexual abuse is higher than social workers in UK. The reasons that cause this result may be as follows:

1) The issue of awareness: data from the literature cited above is at least ten years old. The last ten years in the UK have shown significant development in growing awareness of the problem of child sexual abuse.

2) Child prostitution is a great issue in Taiwan and the age 13 to 15 years old is the most frequent age group of the child prostitute.(the secondary sex characteristics have developed)

3) Child sexual abuse is beginning to be recognised during the last few years in Taiwan so children may have been suffering child sexual abuse for a long time

but have only been identified recently. Therefore, Taiwan social workers perception of children's age is higher than social workers in the UK /USA.

III. Discussion and Conclusion

Social workers perceived the most common age groups of children suffering from child sexual abuse in Taiwan to be 10-12, 7-9, and 13-15 years old (in order of frequency).

Social workers perceived the most common age groups of children suffering from child sexual abuse in the UK to be as follows: 4-6, 10-12, 7-9 years old. Social workers perceived the most common age to be younger in the UK than in Taiwan. The prevention programmes in C.S.A. should take place from the age of 4-6 years old earlier than this age group according to the results in this section. The communication skills with those youngsters is a very important working skill for social workers according to this result. The questionnaire also indicated that the training needs required for this area were not being met in the UK. The discrepancy between the Taiwanese and the UK result suggest that a key factor may be identification and awareness of child sexual abuse as a problem. This has clear implications for the training of social workers (cf. DES/DHSS circular 5/88 (1988) warning all institutions to enhance social worker and Teacher Training awareness of the problem of child sexual abuse).

CHAPTER 3, Section 8

Perceived Confidence, Competence, and Difficulties, in Dealing with Child Sexual Abuse

Introduction

The main aim of this section is to explore the degree of difficulty perceived in dealing with child sexual abuse according to workers' experience. The researcher will be using four methods to explain social worker perception in this area:

- 1) a general closed question asking what degree of difficulty social workers feel they have.
- 2) a list of some specific work elements and questions about the degree of preparation given to social workers to face these work elements.
- 3) a list of social worker perceptions of their own difficulties in an open question.
- 4) a research interview with some social workers in Taiwan and the UK.

Apart from the difficulties which social workers may be facing, the researcher also wished to investigate the confidence and competence which social workers felt themselves to have. The researcher also designed two general closed questions to gain information in this point. As a result, this section will discuss points as follows:

1. Difficulties perceived by social workers in dealing with child sexual abuse in Taiwan and the UK
2. Chi-square analyses of the frequency scores of the difficulty of dealing with child sexual abuse.
3. Social workers perceived level of confidence in dealing with child sexual abuse in Taiwan and the UK
4. Chi-square analyses of the frequency scores of the confidence in dealing with child sexual abuse.

5. Level of competence perceived by social workers in dealing with child sexual abuse in Taiwan and the UK.
6. Chi-square analyses of the frequency scores of competence in dealing with child sexual abuse
7. The extent to which social workers' training programmes prepared workers to face the situations which appear in their working process in dealing with child sexual abuse in Taiwan and in the UK.
8. The difficulties in dealing with child sexual abuse which appear in the open questionnaire in Taiwan and in the UK.
9. Chi-square analyses of the frequency scores of difficult situations in dealing with child sexual abuse.
10. Summary and Conclusion

I. Social workers perceptions of difficulties in dealing with child sexual abuse in Taiwan and the UK (questionnaire p. 4, Q2)

1. Social workers perceived difficulties in dealing with child sexual abuse in Taiwan and the UK (questionnaire p. 4, Q2)

The scale of this part is divided into six points scores. The higher the score the higher the perceived degree of difficulties in dealing with child sexual abuse.

TABLE 3.8-1: Social workers perceptions of difficulties in dealing with child sexual abuse in Taiwan(questionnaire, p. 4, Q2)

| When dealing with C.S.A. what difficulty do you have in dealing with your own feelings? | no difficulty | | | | | | great difficulty | |
|---|---------------|------|---|----|------|------|------------------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | | |
| PROPORTION /% | 0 | 10.0 | 0 | 20 | 38.3 | 31.7 | | |
| MODE | 5 | | | | | | | |

TABLE 3.8-2: Social workers perception of difficulties in dealing with child sexual abuse in the UK (questionnaire, p. 4, Q2)

| When dealing with C.S.A. what difficulty do you have in dealing with your own feelings? | no difficulty | | | | | | great difficulty | |
|---|---------------|----|----|----|----|---|------------------|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | | |
| PROPORTION /% | 0 | 40 | 25 | 20 | 10 | 5 | | |
| MODE | 2 | | | | | | | |

The result see above table 3.8-1.

1. Taiwanese social workers (70% of the samples) tend to respond that they have great difficulties in dealing with child sexual abuse cases (Mode=5).
2. The researcher will explain in more detail in section IV and V what difficulties social workers will face.

The result see above table 3.8-2. The sample (65% of the samples) tend to respond that they have no difficulty in dealing with child sexual abuse cases in UK (Mode = 2). The Mode in this point is "2" in the UK, but the Mode is "5" in Taiwan. Also, the samples from the UK tend to give lower marks than Taiwan. The data indicates social workers who are working in the UK do not feel such difficulty compared with social workers in Taiwan.

Tentative explanations for this discrepancy are that (see Chapter 3 section 3 for more details, but could be a point for further research):

- 1) Social workers in the UK have more experience (cf. DES/DHSS circular 5/88,1988).
- 2) The role of the workers is clearer in England than in Taiwan.
- 3) Service system is different from Taiwan (e.g. working together with the police).
- 4) An expectation that UK social workers received more training than Taiwanese social workers in child sexual abuse is not borne out by the data

shown in front section of this study (training does not really differ greatly in these two countries, see " personal Information " in Chapter 3 section 3).

3. Chi-Square analyses of the frequency scores of the degree of difficulty degree in dealing with child sexual abuse

The original scale was a 6 points scale, the researcher reduced this to a 2 points scale. If the samples answered "1" his was equal to " No difficulty" in dealing with child sexual abuse cases; if the samples answered "2" this equalised feeling "Great difficulty" in dealing with child sexual abuse cases.

A Chi-square analysis of the frequency scores for this item shows a significant result.[$X^2 (1)=25.05, p < .05$] The factor of country affects the response of social workers in this item. Taiwanese social workers tend to answer feeling " Great difficulty" in dealing with child sexual abuse clients (90.0%). Social workers in the UK tend to respond "No difficulty" in this situation. This statistical analysis of the difference highlights the discrepancy discussed above. The tentative explanation cited above is pertinent here.

II. Social workers perceived confidence in dealing with child sexual abuse in Taiwan and UK (questionnaire, p. 4, Q3)

1. Social workers perceived confidence in dealing with child sexual abuse in Taiwan and the UK (questionnaire, p. 4, Q3)

TABLE 3.8-3: Social workers perceived confidence in dealing with child sexual abuse in Taiwan(questionnaire, p. 4, Q3)

| When dealing with C.S.A. how confident are you in dealing with your own feelings? | not confident | | | | very confident | |
|---|---------------|-----|----|----|----------------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| PROPORTION /% | 6.7 | 6.7 | 40 | 30 | 16.7 | |
| MODE | 3 | | | | | |

ABLE 3.8-4: Social workers perceived confidence in dealing with child sexual abuse in the UK (questionnaire, p. 4, Q3)

| When dealing with C.S.A. how confident are you in dealing with your own feelings? | not confident | | | | very confident | |
|---|---------------|---|---|----|----------------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| PROPORTION /% | 0 | 5 | 5 | 40 | 45 | 5 |
| MODE | 5 | | | | | |

The result in Taiwan is seen above in table 3.8-4. The higher the scores the higher the perceived degree of confidence which social workers have in dealing with child sexual abuse cases. 70% of sample responded in the middle range.

The result in the UK is seen above in table 3.8-5 The higher the scores the higher the perceived degree of confidence of social workers in dealing with child sexual abuse cases. The Mode is higher in the UK than in Taiwan. There is also a higher proportion located at the higher score in the UK responses than in Taiwanese responses. This data indicates that social workers in the UK see themselves as having a higher degree of confidence compared with social workers in Taiwan.

A tentative explanation for this discrepancy is that:

1. Child sexual abuse is a new issue in Taiwan, social workers are not familiar with this issue .
2. There are many junior workers working in this area in Taiwan so their lack of experience will affect their confidence.

2. Chi -square analysis of the frequency scores of degrees of confidence in dealing with child sexual abuse

The original scale was a 6 points scale, the researcher recorded this data into a 2 points scale. If samples answered "1" this equalised feeling "Not confident" in dealing with child sexual abuse cases; if samples answered "2" this equalised feeling "Very confident" in dealing with child sexual abuse cases. A Chi-square analysis of the frequency scores for this item shows a significant result [$X^2(1)=11.52, p= .00$].

The factor of country affects the response of social workers to this item. Taiwanese social workers are in similar proportion divided into feeling "Not confident" and " Very confident" in dealing with child sexual abuse clients(53.3% &46.7%). Social workers in the UK tend to responded "Very confident" in this item (90.0%).

III. Social workers perceived competence in dealing with child sexual abuse (questionnaire, p. 4, Q4)

1. Social workers perceived competence in dealing with child sexual abuse in Taiwan and the UK (questionnaire, p. 4, Q4)

TABLE 3.8-5: Social workers perceived competence in dealing with child sexual abuse in Taiwan(questionnaire, p. 4, Q4)

| When dealing with C.S.A. how competent are you in dealing with your own feelings? | not competent | | | | very competent | |
|---|---------------|------|----|------|----------------|-----|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| PROPORTION /% | 1.7 | 13.3 | 45 | 33.3 | 5 | 1.7 |
| MODE | 3 | | | | | |

TABLE 3.8-6: Social worker perceived competent in dealing with child sexual abuse in the UK (questionnaire, p. 4, Q4)

| When dealing with C.S.A. how competent are you in dealing with your own feelings? | not competent | | | | very competent | |
|---|---------------|---|----|----|----------------|---|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| PROPORTION/% | 0 | 5 | 10 | 45 | 35 | 5 |
| MODE | 4 | | | | | |

The higher the score the higher the perceived degree of competence in dealing with child sexual abuse. The result in Taiwan is seen above in table 3.8-7. Most of the sample (78.3%) responded in the middle range (Mode = 3).

The Mode is "4" in this point in England, and "3" in Taiwan. 47.4% of the samples located at mark "4", 31.6% located at mark "5" in England. 45% of the samples located at mark "3", 33.3% located at mark "4" in Taiwan. The above data indicates that social workers see themselves as more competent in the UK than in Taiwan.

Tentative explanations for this result are as follows:

- 1) Taiwanese social workers have difficulty in applying training knowledge to practice
- 2) most of the theories/knowledge come from other countries (e.g. American, Canada) to Taiwan. They may not be suitable for the situation in Taiwan.
- 3) also social workers in the UK have more experience/awareness and are therefore more comfortable with the problem, perhaps future study can examine the relationship between knowledge, awareness, confidence, and competence. This study simply notes the significant discrepancy.

2. Chi-Square analysis of the frequency scores of competence in dealing with child sexual abuse

The original scale was a 6 points scale, the researcher recorded this into a 2 point scale. If the samples answered "1" this equalised feeling " Not competent" in dealing with child sexual abuse cases; if samples answered "2" this equalised feeling "Very competent" in dealing with child sexual abuse cases.

A Chi-square analysis of the frequency scores for this item shows a significant result [$\chi^2 (1)=12.15, p= .00$]. The factor of country affects social workers' response in this item. Taiwanese social workers responded in similar proportions in "Not competent" and "Very competent" in dealing with child sexual abuse clients(60% & 40%). Social workers in the UK tend to responded "Very competent" in this situation (85%).

IV. Preparedness of social workers to deal with the specific situations in Taiwan (questionnaire, p. 4, Q5)

TABLE 3.8-7: Preparedness of social workers to deal with the specific situations in Taiwan (information from QUESTIONNAIRE)

| SCORE PROPORTION/% | not prepared | | | | | | well prepared | | |
|--|----------------|------|------|------|------|------|---------------|------|------|
| | 0 ⁷ | 1 | 2 | 3 | 4 | 5 | 6 | mean | mode |
| 1) working/communicating with police and other agencies | 10 | 3.3 | 6.7 | 15 | 25 | 20 | 20 | 3.81 | 4 |
| 2) dealing with different types of C.S.A. cases | 1.7 | 5 | 33.3 | 25 | 23.3 | 6.7 | 5 | 3.03 | 2 |
| 3) applying different legal regulations /orders in different cases | 3.3 | 5 | 21.7 | 20 | 33.3 | 11.7 | 5 | 3.30 | 4 |
| 4) moving children from their families | 10 | 3.3 | 8.3 | 15 | 11.7 | 33.3 | 18.3 | 3.88 | 5 |
| 5) finding children homes/foster families | 6.7 | 3.3 | 3.3 | 15 | 11.7 | 35 | 25 | 4.26 | 5 |
| 6) moving abusers from their families | 18.3 | 23.3 | 20 | 13.3 | 8.3 | 15 | 1.7 | 2.21 | 1 |
| 7) helping abusers go back to their families | 18.3 | 20 | 38.3 | 10 | 11.7 | 1.7 | | 1.81 | 2 |
| 8) helping children go back to their natural families | 8.3 | 15 | 16.7 | 15 | 31.7 | 8.3 | 3.3 | 2.86 | 4 |
| 9)working in partnership with families explaining your role and the decision making process. | 3.3 | 3.3 | 8.3 | 21.7 | 18.3 | 28.3 | 16.7 | 4 | 5 |
| 10) interviewing and investigation skills with children | | 3.3 | 13.3 | 16.7 | 25 | 25 | 15 | 4.01 | 4 |
| 11) preparing case conferences | | 1.7 | 3.3 | 11.7 | 30 | 26.7 | 26.7 | 4.5 | 4 |
| 12) attending case conferences | | | 3.3 | 10 | 25 | 30 | 31.7 | 4.76 | 6 |
| 13)negotiating with your line manager in a confident and assertive manner | | | 10 | 16.7 | 25 | 26.7 | 21.7 | | 5 |
| 14) counselling of children | 1.7 | 6.7 | 20 | 25 | 26.7 | 18.3 | 1.7 | 4.33 | 4 |
| 15) stresses and strains of the job | | 6.7 | 13.3 | 26.7 | 30 | 20 | 3.3 | 3.30 | 4 |
| 16) time management | 1.7 | 6.7 | 20 | 21.7 | 36.7 | 11.7 | 1.7 | 3.53 | 4 |
| 17) understanding victims | | 1.7 | 16.7 | 28.3 | 25 | 25 | 3.3 | 3.65 | 3 |
| 18) understanding abusers | | 1,7 | 23.3 | 41.7 | 18.3 | 11.7 | 3.3 | 3.25 | 3 |

⁷ score " 0" means " No this situation"

TABLE 3.8-8: Preparedness of social workers to deal with the specific situations in Taiwan (information from INTERVIEW in Taiwan)

| | great difficulty | not difficulty |
|--|------------------|----------------|
| 1) working/communicating with police and other agencies | * | |
| 2) dealing with different types of C.S.A. cases | * | |
| 3) applying different legal regulations /orders in different cases | * | |
| 4) moving children from their families | * | |
| 5) finding children homes/foster families | * | |
| 6) moving abusers from their families | * | |
| 7) helping abusers go back to their families | * | |
| 8) helping children go back to their natural families | * | |
| 9)working in partnership with families explaining your role and the decision making process. | * | |
| 10) interviewing and investigation skills with children | | * |
| 11) preparing case conferences | | * |
| 12) attending case conferences | | * |
| 13)negotiating with your line manager in a confident and assertive manner | | * |
| 14) counselling of children | * | |
| 15) stresses and strains of the job | | * |
| 16) time management | * | |
| 17) understanding victims | | * |
| 18) understanding abusers | * | |

The data of this section appears in questionnaire (Table 3.8-10) which is very different from the information drawn from my interview with social workers in Taiwan (Table 3.8-11).

Item 1: working/communicating with police and other agencies.

1) The data in item 1 (Table 3.8-10) indicates Taiwanese social workers tend to see themselves as well prepared. This result contradicts with my interview information (Table 3.8-11). In my interview, in general, workers feel great difficulty working with the police. The open questionnaire also showed the same results (see this section, part V). For example, police interview skills are poor with children, and tend to see children as offenders.

This causes second injury to children. Additionally, in legal terms, it is not necessary for police and social workers to work together. If social workers "need" any help from the police, then they will call the police to make a joint visit to the families. The main problem with this is that the police have the right to choose not to help, if the workers can not prove that the situation is very serious.

2) Social workers in Taiwan working with other agencies also have similar problems. For example, the role of social workers in the S.S.D. (Social Services Department) and the role of Children's Home are always confused.

3) There are the other difficulties in this situation in Taiwan which I have dealt with in open questionnaires in this section, part V.

How can workers feel themselves having been well prepared but still have met so many problems? The tentative explanation for this may be that social workers in Taiwan perceived themselves to have been well prepared but not the police and the network system. (from interview)

Item 2: Dealing with different types of child sexual abuse

1) Social workers in Taiwan tend to see themselves as "not prepared" in item 2 (Table 3.8-10). From the interview (Table 3.8-11), workers showed feeling difficulty in coping with different types of child sexual abuse cases. For

example, incest, prostitution, age difference, what kind of cases require medical examinations, what kind of cases require restriction of deprivation parents' rights on children and so on.

As a result, workers hope that there will be a very clear process which they can follow (more detail see this section, part V).

Item 3: Applying different legal regulations in different cases.

1) Half of the social workers in Taiwan tend to see themselves as well prepared in item 3 (Table 3.8-10)

2) "Children Act 1993 in Taiwan" is a renewed Act, some workers are familiar with this Act but some are not. If the case is simple and does not enter the court process, then workers will be able to cope with the case better.

Item 4: Moving children from their families.

This situation in Table 3.8-10 is one in which, in the whole section, the highest proportion of social workers in Taiwan see themselves as well prepared.

After the "Children Act 1993 in Taiwan", social workers have more rights than before and somehow social workers have more power than the other professionals as well. For example:

1) Through court orders, social workers in Taiwan can take away children very quickly. On the other hand, if social workers can not get in to the family (the family do not open the door), and the police can not give any help, then social workers can do nothing, so sometimes social workers take away the children from schools. (they also help children to change schools as soon as possible).

2) Through the treatment social workers in Taiwan may apply court orders to deprive parents of their rights towards their children. Then social workers can become the guardians of the children.

3) Normally, the social workers can take away the children for three months. During this three months, the social workers in Taiwan need to help the family to improve the family function. If this family can not improve to be better, then the workers can extend the placement for the children for another three months. The problem with this order is that the law does not describe lay down guidelines for action for the social worker, if after six months the family is still unsuitable for the children to return, what can a social worker do for the children?

It is very difficult to change or to restore the family function for a sexual abuse case family. It also rarely happens that an abuser can live with the victims again after the event's exposure.

It seems that social workers need to restore the family's function for the children during the six months, if the workers applies this order. It is too difficult for a worker to restore a family in such a short time. Social workers in Taiwan feel powerless and helpless in this situation.

Even though the workers have been well prepared to move children from families, it is just a beginning but not the end.

If the other part of the network can not have good partnerships, we still put the children in danger.

Item 5: Finding children homes (CH)/foster families (FF).

This is the other item in Table 3.8-10 in which the highest proportion of social workers see themselves as well prepared.

From the interview (Table 3.8-11), the researcher also found some problems which the workers may face when they refer children to Children's Homes/foster families.

These problems are as follows:

1) Children's Home/Foster Family is not enough

2) Different kinds of children (e.g. orphans, deviation behaviours, those who have run away from home)in the same Home, are difficult to manage. In general, Children's Homes do not welcome children who are sexually abused because some of their behaviour cannot be understood by social workers in the Home.

3) C.H. and F.F. do not have enough knowledge and background in child sexual abuse, so they can not understand children who are sexually abused.

4) The role /responsibility of social workers in the Social Services Department (S.S.D.) and social workers in Children's Home are in conflict with each other. (e.g. their views are different in dealing with the child, they wish themselves to be the key worker who manages the case)

5) After the children have gone to the Children's Home, some social workers in the Children's Home hope social workers in S.S.D. will still be the key social workers; and the social workers in the Children's Home just need to take care of the children's daily life.

On the other hand, some social workers in the Children's Home hope that social workers in S.S.D. do not interrupt too much after the children have moved to the Home. In this situation, if the children are settled with no problems, then it is fine, but if the children fail the placement or need to enter the legal process, then this case will come back to the social worker in S.SD.. Therefore, social workers in S.S.D. are not happy about needing to accept any rotten situations from social workers in the Children's Home. I will explain the other difficulties in this section, part V.

Item 6: Moving abusers from their families.

There are no organisations in Taiwan helping the abusers (apart from prison, but that is not considered as help)

It is also impossible to move the abusers from their families, so there is quite a high proportion in "0.00" in Table 3.8-10. That is, "no such situation". In the order word, social workers in Taiwan seldom in dealing with this situation. Even though social workers try to move the abusers from their families, they will face great problems. As a result, social workers in Taiwan tend to move the children from their homes. In some situations, the mother will fight against her children being taken away from home.

Item 7: Helping abusers go back to their families.

This point has higher proportion located at "0" (no such situation) in Taiwanese data in Table 3.8-10. Child sexual abuse cases tend to belong to the incest type in Taiwan, the abuser tending always to be the father. The father is powerful figure of authority in Chinese society (also in the UK.). The father is also the economical supporter in the family. Abusers rarely leave home after the event is exposed. As a result, abusers also do not need to go back their families.

Incest will be punished by five years in prison according to the law in Taiwan. How to help the abusers return to their own families after prison is a big issue in the future in Taiwan. After the "Children Act 1993 in Taiwan" has been used, the court will have more chance to punish the abusers in this way.

Item 8: Helping children go back to their natural families.

Even though there is quite high proportion located at the middle range in this item in Taiwanese data in Table 3.8-10, there is still a very high proportion located at the low range (not prepared). The result of this point shows that 78.4% of social workers in Taiwan see themselves as not prepared or not prepared enough to face this situation (Table 3.8-10).

Training programmes may be able to help workers to improve their working skills in this item. The other factor which affects social workers in Taiwan's failure in this item is the service system. In addition, workers can take children from their homes for six months. This period is too short for an abuser to change. This means that workers need to help a child to learn how to live with an abuser within six months.

Item 9: Working in partnership with families. Explaining your role and decision making process.

From the data in Table 3.8-10, social workers in Taiwan tend to see themselves as well prepared to face this situation. From the interview in Table 3.8-11, the training seems to have no good results in the workers' practical work.

Even though the families understand the role of a social worker, this does not mean that they will co-operate with the worker. A worker is a person who is outside the family, therefore, this person has no right to interrupt the family, even when this family is in danger. This is a family ideal in Chinese society. It also causes the social worker in Taiwan to have difficulty in working with the family.

Item 10: Interviewing and investigation skills with children.

This point has very good results. The data shows 40% of social workers in Taiwan tend to see themselves as well prepared to interview children, the other 40% of workers tend to see themselves as medium range prepared. In general, workers have received training on how to interview children.

Item 11: Preparing case conferences

Item 12: Attending case conference

Before we enter this point, I need to explain what case conferences are in Taiwan. The meaning of 'case conference' is drawing professionals in different

areas together to give a social worker advice on a particular case. The whole responsibility for this type of case conference lines with the key worker.

The key social worker needs to make all the decisions in the case conference on his/her own. The professionals present can do nothing (also do not need to) apart from speaking. Talking about something is much easier than doing it. Even though the same case will be present in different stages, the professionals who join the case conference will be different each time.

This situation will cause:

- 1) Social workers will feel criticised or blamed but not supported by people who have more power (e.g. doctors, lawyers, psychologists...) than themselves.
- 2) Different people join case conferences at different times (possibly the same field, but still different people) and give different advice. This time's advice may conflict with last time's advice. This causes the problem that there is no standard for the key social worker to follow.

Conclusions drawn according to the information above and the interview with the social workers are as below:

- 1) If the function of the case conference is not clear, it is not really helpful for a worker
- 2) Preparing/attending case conference is not the problem, but the social workers need to prepare themselves to be criticised.
- 3) It is not fair for a worker to respond to the case on their own.

Therefore, social workers in Taiwan tend to see themselves as well prepared in item 11,13 in Table 3.8-10 but that is not very meaningful in their practical work.

Item 15: Stresses and strains of the job.

From the data, social workers in Taiwan tend to see themselves as medium prepared the management of the stresses of their work in Table 3.8-10.

The factors which affects social workers in Taiwan stress management are as follows:

- 1) the number of cases
- 2) the type of cases
- 3) the support of supervisors
- 4) the partnership with the police and social workers in Children's Homes
- 5) the understanding of the working process in child sexual abuse.
- 6) the understanding of the right and the responsibility for social workers in legal terms.

Item 16: Time management.

The data in Table 3.8-10 shows social workers in Taiwan see themselves as medium prepared in dealing with the time management. The interview with social workers in Taiwan showed (Table 3.8-11) that social workers respond that if they have Child Protection cases then their time will be tight, otherwise, time management seems to be all right for them.

The other factor in this situation is the location of service. Some location's cases are more numerous and more complicated than other locations.

Item 17: Understanding the victim's psychological character. This item appeared in the Taiwanese questionnaire but not in the UK.

Though the Mode is "3" in this item, it can be seen from the proportion that samples tend to give high marks in the 6 point scales (Table 3.8-10).

This data indicates that social workers in Taiwan tend to see themselves as prepared in this point but not really well prepared.

Item 18: Understanding the abuser's psychological character. This item appeared in the Taiwanese questionnaire but not in the UK.

The Mode is "3" in this situation. The proportion tends to settle in the low scale (Table 3.8-10). This data indicates that social workers in Taiwan feel some difficulty in understanding abusers. These difficulties include:

- 1) Not knowing the character of the abusers.
- 2) Not knowing how to interview/investigate abusers.
- 3) Workers be threatened by abusers.
- 4) Abusers can be violent and so on.

Social workers in Taiwan tend to be very young and their working experience normally is just being one or two years. They also have a lack of support from the police or supervisors. As a result, all these factors add stress on workers when they need to face abusers alone.

The researcher reduced a six points scales in this section into a two point scales. Therefore, the results are divided into two groups:

1. Taiwanese social workers perceived training programmes "not prepared" them to face those working elements in Table 3.8-12.
2. Taiwanese social workers perceived training programmes " Well prepared " to face those working elements in Table 3.8-12.

Taiwanese social workers see themselves as "not well prepared" on the following items:

1. Dealing with different types of C.S.A. cases
2. Applying different legal regulations /orders in different cases
3. Moving abusers from their families
4. Helping abusers to go back to their families
5. Helping children to go back to their natural families

6. Counselling of children

7. Time management

8. Understanding abusers

TABLE 3.8-9: Preparedness of social workers to deal with specific situations in Taiwan (2 points scales)

| Country | Taiwan | | | |
|--|--------|--------------|---------------|------|
| | SCORE | not prepared | well prepared | S.D. |
| PROPORTION/% | | | | |
| 1) working/communicating with police and other agencies | 27.8 | 72.2 | | .45 |
| 2) dealing with different types of C.S.A. cases | 64.4 | 35.6 | | .48 |
| 3) applying different legal regulations /orders in different cases | 48.3 | 51.7 | | .50 |
| 4) moving children from their families | 29.6 | 70.4 | | .46 |
| 5) finding children homes/foster families | 23.2 | 76.8 | | .42 |
| 6) moving abusers from their families | 69.4 | 30.6 | | .46 |
| 7) helping abusers go back to their families | 83.7 | 16.3 | | .37 |
| 8) helping children go back to their natural families | 51.9 | 48.1 | | .50 |
| 9)working in partnership with families explaining your role and the decision making process. | 34.5 | 65.5 | | .47 |
| 10) interviewing and investigation skills with children | 33.9 | 66.1 | | .47 |
| 11) preparing case conferences | 16.7 | 83.3 | | .37 |
| 12) attending case conferences | 13.3 | 87.6 | | .34 |
| 13)negotiating with your line manager in a confident and assertive manner | 26.7 | 73.3 | | .44 |
| 14) counselling of children | 52.5 | 47.5 | | .50 |
| 15) stresses and strains of the job | 46.7 | 53.3 | | .50 |
| 16) time management | 49.2 | 50.8 | | .50 |
| 17) understanding victims | 46.7 | 53.3 | | .50 |
| 18) understanding abusers | 66.7 | 33.3 | | .47 |

V. Difficulties in dealing with child sexual abuse which appeared in the open questions in Taiwan

The researcher has indicated that Taiwanese social workers experience great difficulty in dealing with child sexual abuse (appearing in part I); tend to see themselves as not confident and not competent (appearing in part II and part III). Part IV indicated eight kinds of working elements which do not score well prepared from training programmes.

In the same time, those working elements which do not score well prepared are some of the difficulties for social workers in dealing with child sexual abuse. Apart from those situations which appear in part IV the researcher used open questionnaire to collect more information about the difficulties for workers in dealing with child sexual abuse. The result below result are more detailed information about the difficulties. This result is divided into ten aspects to indicate all the difficulties in Taiwan.

1. Law aspect: (Taiwanese information)

- 1) If age over 13-18, the Children Act in Taiwan can not protect the child well.
- 2) If there is no evidence then there can be no court action. However, it is difficult to get evidence.
- 3) Difficulty of punishing offenders, therefore they could do it again
- 4) There is no court action which could force offenders to receive counselling/therapy.
- 5) Can not protect workers from being hurt by abusers
- 6) Children need to go to court several times and the court process is a long period. This is not a conformable experience for children.
- 7) There is no court order which could move abusers away from home so must always be moved children. This causes children to feel that the event is their fault.

2. Police aspect: (Taiwanese information)

- 1) Interview skills are not good enough. Children feel like criminals. This causes a second harmful experience for children
- 3) Police always can not keep professional secret
- 4) The partnerships with social workers is poor because workers and police do not working together.
- 5) Do not respect the victims, particularly, if the victim is a child prostitute.

3. Perpetrator aspect: (Taiwanese information)

- 1) Abusers coerce the other family members to keep silent
- 2) Abuser has violent tendencies or denies the abuse behaviour

4. Children Home/Foster Family (C.H./F.F.): (Taiwanese information)

- 1) There are not enough Children Home/Foster Family
- 2) Social workers who work in C.H. do not have training in child sexual abuse
- 3) C.H./F.F. do not have the right to keep children at Children's Homes.
- 4) Different kinds of children (e.g., run aways, abused) put in the same Children home
- 5) Placement are all of limited time and the cost is too expensive
- 6) Poor quality of care
- 7) Normally. C.H./F.F. do not accept special cases(e.g. disabled children)
- 8) The placement fails, so children can not trust in social workers again.

5. Workers aspect: (Taiwanese information)

- 1) They do not have enough training, e.g. they do not know how to apply the legal service system and they lack the medical knowledge to collect information.

- 2) There are not enough senior social workers in this area.
- 3) Social workers' own feeling in child sexual abuse.
- 4) Social workers' anxiety (e.g. afraid abusers might hurt them)
- 5) They are asked to deal with too many kinds of cases (e.g. old people,)
so can not concentrate in Child Protection Work.
- 6) Social workers' gender as a factor in dealing with child sexual abuse.
- 7) Social workers can not predict the dangers which of the first
interview with the offender. (e.g. mental illness, violence)
- 8) The role of workers in the court hearing. They do not have enough
power
- 9) Powerlessness (if the victims choose to go home. and reject workers
interference).
- 10) Social workers often change their job so the experience is lacking
- 11) It is difficult for one key social worker is difficult to help both the
abuser and the victim at the same time.
- 12) Social workers do not have this kind of experience so in the same
way they feel it is difficult to understand certain cases.

6. co-operation: (Taiwanese information)

- 1) The conflict between the government system and the professional
view.
- 2) Communication with other social workers who are from the other
agencies.
- 3) Too many departments are involved in one issue (e.g. prostitution).
- 4) Working with different professionals (hospital, doctor, teacher, police)
- 5) Administrative organisation does not give enough support to social
workers.
- 6) Emergency treatment services do not have a good function because
official documents pass to the court and Social Services Department ,

this is difficult to complete in one day.

- 7) Partnership between social workers in the Social Services Department (S.S.D.) and social workers in Children's Homes is not good (e.g. counselling direction)
- 8) The line manager does not have enough knowledge of C.S.A. so the decision of direction is changeable.
- 9) Workers (different field) do not have enough experience in the network.
- 10) The Child protection centre can not give workers professional supervision (even in case conferences).
- 11) Government workers disturb social workers by dealing with cases in a non-professional way.
- 12) Other related organisations can not co-operate in a professional way in the work process
- 13) No team work
- 14) Agency workers (e.g. Children's Home) are in charge of the treatment process of the case but not the S.S.D. social workers, so the S.S.D. social workers feel powerless.

7. Professional field: (Taiwanese information)

- 1) Lack of therapy agency / therapist / counsellor
- 2) Too little first-hand professional knowledge in Taiwan
- 3) The supervision system is not good enough to check with the work process's quality.
- 4) If the victim's situation, cannot be examined very clearly by the doctor, and the children themselves cannot describe the situation very well, how can social worker act in this situation?
- 5) How can children be protected to avoid further injury?
- 6) Too few cases to increase experience in child protection work.
- 7) Difficulty of healing the very young victims.

- 8) Cannot know the truth in the beginning.
- 9) Not enough equipment.
- 10) Not enough skills working with children(e.g. analysis children's painting, counselling skills, helping children to go back their own families).
- 11) Difficulty of gaining evidence.
- 12) The foundation of theories is too weak to identify different cases.
- 13) Difficulty of follow -up after children. go back to his/her own family from the foster family.
- 14) Difficulty of referring cases(post abuse) to counselling.
- 15) Helping abusers.
- 16) Lack of senior social workers to give advice.
- 17) Difficulty of provision of help/counselling
- 18) It is difficult to restore the family
- 19) Lack of counselling for the family

8. Family aspect: (Taiwanese information)

- 1) Parents or other family members(non-abusers) can not co-operate with social workers
- 2) Parents find it difficult to help victims
- 3) If non-abuser parent encourages abuse (e.g. permits children to be prostitutes)it is difficult for workers to help the family.
- 4) There is no support/ counselling for the family.

9. Social aspect: (Taiwanese information)

- 1) Underworld society is involved the abuse e.g. child prostitution
- 2) The public does not have the correct child protection ideal
- 3) Parenting education is too little
- 4) Lack of discussion of child sexual abuse, even abusers do not know

that their behaviour means abuse.

5) Lack of social resources.

6) Lack of support for the family

10. Victim aspect: (Taiwanese information)

1) They can not be stable in the Children's Homes.

2) Female victims some time have promiscuous tendencies so difficult to help them.

3) It is difficult to counsel in deviant behaviour.

4) Children do not have enough courage to speak the truth.

5) The child does not want to leave the abuser.

VI. Preparedness of social workers to deal with specific situations in the UK (questionnaire, p. 4, Q5)

TABLE 3.8-10: Preparedness of social workers to deal with specific situations in the UK (information from QUESTIONNAIRE)

| SCORE | 1 | 2 | 3 | 4 | 5 | 6 | | |
|--|-------------------|------|------|------|------|---------------|------|------|
| PROPORTION/% | not prepared mode | | | | | well prepared | | mean |
| 1) working/communicating with police and other agencies | | 10 | | 25 | 40 | 25 | 4.70 | 5 |
| 2) dealing with different types of C.S.A. cases | | 15 | 20 | 35 | 15 | 15 | 3.95 | 4 |
| 3) applying different legal regulations /orders in different cases | 5 | 10 | 15 | 40 | 20 | 10 | 3.90 | 4 |
| 4) moving children from their families | 5 | 20 | 10 | 30 | 25 | 10 | 3.80 | 4 |
| 5) finding children homes/foster families | 15 | 10 | 25 | 30 | 15 | 5 | 3.35 | 4 |
| 6) moving abusers from their families | 15 | 30 | 10 | 25 | 15 | 5 | 3.10 | 2 |
| 7) helping abusers go back to their families | 20 | 20 | 30 | 30 | | | 2.70 | 3 |
| 8) helping children go back to their natural families | 10 | 10 | 15 | 35 | 15 | 15 | 3.80 | 4 |
| 9)working in partnership with families explaining your role and the decision making process. | | | 10 | 10 | 45 | 35 | 5.05 | 5 |
| 10) interviewing and investigation skills with children | 5 | | 15 | 25 | 25 | 30 | 4.55 | |
| 11) preparing case conferences | 5 | | 10 | 10 | 55 | 20 | 4.70 | 5 |
| 12) attending case conferences | | 5.3 | 10.5 | 5.3 | 42.1 | 36.8 | 4.94 | 5 |
| 13) preparing court hearings | | 10.5 | 10.5 | 31.6 | 42.1 | 5.3 | 4.21 | 5 |
| 14) attending court hearings | | 15 | 20 | 25 | 25 | 15 | 4.05 | 4 |
| 13)negotiating with your line manager in a confident and assertive manner | 5 | 5 | 5 | 20 | 45 | 20 | 4.55 | 5 |
| 14)counselling of children | 5 | | 25 | 25 | 30 | 15 | 4.20 | 5 |
| 15)stresses and strains of the job | 15 | 20 | 10 | 30 | 20 | 5 | 3.35 | 4 |
| 16)time management | 15 | 10 | 25 | 20 | 20 | 10 | 3.50 | 3 |

The above table 3.8-13 lists 18 situations which workers may face in their work.

The data indicates how the training programmes have prepared UK's social

workers to deal with these situations. If the worker answers 1, 2, 3 and 4 that indicated that social workers in UK tend to see themselves as "not prepared"; if the worker answers "5" or "6" that indicated social workers tend to see themselves as "well prepared".

Below are situations in which social workers in UK tend to see themselves as not well prepared(the Mode is "4" or "3" or "2")

- 1) Dealing with different types of C.S.A. cases
- 2) Applying different legal regulations/orders in different cases
- 3) Moving children from their families
- 4) Finding children homes/foster families
- 5) Helping abusers to go back to their families
- 6) Helping children to go back to their natural families
- 7) Attending court hearings
- 8) Stresses and strains of the job
- 9) Time management
- 10) Moving abusers from their families

The researcher recorded the six point scores into a two point score so the result is divided into two groups: one is training programmes "not prepared", the other one is " Well prepared " to help social workers in the UK to face those working elements. The table 3.8-14 below shows the items in which social workers in the UK tend to see themselves as "not well prepared":

- (1) Finding children homes/foster families.
- (2) Moving abusers from their families
- (3) Helping abusers go back to their families.
- (4) Time management

TABLE 3.S-11: Preparedness of social workers to deal with specific situations in the UK (2 points scales)

| Country | UK | | |
|--|--------------|---------------|-----|
| | SCORE | 1 | 2 |
| PROPORTION/% | not prepared | well prepared | |
| 1) working/communicating with police and other agencies | 10.0 | 90.0 | .30 |
| 2) dealing with different types of C.S.A. cases | 35.0 | 65.0 | .48 |
| 3) applying different legal regulations /orders in different cases | 30.0 | 70.0 | .47 |
| 4) moving children from their families | 35.0 | 65.0 | .48 |
| 5) finding children homes/foster families | 50.0 | 50.0 | .51 |
| 6) moving abusers from their families | 55.0 | 45.0 | .51 |
| 7) helping abusers go back to their families | 70.0 | 30.0 | .47 |
| 8) helping children go back to their natural families | 35.0 | 65.0 | .48 |
| 9)working in partnership with families explaining your role and the decision making process. | 10.0 | 90.0 | .30 |
| 10) interviewing and investigation skills with children | 20.0 | 80.0 | .41 |
| 11) preparing case conferences | 15.0 | 85.0 | .36 |
| 12) attending case conferences | 15.8 | 84.2 | .37 |
| 13) preparing court hearings | 21.1 | 78.9 | .41 |
| 14) attending court hearings | 35.0 | 65.0 | .48 |
| 15)negotiating with your line manager in a confident and assertive manner | 15.0 | 85.0 | .36 |
| 16)counselling of children | 30.0 | 70.0 | .47 |
| 17)stresses and strains of the job | 45.0 | 55.0 | .51 |
| 18)time management | 50.0 | 50.0 | .51 |

VIII. Difficulties in dealing with child sexual abuse which appear in the open questionnaire in the UK

The researcher has indicated that social workers in the UK tend to respond "no difficulty" in dealing with child sexual abuse as appears in part I; tend to feel themselves "very confident" and "very competent" in dealing with child sexual abuse (appearing in part II and part III). Part VI indicates four kinds of working contents in which do not feel "well prepared" from their training programmes in the UK. At the same time, these working contents in which social workers in the UK responded themselves as "not well prepared" represent some of the difficulties for social workers in dealing with child sexual abuse in the UK.

Although social workers in the UK tend to respond that they have few difficulties, are more confident and more competent than social workers in Taiwan, social workers in the UK still face some difficulties. As a result, apart from those situations which appear in part VI the researcher used the open questionnaire to collect more information about the difficulties for workers in dealing with child sexual abuse in UK.

The following results give more detailed information about the difficulties. This result is divided into eight aspects to indicate the difficulties in the UK. Apart from ' police aspect' and 'Children's Homes aspect' not included here other aspects are the same as the result in Taiwan. Although these aspects are the same in two countries the contents in each aspect is different in two countries. This information implies that there is no difficulty in working with the ' police' and 'Children's Homes' in the UK.

1. Legal aspect: (UK's information)

1. Inadequacy of the legal system-in dealing with this - seems to support the abuser, as do most of society's systems.
2. Abusers not punished/changed by the courts and the effect on victims.

3. Cases not going to court so that abusers are free to do this again.
4. The issue of evidence in relation to prosecutions generally leading to no prosecution being made.
5. The whole area of court action. This is probably the wrong way to treat this subject.

2. Social aspect: (UK's information)

1. Denial of the seriousness of this issue.
2. Lack of sufficient resources.
3. Understanding one culture of abuse and how parents and others can hurt children in this way.

3. Perpetrator aspect: (UK's information)

1. Working with the perpetrator who is denying there is a problem.
2. It is very difficult dealing with very confused emotions and the relationship with abuser.

4. Victim aspect: (UK's information)

1. The child enjoyed the abuse.
2. Separation from the family.
3. Empowering children to make choices.
4. Guilt of child, particularly in family break up.
5. The profound distress and sadness caused to the victim.

5. Worker aspect: (UK's information)

1. Keeping workers' own feelings controlled/own horror.
2. The long term effects on workers.
3. The impact the work has on you and your relationships with your family.

6. Professional aspect: (UK's information)

1. Talking with abusers.
2. Issues of therapy versus investigation.
3. Frustration when the case is unsubstantiated, therefore it cannot proceed despite strong indications child sexual abuse.
4. Variety of abuse(some extreme).
5. The effects on children/long-term effects on children.
6. Dealing with the child/families reaction to being informed of a referral.
7. Separation from families.
8. Lack of resources for post- abuse work to be under- taken.
9. Lack of ongoing checks/powers to prevent further abuse where children are return to parents and no court action been taken.

7. Parents(family) aspect: (UK's information)

1. Parents are non-co-operative.
2. Complicity of other family members.
3. The effects on the family relationships(extended family etc.).
4. Cyclic effects on parenting.
5. A parent who is aware their child is being abused stays silent.
6. Child not being believed by carers and other significant people.

8. Co-operation with other agencies

1. Defence mechanisms of other professionals e.g. Denial.

VIII. Comparison of the difficulty of situations in dealing with child sexual abuse in Taiwan and the UK

Although the difficulties in dealing with child sexual abuse are not all the same in Taiwan and the UK, there are still some points which are very similar in both

countries. The Table 3.8-15 below is rearranged from table 3.8-12 and table 3.8-15 to show the situations which social workers perceived themselves as not having been well prepared by training programmes in Taiwan and the UK.

TABLE 3.8-12: Working elements are not well prepared in Taiwan and the UK

| Taiwan | UK |
|---|--|
| 1. dealing with different types of C.S.A. cases | 1. finding children home/foster family |
| 2. applying legal regulation in different cases | 2. moving abusers from their families |
| 3. moving abusers from their families | 3. helping abusers go back to families |
| 4. helping abusers go back to families | 4. time management |
| 5. helping children go back home | |
| 6. counselling of children | |
| 7. time management | |
| 8. understanding abuser | |

Table 3.8-15 indicates the most difficult situation in social workers' perception in both countries that of is working with the abuser. For example moving abusers from families, helping abusers to go back to families.

The other interesting result is the item: 'Finding Children's Homes' which appears in the UK as a difficult situation in social workers' perception, but did not appear in the open questionnaire in the UK. In contrast, this item appeared as a "well prepared" situation in social workers' perception in Taiwan but the open questionnaire shows that the 'Children's Homes aspect' is a difficult aspect for social workers to face in Taiwan.

For example:

- 1) There are not enough Children Home/Foster Family
- 2) Social workers who work in C.H. do not have training in child sexual abuse
- 3) Poor quality of care
- 4) The placement fails, so children can not trust in social workers again.

- 5) The direction of help is different between social workers in the S.S.D. and Children's Homes.
- 6) Social workers in Children's Home in charge of the case so social workers in the S.S.D. feel powerless.

The above information implies that even though workers reply that they are "well prepared" in the 'Children's Homes' issue, this training can still not help them to solve the above difficulties.

Apart from the above data, the researcher compared the difficulties in dealing with child sexual abuse which appeared in the open questionnaire in Taiwan and the UK. The same difficulties in the two countries as listed below:

1. Legal aspect: (Both countries' information)

1. Abusers not punished/changed by the courts and the effect on victims.
2. Cases not going to court so that abusers are free to do this again.
3. The issue of evidence in relation to prosecutions generally leading to no prosecution being made.

2. Society aspect: (Both countries' information)

1. Denial of the seriousness of this issue.
2. Lack of sufficient resources.

3. Perpetrator aspect: (Both countries' information)

1. working with the perpetrator who is denying there is a problem.
2. It is very difficult dealing with the very confused emotions and relationship with the abuser.

4. Victim aspect: (Both countries' information)

1. Separation from the families.
2. The profound distress and sadness caused to the victim.

5. **Worker aspect: Keeping workers' own feelings controlled/own horror.**

6. **Professional aspect: (Both countries' information)**

1. Talking with abusers.
2. Frustration when case is unsubstantiated, therefore cannot proceed despite strong indications of child sexual abuse.
3. the effects on children/ long-term effects on children.
4. Separation from families.
5. Lack of resources for post- abuse work to be under- taken.
6. Lack of ongoing checks/powers to prevent further abuse where children are returned to parents and no court action has been taken.

7. **Parents(family) aspect: (Both countries' information)**

1. Parents are non-co-operative.
2. Complicity of other family members.
3. A parent who is aware their child is being abused stays silent.
4. Child not being believed by carers and other significant people.

8. **Co-operation with other agencies: Defence mechanisms of other professionals**

IX. Training programmes which prepare social workers to deal with situations they may face in their work process by countries(UK/Taiwan)

The original scale was a 6 points scale, the researcher recorded the 6 points scale into a 2 point scale. If samples answered "1" this equalised that workers felt "Not well prepared" by training programmes to face some situations; if samples answered "2" this equalised that social workers felt "Well prepared" by training programmes to face this situation.

The Chi-Square analysis of the frequency scores for the following items shows significant results.

1. Item 2: Dealing with different types of C.S.A. cases

A Chi-square analysis of the frequency scores for this item shows a significant result. [$X^2 (2)=5.65, p= .05$]

The factor of country affects the way social workers respond to this item. Taiwanese social workers tend to answer that they are "not well prepared" by their training programmes to face "Dealing with different types of child sexual abuse" cases.(63.3%). Social workers in the UK tend to see themselves as "well prepared" to face this situation.

2. Item 5: Finding Child homes/ foster families

A Chi-square analysis of the frequency scores for this item shows a significant result. [$X^2 (2)=6.58, p= .03$]

The factor of country affects the way social workers respond to this item. Taiwanese social workers tend to answer that they were "well prepared" by training programmes to face "Finding Children's Homes/ Foster families "(71.7%). Social workers in the UK showed the same proportion of "well prepared" and "not well prepared" in this situation.

3. Item 6: Moving abusers from their families

A Chi-square analyses of the frequency scores for this item show a significant results. [$X^2 (2)=5.67, p= .05$]

The factor of country affects the way social workers respond to this item. Taiwanese social workers tend to answer that they were " not well prepared" by training programmes to face "Moving abusers from their families "(56.7%).

Social workers in the UK show a similar proportion of "well prepared" and "not well prepared" in this situation.

4. Item 7: Helping abusers to go back to their families

A Chi-square analyses of the frequency scores for this item show a significant results. [$\chi^2 (2)=6.05, p=.04$]

The factor of country affects the way social workers respond to this item. Both of Taiwanese social workers and UK's social workers tend to answer that they were "not well prepared" by training programmes to face this situation. The proportion of their responses is very similar to each other as well. (70.0% vs. 68.3%)

X. Summary and Conclusion

The conclusions in this section is as follows:

1. Taiwanese social workers respond that they find difficulties in dealing with child sexual abuse cases in general but this does not appear to be true of most of social workers in the UK. The Chi-square analysis of the frequency scores for this point show significant results.

2. Social workers in the UK tend to see themselves as confident and competent in dealing with child sexual abuse cases in general but this is not true of Taiwanese social workers. The Chi-square analysis of the frequency scores for this point show significant results.

3. Taiwanese social workers outline some difficult situations in their working process in dealing with child sexual abuse cases as follows:

1. Dealing with different types of child sexual abuse cases
2. Applying different legal regulations /orders in different cases

3. Moving abusers from their families
4. Helping abusers to go back to their families
5. Helping children to go back to their natural families
6. Counselling of children
7. Time management
8. Understanding abusers

4. Social workers in the UK outline some difficult situations in their working process in dealing with child sexual abuse cases as follows:

1. Finding Children's Homes/foster families
2. Moving abusers from their families
3. Helping abusers to go back to their families
4. Time management

5. The difficulties in dealing with child sexual abuse appeared in the open questionnaire in Taiwan and the UK. There are two difficult aspects which only appear in Taiwan. These are 'working with police' and 'finding Children's Homes/ Foster Family'. I explore the other eight kinds of difficult aspects in the two countries as follows:

1. Legal aspect: (Information is from both countries)
 - i. Abusers not punished/changed by the courts and the effect on victims
 - ii. Cases not going to court so that abusers are free to do this again
 - iii. The issue of evidence in relation to prosecutions generally leading to no prosecution being made
2. Society aspect: (Information is from both countries)
 - i. Denial of the seriousness of this issue.
 - ii. Lack of sufficient resources

3. Perpetrator aspect: (Information is from both countries)

- i. working with the perpetrator who is denying there is a problem
- ii. It is very difficult to deal with very confused emotions and the relationship with the abuser

4. Victim aspect: (Information is from both countries)

- i. Separation from the family.
- ii. The profound distress and sadness caused to the victim.

5. Worker aspect: (Information is from both countries)

Keeping the social workers' own feelings controlled/own horror

6. Professional aspect: (Information is from both countries)

- i. Talking with abusers
- ii. Frustration when case is unsubstantiated, therefore cannot proceed despite strong indications of child sexual abuse.
- iii. the effects on children/ long-term effects on children
- iv. Separation from families
- v. Lack of resources for post- abuse work to be under- taken
- vi. Lack of ongoing checks/powers to prevent further abuse where children are returned to parents and no court action has been taken

7. Parents(family) aspect: (Information is from both countries)

- i. Parents are non-co-operative.
- ii. Complicity of other family members.
- iii. A parent who is aware their child is being abused stays silent.
- iv. Child not being believed by carers and other significant people.

8. Co-operation with other agencies:

Defence mechanisms of other professionals e.g. Denial

6. The Chi-Square analysis of the frequency scores for following situations which social workers may face in their work process show significant results.

i. Dealing with different types of child sexual abuse cases. Taiwanese social workers tend to reply that they see themselves as "not well prepared" but this does not appear to be true of social workers in the UK.

ii. Finding Child Home/ Foster families. Taiwanese workers tend to reply that they see themselves as "well prepared" in this situation but this UK's social workers do not.

Taiwanese social workers may reply "well prepared" in this item but the open questionnaire shows that this item is a difficult situation for social workers in Taiwan.

Tentative explanations for this result is that social workers in Taiwan see themselves as having good training in this item but this does not help them to face problems which are connected with Children's Homes when they have to deal with child sexual abuse

iii. Moving abusers from their families. Taiwanese social workers tend to reply that they see themselves as "not well prepared" but UK's social workers do not This situation also rarely happens in Taiwan.

iv. Helping abusers go back to their families. Both countries' social workers replied that they see themselves as "not well prepared" in this situation.

CHAPTER 3, SECTION 9

Training Needs

INTRODUCTION

This section explores the training needs of social workers in Taiwan and the UK. While some of the difficulties which social workers face when dealing with child sexual abuse can be solved by training programmes, others can not. For example, time restrictions, the law is not adequate enough to eject the abusers from the victims' home, and the need for precise evidence etc. The section also explores the training needs for social workers which could help social workers to deal more adequately with child sexual abuse. The information below is taken from the open questionnaire.

The researcher organised all the training needs in the open questionnaire into different categories. The workers' training needs are as follows:

1. How to work with abusers
2. How to work with the children
3. How to work with the family
4. How to apply the legal system
5. Cooperation with other professionals
6. General training programmes

I. Training needs in working with abusers

Table 3.9-1: Training needs in working with abusers

| Working with abusers | |
|--|--|
| Training needs in Taiwan | Training needs in UK |
| 1. How can we move the abuser from the family | 1. Information on perpetrators and dealing with them |
| 2. Assess the abuser's psychosomatic situation | 2. Working with abusers-perpetrators denial |
| 3. Interview/counselling skills with abuser (particularly when workers are single) | 3. Counselling skills/specific skills |
| 4. Helping abusers to understand the law | 4. Assessing the risk from the abuser |
| 5. Negotiation skills with abuser | |
| 6. The psychology of abusers (personality) | |

Table 3.9-1 shows the following information:

Both Taiwan's and the UK's social workers wish to have specific counselling skills under to work with abusers. It is also important to assess the risk from the abuser or their psychosomatic situation, because it helps the social workers to plan a course of action for the victim as well as protecting social workers themselves. This is very important in Taiwan, bearing in mind that social workers there are young, female and do not work with the police. As a result, Taiwan's workers always feel frighten if they have to face the abusers alone.

III. Training needs in working with victims

Table 3.9-2: Training needs in working with the victims

| Working with the victims | |
|--|---|
| Training needs in Taiwan | Training needs in UK |
| 1. Assess the child's psychosomatic situation | 1. Stress counselling |
| 2. Counselling skills with children in different age groups/ helping victims to face their future, and accept the event is true and psychology | 2. Working with abused children /young people |
| 3. Interview: how to talk to the child about "sexual abuse" | 3. Investigating/interviewing for C.S.A. (interviewing skills) |
| 4. Counselling: helping children understand sex morals | 4. Long-term effects of abuse on victims |
| 5. Understanding the symptom of victims/ psychological responses after abuse | 5. Counselling skills/specific counselling skills |
| 6. Assess the treatment /placement of children | 6. Communicating with children |
| 7. Play therapy | 7. Play therapy |
| 8. Helping children to understand sexual knowledge | 8. Assessment of risk to the child if they remain at Home/return home |
| 9. If the child can not be taken away from his/her family, how to protect the child from the abuser? | 9. Regular up-dating of new training in treatment work with children and adult survivors- both individual and group and personal support. |
| | 10. How to raise self image |

Table 3.9-2 shows the following information:

The training needs in this part are divided into six kinds:

1. Communication with the children: this is the first step that social workers have to overcome. If a social worker can communicate with the victim very well, the following planning action will have more chance of succeeding. The difficulties in this point are that, compares to other children, a sexually abused child finds it very difficult to trust other people and different age groups use different communication skills. For this reason, the first challenge a social worker has to face is to build a good relationship with the victim.

2. **Interview skills:** the main role of a social worker is to protect children, but before any protection can be given workers need to find out what the facts are and, according to the interview, form the best course of action for the child. Unfortunately, the protection and the investigation are always contrary with each other because children are always too frightened to tell the truth, and the evidence is not easy to find from the medication.

Indeed, in their search for the evidence, social workers often ignore the horror that the child faced. Therefore, the second challenge for social workers is to ensure that they do not become a 'soft police'.

3. **Assessment:** there are three points in this part. Firstly, workers need to estimate the degree of risk to the victim. Secondly, a social worker needs to assess the treatment for the victim, and finally to assess the child's placement. If S.S.D. hope to give children a good quality service, all these are important skills for a social worker to develop.

4. **Specific counselling skills:** Although a social worker's role is not that of a counsellor most of the workers in Taiwan and the UK would like to receive more specific counselling skills. If workers have better counselling skills their communication with children will have a more healing function. Furthermore, if the child do not have the chance to receive help from a counsellor, a social worker will be able to administer some counselling. There are some important aspects related to this part: play therapy; stress counselling; individual/ group/ support counselling, helping children to accept that the event is true; and helping children to face their future and what the psychological reactions are etc.

5. **The long-term effects on children:** When a child is secured from a dangerous family this is not the end. The long-term effects for survivors are very real. In order to deal with the long-term effects, there are some points that social

workers try to remedy: raising the survivor's self-image, building their understanding of sexual knowledge and sexual norms, and helping the survivor to work out all the long-term effects.

6. Protect the victim if there is no court action: The final challenge which social workers need to face is how to protect the child if workers do not have the evidence to proceed with court action and the child needs to live with the perpetrator.

III. Training needs in working with the family

TABLE 3.9-3: Training needs in working with the family

| Working with the family | |
|---|---|
| Training needs in Taiwan | Training needs in UK |
| 1. How to diagnose the family's history | 1. If the other family's members can not co-operate with workers, how to work with them |
| 2. How to assess the function of the family | |
| 3. How to restore the family | |
| 4. How to persuade the mother to cooperate with the workers | |

There are two main points which are highlighted in table III-1. Firstly, how a worker assesses the family's function. This assessment looks at the capacity of the nuclear family and the extended family. Secondly, how workers develop a good partnerships with the family, particularly when the family are unwilling to cooperate with social workers. Moreover, the mother is always an important supporter of the victim

IV. Training needs in applying the legal service system

Table 3.9-4: Training needs in applying the legal system

| Applying the legal system | |
|--|---------------------------------|
| Training needs in Taiwan | Training needs in UK |
| 1. How to apply different court orders to each case | 1. Better Preparation for court |
| 2. Knowledge of C.S.A. law | 2. Legal knowledge |
| 3. What is worker's right by law | 3. Court processes |
| 4. Good communication skills during the court hearings | |
| 5. How to write good report for the court hearing. | |

There are two points with regards to apply the law orders were social workers want to receive more training in both Taiwan and the UK. Firstly, legal knowledge of C.S.A., how to apply different court orders to different cases, and their right according to the law, when dealing with victims as abusers. Secondly, court processes e.g. how to write good reports for the court hearing, and developing good communication skills during the court hearings.

V. Training needs in cooperation with other professions

Table 3.9-5: Training needs in cooperation with other professions

| Co-operation with other profession | |
|---|---|
| Training needs in Taiwan | Training needs in UK |
| 1. How to work with the police | 1. Inter-Agency Co-operation, particularly health and Education |
| 2. What is the clear boundary between worker's role in SSD ⁸ and C.H.? | 2. Multi-Agency |

There is one particular training programme relating to Taiwan, but not to the UK, which shows how to work with the police. Another training needs in

⁸ S.S.D. is Social Services Department, C.H. is Children Home

Taiwan and the UK shows how to work with multi-agencies/inter agencies and the roles/responsibility of the different agencies.

VI. Training needs in general

TABLE 3.9-6: Training needs in general

| Training needs in general | |
|---|---|
| Training needs in Taiwan | Training needs in UK |
| 1. The development of sexual psychology | 1. Implementation, monitoring: partnership and written agreements: How effective is the intervention? How do workers evaluate? |
| 2. Case conference | 2. Assertiveness Training: Especially for work with articulate families, who challenge and manipulate don't engage, or refuse to co-operate |
| 3. how to deal with different kinds of C.S.A. cases | 3. Discussion Programme |
| 4. how to assess / draw up a planning of counselling/collecting information | 4. Sexual abuse signs and information |
| 5. How to get the evidence | 5. Planning for protection |
| 6. Psychological testing | 6. Conferences |
| 7. The processing of C.S.A. cases/the treatment after interview | |
| 8. Practical work handbook | |
| 9. Educational films | |
| 10. Knowledge of medication | |
| 11. Stress management | |

While the situation in Taiwan and the UK is quite different with regards to this part, there are two points that tend to reoccur in both countries. Firstly, how social workers feel more prepared after attending conferences on the subject and their desire to have discussion programmes in order to help the working procedure. Secondly, how to assess/ draw up plans for protecting the victim e.g. collecting information, counselling programmes, and the treatment after

interview. The other needs are different in Taiwan and the UK. Below are some of the training needs in Taiwan:

1. The development of sexual psychology
2. Practical work handbook
3. How to deal with different kinds of C.S.A. cases
4. Educational films
5. Psychological testing
7. How to get the evidence

The following list are perceived training needs in the UK:

1. Implementation, monitoring: partnership and written agreements:
How effective is the intervention? How do workers evaluate?
2. Sexual abuse signs and information

VII. Discussion and Conclusion

Generally speaking, social workers in Taiwan and the UK have very similar training needs in different aspects e.g.: how to work with the abuser, children, and the family; how to apply the legal system to specific cases; and co-operation with other professions and agencies.

The researcher will point out some points particularly relevant to Taiwan.

Firstly, social workers would like to have training programmes on how to work with the police. The crux of this point is that Taiwan needs to change their services systems first. In other words, the police and social workers need to work together. However, even though the police would like to " help" social workers, they still do not have the right to do so. If they can working together and have training programmes together, they will have a similar understanding of attitudes towards C.S.A.. There also needs to be a clear boundary between the roles/responsibilities of the police and social workers.

Secondly, social workers in Taiwan would like to have a practical working handbook. The Social Services Department in Durham published handbook which included some detail information to guide social workers through the best working processes when dealing with C.S.A. Although this handbook can not provide all the information which workers need, it is, nevertheless, an important foundation from which to start. There is no similar guide lines or directions in Taiwan when a social worker is confronted with C.S.A. case - this is a major drawback. For this reason, the Social Services Department(S.S.D.) in Taiwan has the responsibility to offer the best direction in the form to contribute a working procedure handbook to social workers. If S.S.D. wish social workers to a better quality service, this is one of the factors that needs to be addressed.

Thirdly, the assumption that social workers need to "educate" the family/parents after the abuse(including physical, emotional abuse) is exposed, is one of the reasons why social workers would like the educational films. However the researcher disagrees that a social worker need to provide education to the abused family, because education belongs to the Education Services system. In other words, Child Protection Work does not just belong in the Social Work field. Each profession connected with children has their own to under taken their own responsibility to protect children when the family fail to do so.

CHAPTER 3, Section 10

Summary of Results

I. PERSONAL INFORMATION

1. There are more female social workers than male social workers in both Taiwan and the UK..
2. The age of social workers in Taiwan is much younger than those in the UK..
3. Social workers in the UK have more experience in dealing with child sexual abuse than social workers in Taiwan.
4. The proportion of the working day taken up with child sexual abuse is higher in the UK than in Taiwan.
5. The proportion working with child sexual abuse is more changeable and increasing in the UK. compared to Taiwan.
6. The majority of victims in both countries are female.
7. Nearly 50 % of the samples in both countries have initial training in child sexual abuse.
8. The proportion in further training is a little bit higher in Taiwan than in the UK..

II. The definitions of child sexual abuse

1. Social workers in the UK. prefer definition II (England .legal definition) and definition III (SCOSAC), very few chose definition I (Taiwanese definition).
2. Taiwanese social workers prefer definition I (Taiwanese definition),and definition II (England legal definition).
3. A Chi-square analysis of the frequency scores in this item show significant results.[$X^2 (3)=11.71, p= .00$]

The social workers response depends on which country they come from. While social workers in Taiwan prefer Taiwan's and England's legal definition.(39% &30.5%). Social workers in the UK prefer England's legal definition (41.2%) and .SCOSAC definition (35.3%). Just a few samples chose Taiwan's definition.

4. Below are some key words / phrases that appear in all the definitions in this study, which the samples in Taiwan and the UK have chosen. The researcher chose the three most important items in Taiwan and UK. and put them in order as follows:

Taiwan:

- i. Abuse behaviour; whether or not it involves genital or physical contact; sexual contact; sexual activities; and in any activity of a sexual nature
- ii. Dependent children, adolescents; below the age of consent; dependency and subordinate position
- iii. Involve coercion; seduction; lure; persuasion,; and violence .

UK:

- i. Abuse behaviour; whether or not it involves genital or physical contact; sexual contact; sexual activities; and in any activity of a sexual nature
- ii. Power or force by an adult; all-powerful and dominant position of the adult or older adolescent perpetrator; authority and power
- iii. Dependent children, adolescents; below the age of consent; dependency and subordinate position

The above information indicates that both countries' samples feel that a helpful definition should identify clear 'abuse behaviour'. Taiwanese data shows that "children's position" is the second most important key phrase and "involve coercion" the third most important key phrase. On the other hand, the U.K.'s data shows that "adult's power" is the most important key phrase, and "children's

position" the third most important key phrase. This suggests that, compared to social workers in the UK, some social workers in Taiwan are not aware of the issues surrounding the phrase "adult's power".

5. Definition II is the most popular definition chosen by social workers in both Taiwan and the UK. The reasons why workers chose this definition in both countries are as follows:

- i. Clear age limit of victims helps workers to identify the case
- ii. Listing clear sexual abuse behaviour helps workers to identify the case
- iii. Legal use and difference in power between children and adults

6. These definitions include the following central points from the result. These points are also considered in the definitions of child sexual abuse found in the literature review.

- i. The age of children(victims) and their emotional, physical and developmental maturity.
- ii. The power and position are different between children(victims) and abusers; and abusers' strategy
- iii. The relationship between children(victims) and abusers
- iv. The type of abuse

III. The initial effects on children

1. The initial effects on girls which are "Frequently encountered" by social workers in both countries are as follows:

- 1) Sexual knowledge and behaviour inappropriate to their age group
- 2) Feelings of guilt and shame
- 3) Low self- esteem

2. The initial effects on girls which are "Rarely encountered" by social workers in both countries are as follows: Frequent exposure of the gentiles.

3. The initial effects on male victims which are "Frequently encountered" by social workers in both countries are as follows: Sexual knowledge and behaviour inappropriate to their age group.

4. The first five initial effects on female victims which are frequently encountered by Taiwanese social workers as below: (in order)

- 1) Having school problems
- 2) Sexual knowledge and behaviour inappropriate to their age group
- 3) Low self-esteem
- 4) Feelings of guilt and shame
- 5) Usually feeling isolation

5. The first five initial effects on female victims which are frequently encountered by social workers in the UK are as follows: (in order)

- 1) Feelings of guilt and shame
- 2) Low self-esteem
- 3) Sexual knowledge and behaviour inappropriate to their age group
- 4) Feelings of anger and hostility
- 5) Having school problems

6. The first five initial effects on male victims which are frequently encountered by social workers in Taiwan are as follows: (in order)

- 1) Sexual knowledge and behaviour inappropriate to their age group
- 2) Having school problems
- 3) Feelings of anger and hostility
- 4) Confusion about sexual norms
- 5) Low self-esteem

7. The first five initial effects on male victims which are frequently encountered by social workers in the UK are as follows: (in order)

- 1) Feelings of guilt and shame
- 2) Feelings of anger and hostility
- 3) Low self-esteem
- 4) Usually feeling isolation
- 5) Having school problems

8. There are significant differences in the initial effects on female victims in Taiwan and the UK. They are as follows:

- 1) Aggressive behaviour: while the respondents in the UK frequently encounter this effect in female victims, social workers in Taiwan do not..
- 2) Extreme dependency: while the respondents in Taiwan frequently encounter this effect in female victims, social workers in the UK do not.
- 3) Feelings of guilt and shame: while the respondents in the UK frequently encounter this effect for female victims and they are also more concerned with this effect than social workers in Taiwan.

9. There are significant difference in the initial effects on male victims in Taiwan and the UK. They are as follows:

- 1) Self-mutilation: although the respondents in the UK rarely encounter this effect on male victims, Taiwanese social workers are more concerned with this effect than social workers in the UK.
- 2) Have school problem: although social workers in both countries frequently encounter this effect for male victims, social workers in Taiwan are more concerned with this effect than social workers in the UK.

10. Social workers in both countries showed a lack of experience when dealing with male victims.

IV. The long term effects on children

1. The long term effects on female survivors which are "Rarely encountered" by social workers in both countries are as follows:

- 1) Able to enjoy sex
- 2) Protect their own children better

2. The long term effects on female survivors which are "Frequently encountered" by social workers in both countries are as follows:

- 1) Unable to form or maintain stable relationships
- 2) Have emotional upset or depression
- 3) Do not like their own body

3. The long term effects on male survivors which are "Rarely encountered" by social workers in both countries are as follows: Protect their own children better.

4. The long term effects on male survivors which are "Frequently encountered" by social workers in both countries are as follows:

- 1) Become abusers
- 2) Have promiscuous tendencies
- 3) Have a drug and / or alcohol problem

5. The first five long-term effects on female victims which are frequently encountered by social workers in Taiwan are as follows: (in order)

- 1) Feel different from others
- 2) Have emotional upset or depression
- 3) Have promiscuous tendencies

- 4) Do not like his/her own body
- 5) Unable to form or maintain stable relationships

6. The first five long-term effects on female victims which are frequently encountered by social workers in the UK are as follows: (in order)

- 1) Have emotional upset or depression
- 2) Feel different from others
- 3) Experience sexual dysfunction
- 4) Unable to form or maintain stable relationships
- 5) Do not like his/her own body

7. The first five long-term effects on male victims which are frequently encountered by social workers in Taiwan are as follows: (in order)

- 1) Have a drug and/or alcohol problem
- 2) Become abuser
- 3) Unable to form or maintain stable relationships
- 4) Have promiscuous tendencies
- 5) Feel different from others

8. The first five long-term effects on male victims which are frequently encountered by social workers in the UK are as follows: (in order)

- 1) Become abuser
- 2) Have a drug and/or alcohol problem
- 3) Feel different from others
- 4) Have promiscuous tendencies
- 5) Have emotional upset and depression

V. The most common age groups of children suffering from child sexual abuse

1. The most common age groups suffering from child sexual abuse in Taiwan are as follows:(in order)

1)10-12 years old

2)13-15 years old

3)7-9 years old

2. The most common age groups suffering from child sexual abuse in the UK. are as follows:(in order)

1)4-6 years old

2)10-12 years old

3)7-9 years old

The most common age group is younger in the UK than in Taiwan.

VI. Social workers perceived difficulties, confidence and competence in dealing with child sexual abuse (C.S.A.)in Taiwan and the UK

1. Social workers in Taiwan, compared to those in the UK, tend to respond that they experience great difficulties in dealing with child sexual abuse cases.

2. Social workers in the UK see themselves as having a higher degree of confidence compared with social workers in Taiwan.

3. Social workers in the UK see themselves as having a higher degree of competence compared with social workers in Taiwan.

The chi-square analysis of the frequency scores shows the following significant results:

i. Social workers in Taiwan experience great difficulty in dealing with C.S.A. cases in general, compared to social workers in the UK.

ii. Social workers in the UK feel confident and competent in dealing with C.S.A. cases in general, compared to social workers in Taiwan.

VIII. The difficult situations which social workers encounter during their working processes:

1. Social workers in Taiwan see themselves as "not well prepared" in the following items:

1. Dealing with different types of C.S.A. cases
2. Applying different legal regulations /orders to different cases
3. Moving abusers from their families
4. Helping abusers to go back to their families
5. Helping children to go back to their natural families
6. Counselling children
7. Time management
8. Understanding abusers

2. Social workers in the UK see themselves as "not well prepared" in the following items:

1. Finding children homes/foster families.
2. Moving abusers from their families
3. Helping abusers go back to their families.
4. Time management

3. The difficulties encountered by social workers, when dealing with child sexual abuse in both countries, were highlighted in the open questionnaire. There were two major difficulties which aspects which appeared in Taiwan, but not in the UK: 'Working with police' and 'Finding Children's Homes/ Foster Families'.

The difficulties encountered in both countries are listed below:

1) Legal aspect: (Both countries' information)

- i. Abusers not punished by the courts and the effect on victims.
- ii. Cases not going to court so that abusers are free to reoffend.
- iii. The issue of evidence in relation to prosecutions generally leading to no action being taken.

2) Society aspect: (Both countries' information)

- i. The seriousness of the issue being denied.
- ii. Lack of sufficient resources.

3) Perpetrator aspect: (Both countries' information)

- i. Perpetrator denying there is a problem.
- ii. It is very difficult dealing with the very confused emotions and relationships of the perpetrator.

4) Victim aspect: (Both countries' information)

- i. Separation from the families.
- ii. The profound distress and sadness caused to the victim.

5) Worker aspect: Keeping workers' own feelings controlled / horror under control.

6) Professional aspect: (Both countries' information)

- i. Talking with abusers.
- ii. Frustration when the case is unsubstantiated- cannot proceed despite strong indications of child sexual abuse.
- iii. The effects on children/ long-term effects on children.
- iv. Separation from families.
- v. Lack of resources for post- abuse work to be under- taken.
- vi. Lack of ongoing checks/powers to prevent further abuse when children are returned to their parents and no court action has been taken.

7) Parents(family) aspect: (Both countries' information)

- i. Parents are non-co-operative.
- ii. Complicity of other family members.
- iii. A parent who is aware their child is being abused but stays silent.
- iv. Child not being believed by carers and other significant people.

8) Cooperation with other agencies: Defence mechanisms of other professionals

4. The chi-square analysis of the frequency scores for following situations which social workers may face during their work process, shows the following significant results:

i. Dealing with different types of child sexual abuse cases. While social workers in Taiwan tend to reply that they see themselves as "not well prepared" in this area, this does not appear to be true of social workers in the UK.

ii. Finding Child Home/ Foster families. Taiwanese workers tend to reply that they see themselves as "well prepared" in this area, social workers in the UK do not.

Although social workers in Taiwan replied "well prepared", the open questionnaire shows that this is a difficult area for social workers in Taiwan.

Tentative explanations for this result is that although social workers in Taiwan see themselves as having obtained a good training in this area, does not prepare them for the problems connected with Children's Homes when they have to deal with child sexual abuse

iii. Moving abusers from their families. Taiwanese social workers tend to reply that they see themselves as "not well prepared", in this area, social workers in the UK do not. In addition, this situation rarely

happens in Taiwan.

- iv. Helping abusers go back to their families. Social workers in both countries replied that they see themselves as "not well prepared" in this area.

VIII. The training needs in Taiwan and the UK:

Generally speaking, social workers in Taiwan and the UK have very similar training needs. There are: how to work with the abuser, the children, and the family; how to apply the law to specific cases; the co-operation of other professions and agencies.

1. How to work with abuser: Both Taiwan's and the UK's social workers wish to have specific counselling skills under to work with abusers. It is also important to assess the risk from the abuser or their psychosomatic situation, because it helps the social workers to plan a course of action for the victim as well as protecting social workers themselves.

2. How to work with children

- i. Communicate with children: The difficulties in this point are that, compares to other children, a sexually abused child finds it very difficult to trust other people and different age groups use different communication skills. For this reason, the first challenge a social worker has to face is to build a good relationship with the victim.

- ii. Interview skills: the main role of a social worker is to protect children, but before any protection can be given workers need to find out what the facts are and, according to the interview, form the best course of action for the child. Unfortunately, the protection and the investigation are always contrary with each other because children are always too frightened to tell the truth, and the evidence is not easy to find from the medication. Indeed, in their search for the

evidence, social workers often ignore the horror that the child faced. Therefore, the second challenge for social workers is to ensure that they do not become a 'soft police'.

iii. **Assessment:** there are three points in this part. Firstly, workers need to estimate the degree of risk to the victim. Secondly, a social worker needs to assess the treatment for the victim, and finally to assess the child's placement.

iv. **Specific counselling skills:** Although a social worker's role is not that of a counsellor most of the workers in Taiwan and the UK would like to receive more specific counselling skills. If workers have better counselling skills their communication with children will have a more healing function. Furthermore, if the child do not have the chance to receive help from a counsellor, a social worker will be able to administer some counselling.

There are some important aspects related to this part: play therapy; stress counselling; individual/ group/ support counselling, helping children to accept that the event is true; and helping children to face their future and what the psychological reactions are etc.

v. **The long-term effects on children:** When a child is secured from a dangerous family this is not the end. The long-term effects for survivors are very real. In order to deal with the long-term effects, there are some points that social workers try to remedy: raising the survivor's self-image, building their understanding of sexual knowledge and sexual norms, and helping the survivor to work out all the long-term effects.

vi. **Protect the victim if no court action:** The final challenge which social workers need to face is how to protect the child if workers do not have the

evidence to proceed with court action and the child needs to live with the perpetrator.

3. Working with the family

There are two main points which are highlighted in table III-1. Firstly, how a worker assesses the family's function. This assessment looks at the capacity of the nuclear family and the extended family. Secondly, how workers develop a good partnerships with the family, particularly when the family are unwilling to co-operate with social workers. Moreover, the mother is always an important supporter of the victim

4. Applying the legal service system

There are two points with regards to apply the law orders were social workers want to receive more training in both Taiwan and the UK. Firstly, legal knowledge of C.S.A., how to apply different court orders to different cases, and their right according to the law, when dealing with victims an abusers. Secondly, court processes e.g. how to write good reports for the court hearing, and developing good communication skills during the court hearings.

5. Cooperation with other professions

There is one particular training programme relating to Taiwan, but not to the UK, which shows how to work with the police. Another training needs in Taiwan and the UK shows how to work with multi-agencies/inter agencies and the roles/responsibility of the different agencies.

6. While the situation in Taiwan and the UK is quite different with regards to this part, there are two points that tend to reoccur in both countries. Firstly, how social workers feel more prepared after attending conferences on the subject and their desire to have discussion programmes in order to help the working

procedure. Secondly, how to assess/ draw up plans for protecting the victim e.g. collecting information, counselling programmes, and the treatment after interview. The other needs are different in Taiwan and the UK. Below are some of the training needs in Taiwan:

1. The development of sexual psychology
2. Practical work handbook
3. How to deal with different kinds of C.S.A. cases
4. Educational films
5. Psychological testing
7. How to get the evidence

The following list are training needs in the UK:

1. Implementation, monitoring: partnership and written agreements:
How effective is the intervention? How do workers evaluate?
2. Sexual abuse signs and information

CHAPTER 4: DISCUSSION and CONCLUSIONS

I. Discussion and Conclusions

The following discussion and conclusion are addressed from the literature review and the results of this study. The following discussion and conclusion are offered taking into account the comments on sampling made in chapter 3 section 2.

1. The issue of theory:

The researcher used Finkelhor's Four Factors Model as background knowledge, to understand child sexual abuse in this study. The researcher also used his Four Traumagenic Dynamics Model to analyse the data of samples of social workers' perceived effects of child sexual abuse (C.S.A.). In general, social workers' understanding on the factors and effects of C.S.A. can be much enhanced by this model. On the other hand, this model has a lack of practical guide line for social workers in dealing with C.S.A..

2. Issues of Definitions:

Finkelhor and Redfield summarised the variables that influence the societal definition of sexual abuse (1984): offender's and victim's age; victim's and offender's gender; type of sexual abuse act; degree of child's consent; relationship between victim and offender; consequences of the abuser, and gender of the person attempting to define the abusive experience. The researchers have discussed some points in other sections of this study and will discuss the following points which are connected with the results of this study.

1) The relationship between children and abusers

While some of the definitions identify the relationship between children and abusers (e.g. CIBA, Rugh Porter(Ed.),1984,1989; England's legal definition) other do not (e.g. Taiwan's definition; Wyatt, 1985) Normally, the definitions define the abusers from the victims' own families and out side the families(strangers). If the abuser is from the children's own family it is known as incest. Two of the studies use the term 'responsible for children' or 'societal or specific responsibilities in relation to the child' in order to describe the relationship between the child and the abuser.(SCOSAC, 1984; Suzanne M. Sgroi, M.D., 1987)

While this kind of term is very general Taiwan's samples prefer the definition which explains very clearly the relationship between the child and the abuser. The finding that many children are abused by their natural father in Taiwan(information is from the interview with social workers) means that they prefer the phrase 'incest' appearing in the definition.(see chapter 3, section 4, table 3.4-7, table 3.4-8)

2) The type of abuse

The literature review of this study shows that child sexual abuse can be divided into two kinds: physical contact and non physical contact. While some definitions list clear sexual behaviour others do not. In addition, some authors also suggest that apart from defining to the exact behaviour order to identify child sexual abuse, other factors have to be considered. For example Baker A. and Duncan, S. use the term 'involves the child in any activity which the other person expects to lead to their sexual arousal' in order to emphasise the motive behind the perpetrators behaviour.

In addition, SCOSAC use the term 'lead to the sexual gratification of the sexually mature person'. As a result, whether or not the behaviour involves genital or physical contact we can say it is sexual abuse, because of the perpetrators motive. On the other hand, since the motive of the perpetrator is difficult to measure, it is difficult to judge their behaviour. However, if the definition combines the behaviour list with the motive behind the perpetrators behaviour, it will become that much more comprehensive.

It is very clear from this study that social workers prefer the definition listing clear sexual abuse behaviour.(see chapter 3, section 4, table 3.4-7, table 3.4-8) Although the behaviour list can not include all sexual abuse it is very important.

2. The issue of effects of child sexual abuse:

If professionals have a good understanding of the effects of child sexual abuse, it will help them to reach real needs of victims. In addition, this information will help trainers to provide suitable training programmes for social workers in order to improve their working ability. The effects on victims may be different depending upon their gender. This is important to know, when a social worker is dealing with a victim. It is also helpful if social workers know that they can use gender as a factor in their action plan for the victim if it is necessary.

The effects on victims may also be different in different countries under different cultures, or they may indeed be similar. In general, from 1960s, quite a lot of research findings have been sought in order to clarify and enhance people's understanding on the effects of child sexual abuse (Conet, J. and Berliner, L.,1987). Unfortunately, while a substantial amount of research findings have been sought in the U.S.A. and a few in the U.K., none have been sought in Taiwan.

3. The issue of difficulties in dealing with child sexual abuse:

Child sexual abuse is a very difficult working area. This area also needs different professionals to be involved in the working process. There is great pressure on all professionals who are involved during the working process. A social worker is always the key worker in the first stage of the working process. Whether this stage is successful or not will affect the following stage. The key social worker also needs to co-operate with all people who are involved in this case, for example the legal system, children, the family, medication and education and so on. As a result, it is not surprising that a key social worker will face some difficulties in different aspects of work.

III. The limitations of this study

This study used three research methods: closed, open questionnaires, and interviews. The research process and results showed that these methods could support each other and achieved the main aim of this study. Questionnaires and interviews are a rich information source.

However, the information derived only achieves a proportion of the aims of this study. This is a weak point when the researcher uses open questionnaire and interview only.

Another limitation of this study is that the researcher did not consider that samples of social worker in Taiwan and the UK lacked experience of working with male victims, therefore samples of social worker felt difficult in responding to sections under "male victims", according to their own working experience.

Finally, this study identified the age of victims as under the age of 18, and some samples of social worker lack experience working with victims over the age of 12. Therefore some samples of social worker felt difficult to respond to the section "long-effects on victims" according to their working experience.

III. The suggestions for further studies

The results also suggest that further studies could take place in the following:

1. This study chose social workers as a sample, a further study could examine other professions' attitudes in dealing with child sexual abuse because this is a network area. Some studies also suggest that different professions have different roles in dealing with child sexual abuse so they have different attitudes.

2. This study explores social workers' views of child sexual abuse, a further study could explore what kind of help victims feel they need from social workers and what effects victims experience after the victimisation. This would result in social workers' training becoming more practical in dealing with child sexual abuse.

3. Professionals' gender is a issue in dealing with child sexual abuse. The male social worker is under-represented in the analysis of this study. Therefore a further study sampling more male workers is required, to examine the attitudes differences between male and female workers.

APPENDICES

Appendix A:

20th December, 1993

Dear Sir,

Su Cheng Hung is currently engaged in research at this University. She is investigating the attitudes of social workers in Taiwan towards the sexual abuse of children. Part of her study involves collecting data from social workers in both communities, by means of a questionnaires. We should be most grateful for any assistance which you may be able to give her in her research. All information will be treated in confidence and neither individuals nor organisations will be identified in the final study.

We hope that the study will be of particular use in revealing training needs among social workers.

If you have any questions to raise, please contact either of the research supervisors at the numbers indicated below:

| | |
|-----------------|--------------|
| John McGuinness | 091-374-3522 |
| Jack Gilliland | 091-374-3550 |

Yours sincerely,

Jack Gilliland
Lecture in Education

Appendix B: QUESTIONNAIRE

Dear Colleague,

I am undertaking a comparative study of child sexual abuse (C.S.A.) between Britain and Taiwan. I would be grateful if you could complete this questionnaire on the responses of social workers to cases of C.S.A. and their implications for training. I am also trying to discover the different responses to C.S.A. between the different cultures. The questionnaire will take 20-25 minutes to complete. The study is divided into three parts:

- *the effects on children
- *the training needs of social workers
- * the definitions of C.S.A.

I understand this can be a sensitive area. Your anonymity is assured. Thank you for your time and effort.
Yours sincerely,

Su-Chen Hung

***** Put the completed questionnaire in the envelope, SEAL it, then hand it to your manager who will forward all the envelopes to me.
Thank you very much for your help.*****

***** Put the completed questionnaire in the envelope, SEAL it, then hand it to your manager who will forward all the envelopes to me.
Thank you very much for your help.*****

I. The effects on children.

On the following list are some possible effects of sexual abuse on children. Please use the following rating scale to indicate with what frequency you have encountered the various effects, according to your work experience.(circle the number)

| | | | | | | |
|------------------|---|---|---|---|---|----------------------|
| Rarely encounter | | | | | | Frequently encounter |
| 1 | 2 | 3 | 4 | 5 | 6 | |

INITIAL EFFECTS -The child before the age of 18

| | I. child is a girl | | | | | | III. child is a boy | | | | | |
|---|--------------------|---|---|------------|---|---|---------------------|---|---|------------|---|---|
| | Rarely | | | Frequently | | | Rarely | | | Frequently | | |
| 1. Precocious sexual activity. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Confusion about sexual norms. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Sexual knowledge & behaviour inappropriate to their age group. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Excessive sexual curiosity. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Frequent exposure of the genitals. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Aggressive behaviour. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Feelings of anger & hostility. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Clinging behaviour. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Extreme dependency . | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Criminal involvement for example, shoplifting or stealing. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Self-mutilation. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Low self-esteem. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. Feelings of guilt and shame. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Usually feeling isolation | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Running away from home/care. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. Having school problems. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Having psycho somatic complaints e.g. sleeping/eating disorders.. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |

LONG - TERM EFFECTS - The survivor after the age of 18

| | II child is a girl | | | | | III. child is a boy | | | | | | |
|--|--------------------|---|---|------------|---|---------------------|---|---|------------|---|---|---|
| | Rarely | | | Frequently | | Rarely | | | Frequently | | | |
| 1. Able to enjoy sex | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Protect their own children better. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Become abusers. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Unable to form or maintain stable relationships. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Permit their own children to be victimised. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Experience sexual dysfunction: flashbacks, difficulty in arousing orgasm, sexually anxious. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Have promiscuous tendencies. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Are afraid of women/men. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Are afraid to be alone, extreme dependency. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Have emotional upset or depression. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Have suicidal thoughts / tendencies. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Feel different from others. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. Feel the events surrounding them are unreal | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Have psycho somatic complaints e.g. eating /sleeping disorders. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Have a drug and/or alcohol problem. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. Withdraw from usual activities and friends | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Do not like his/her own body. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. Feel nervousness & extreme tension. | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |

****Please list any other effects on children which you feel important:**

III. Please circle the following rating scale to indicate your own FEELINGS

| | | | | | | |
|---|------------------------|----------|----------|------------|------------|-----------------------|
| 1. What do you think are the most common age groups of children suffering child sexual abuse? | 1 0-3 years old. | 2 4-6 | 3 7-9 | 4 10-12 | 5 13-15 | 6 16-18 |
| 2. When dealing with C.S.A. what difficulty do you have in dealing with your own feelings? | no difficulty 1 | 2 | 3 | 4 | 5 | great difficulty 6 |
| 3. When dealing with C.S.A. how confident are you in dealing with your own feelings? | not confident 1 | 2 | 3 | 4 | 5 | very confident 6 |
| 4. When dealing with C.S.A. how competent are you in dealing with your own feelings? | not competent 1 | 2 | 3 | 4 | 5 | very competent 6 |

5. Below are some situations which you may face in your work. Please use the rating scale to indicate how your training programmes has prepared you to deal with these situations.

| | | | | | | |
|--|-------------------|---|---|---|---|--------------------|
| 1) working/communicating with police and other agencies | not prepared 1 | 2 | 3 | 4 | 5 | well prepared 6 |
| 2) dealing with different types of C.S.A. cases | not prepared 1 | 2 | 3 | 4 | 5 | well prepared 6 |
| 3) applying different legal regulations /orders in different cases | not prepared 1 | 2 | 3 | 4 | 5 | well prepared 6 |
| 4) moving children from their families | 1 | 2 | 3 | 4 | 5 | 6 |
| 5) finding children homes/foster families | not prepared 1 | 2 | 3 | 4 | 5 | well prepared 6 |
| 6) moving abusers from their families | 1 | 2 | 3 | 4 | 5 | 6 |
| 7) helping abusers go back to their families | not prepared 1 | 2 | 3 | 4 | 5 | well prepared 6 |
| 8) helping children go back to their natural families | not prepared 1 | 2 | 3 | 4 | 5 | well prepared 6 |
| 9)working in partnership with families explaining your role and the decision making process. | not prepared 1 | 2 | 3 | 4 | 5 | well prepared 6 |
| 10) interviewing and investigation skills with children | not prepared 1 | 2 | 3 | 4 | 5 | well prepared 6 |
| 11) preparing case conferences | 1 | 2 | 3 | 4 | 5 | 6 |
| 12) attending case conferences | 1 | 2 | 3 | 4 | 5 | 6 |
| 13) preparing court hearings | 1 | 2 | 3 | 4 | 5 | 6 |
| 14) attending court hearings | 1 | 2 | 3 | 4 | 5 | 6 |
| 13)negotiating with your line manager in a confident and assertive manner | not prepared 1 | 2 | 3 | 4 | 5 | well prepared 6 |
| 14)counselling of children | 1 | 2 | 3 | 4 | 5 | 6 |
| 15)stresses and strains of the job | 1 | 2 | 3 | 4 | 5 | 6 |
| 16)time management | 1 | 2 | 3 | 4 | 5 | 6 |

6. Please list what kind of training programmes for C.S.A. you have attended?

7. If you feel it is necessary to have training programmes to help you work in the area of child sexual abuse ,please list the kind of training programmes you need:

8. Please list THREE of the most difficult issues in dealing with C.S.A. cases which cannot be helped by any training programme according to your own experience:

1)

2)

3)

9. Please list any theory (e.g. feminism)or the names of author or books which you find most useful in your work with C.S.A.:

III. Definitions of child sexual abuse. (with reference to children aged 18 and under)

The final section concerns definitions. These are important and influence ways in which social workers are likely to respond to C.S.A..

There are no correct answers so please read through them and give your ideas.

The following are four definitions of child sexual abuse, please read them and then undertake the following TWO tasks.

1. Please underline those key words or phrases in each definition which you consider are most important in defining C.S.A..

2. Please choose one of the definitions which you feel is most helpful when you deal with C.S.A giving brief reasons why you have chosen this definition

1. Definition I:

Sexual abuse is divided into two kinds. One is sexual molestation and the other is sexual exploitation. Sexual molestation involves some degree of coercion, seduction to reach the aim of sexual contact and non physical contact.

They include: exhibitionism, asking children to take clothes off, offering pornography to children, flirting with children (non contact), fondling children's genital areas, sexual intercourse, rape, digital/penile penetration of the anus/vagina and so on.

Sexual exploitation means the adult who uses children in pornographic acts for commercial purposes. In addition, the adults engage in a degree of coercion, violence, seduction, persuasion, and also giving of financial incentives to children to take part in pornography, slides, films, exhibitions, shows and so on.

****If you choose this definition please give brief reasons: _____**

2. Definition III:

The involvement of dependent children or adolescents under the age of 18 years, in sexual activity which they do not truly comprehend, to which they are unable to give consent which involves the use of power or force by an adult, that violates the social taboos of family roles in prevailing culture or that is against the law.

These procedures must be followed when considering the welfare of all children involved in the following offences: Incest, rape, indecent assault, gross indecency(homosexual activity), buggery, indecency with children, offences of attempting such offences, aiding and abetting the committing of such offences, procuring, use of children in indecent pictures and exposure of children to pornographic material.

The procedures include situations where those responsible for children encourage or allow them to be involved in unlawful sexual activity with others, but young people who have committed 'technical offences' in the context of a 'normal' teenage relationship are excluded.

****If you choose this definition please give brief reasons:_____**

3. Definition III:

Any child below the age of consent may be deemed to have been sexually abused when a sexually mature person has, by design or by neglect of their usual societal or specific responsibilities in relation to the child, engaged or permitted the engagement of that child in any activity of a sexual nature which is intended to lead to the sexual gratification of the sexually mature person. This definition pertains to whether or not this activity involves explicit coercion by any means, whether or not it involves genital or physical contact, whether or not initiated by

the child, and whether or not there is discernible harmful outcome in the short term.

****If you choose this definition please give brief reasons:** _____

4. Definition IV:

Child sexual abuse as a sexual act imposed on a child who lacks emotional, maturation, and cognitive development. The ability to lure a child into a sexual relationship is based upon the all-powerful and dominant position of the adult or older adolescent perpetrator, which is in sharp contrast to the child's age, dependency and subordinate position. Authority and power enables the perpetrator, implicitly or directly, to coerce the child into sexual compliance. Incest from a psycho social perspective incestuous child sexual abuse encompasses any form of sexual activity between a child and a parent or stepparent or extended family member (for example, grandparent, aunt, or uncle) or surrogate parent figure (for example common-law spouse or foster parent). Incest is variously defined by statute as specific sexual acts (usually involving some type of intercourse) performed between persons who are prohibited to marry.

****If you choose this definition please give brief reasons:** _____

V. Please circle one answer

1. Your gender:[1]. Female, [2]. Male
2. Your age: [1]. 21-30, [2]. 31 - 40, [3]. 41 - 50, [4]. 51 -60.
3. Your marital status:[1]. Married, [2]. Single,[3].Living with partner, [4]. Divorced., [5].Widowed, [6]. Separated.
4. Your ethnic origin:
[1]African/Caribbean,[2]White,[3]Asian,[4]Other(specify) _____
5. Do you have children?[1]. Yes, [2]. No.
6. Where do you work:[1]Britain [2]Taiwan.
7. How many years have you worked as a social worker with children who have been sexually abuse?
[1].under one year, [2].1- 3, [3]4- 6 years, [4].7- 9 years, [5].over 10 years
8. What proportion of your working day would be spend in dealing with C.S.A. cases?[1]0-20%, [1].21- 40 %, [3].41- 60 %, [4].61 -80 %, [5].81 -100%
9. Is this proportion changing ?[1]. Yes, [2].No, [3]. Other(specify)_____
10. If so, in what way? [1].Increasing, [2] Decreasing, [3].other(specify)_____
11. Are the majority of cases in your experience: [1].girls, [1].boys
12. Are you a qualified social worker ?
[1] yes,[2]no,[3].other(specify)_____
13. Was C.S.A. included in your initial qualification/training? [1]. yes, [2]. no
14. If YES, how much attention was devoted to the subject?
[1]. 0-20%, [2]. 21-40%, [3] 41-60%, [4] 61-80%, [5]. 81-100%.
15. Do you have any further qualifications/training? [1]. yes, [2]. no
16. Is your work team a:
[1]child protection team[2]child care team[3]other(specify)_____
17. Is your work organisation a: [1] Field social work, [2] residential social work,[3]. Charitable social work, [4]. other(specify)_____

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