

2625 ALCATRAZ AVE #607 BERKELEY, CA 94705 PHONE: (510) 521 0438 ABUSESOLUTIONS@AOL.COM WWW.CHILDABUSESOLUTIONS.COM

FACT SHEET

CHILD SEXUAL ABUSE IN CUSTODY DISPUTES

The following data will assist the court in making safe custody and visitation decisions:

1. Is child sexual abuse rare?

Fact: No. Child sexual abuse is remarkably common.¹

- A meta-analysis of 22 American studies found that 30-40% of females and 13% of males experienced sexual abuse as children.²
- In a Gallup survey of 1,000 families, 30% of women and 9% of men reported that they had experienced <u>forcible</u> sexual abuse as children.³

2. Are child sexual abuse crimes underreported?

Fact: Yes. These crimes are significantly underreported. ⁴The prevalence rates cited above do not account for the fact that many people who were sexually abused as children never told anyone.

- In an adult retrospective study, 42% of women and 33% of men sexually abused as children reported never having disclosed the sexual abuse until being asked during the study.⁵
- Delays in reporting child sexual abuse are common.⁶
- The average time between cessation of child sexual abuse and its disclosure is 12 years.⁷
- Children are most likely to disclose recent or on-going abuse to their nonabusive parents.⁸

3. Is child sexual abuse usually perpetrated by strangers?

Fact: No. On average, studies using victim samples find that only 3% to 14.7% of sex crimes against children are perpetrated by strangers to the child. The other 85.3% to 97% of child sex crimes are perpetrated by adults whom the child knows.⁹



4. Do parents sexually abuse their own children?

Fact: Yes. Biological parents and parental figures perpetrate 32% to 39.7% of all sexual assaults against child victims.¹⁰

5. Are other family members responsible for a large portion of all sex crimes committed against children?

Fact: Yes. 11.3% to 22.4% of child sexual abuse is perpetrated by family members other than parents. $^{\rm 11}$

- Young children are more likely than older children to be sexually abused by family members.¹²
- Girls are at especially high risk of being sexually abused by their uncles.¹³

6. Do adult non-relatives known to the child often commit sex crimes against children?

Fact: Yes. 29.7 to 42.3% of sexual assault against children is perpetrated by adult non-relatives known to the child, such as acquaintances, babysitters, day care providers, parent's lover, clergy, teachers, scout leaders, coaches, counselors, foster parents, family friends, and others. ¹⁴

7. Is child sexual abuse most frequently committed by males?

Fact: Yes. 90% to 96% of child sexual abuse is perpetrated by males. 15

8. Are batterers more likely than non-violent parents to sexually abuse their children?

Fact: Yes. Children of batterers are 6.5 to 19 times more likely to be victims of incest than children of non-battering parents. ¹⁶

9. Is possession of child pornography related to child sexual abuse perpetration?

Fact: Yes. Child pornography offenses are a valid diagnostic indicator of pedophilia¹⁷ and there is significant overlap between child sex abusers and collectors of child pornography.

 85% of men incarcerated for child pornography possession admitted to sexual contact with children.¹⁸



- 55% of those arrested for possession of child pornography were convicted of sexual contact or attempted sexual assault on a child.¹⁹
- 55% of child pornography possessors who also commit contact offenses against children show child pornography images to child victims as part of the grooming process. 37% take photographs of their victims.²⁰
- Child pornography offenders who had committed a prior or concurrent contact sexual offense are the most likely to offend again.²¹
- Child pornography images are increasingly brutal. 80% of possessors' collections include images of children being sexually penetrated and 21% involve bondage and sadistic acts of torture of the child victim.²²

10. Does child sexual abuse have harmful effects?

Fact: Yes. Child sexual abuse has profound immediate and long-term negative effects. Child sexual abuse victims are likely to exhibit any number of the following problems:

- Psychological problems such as low self esteem, fearfulness related to abuse stimuli, generalized fear, emotional upset, panic/anxiety attacks, anxious arousal, nightmares/sleep disorders repressed anger/hostility/irritability, depression, suicidal thoughts/statements, daydreaming, intrusive experiences, dissociation, loss of memory, inability to concentrate, academic problems, irritability, body image problems, psychosomatic complaints, post-traumatic stress; and
- Behavioral problems such as withdrawal from activities, disorganized or agitated behavior overly compliant/anxious to please, behavior regression (loss of bowel and bladder control, return to thumb sucking), aggressive behavior (acting out), defensive avoidance, tension reduction behavior, sleepwalking, enuresis (bed wetting), encopresis (fecal soiling), non-academic behavior problems, inability to form or maintain relationships, age-inappropriate sexual behavior (including highly sexualized play or sexually aggressive behavior), inappropriate destructive peer relationships, indiscriminate affection giving/receiving, clinging behavior, eating disorders (anorexia, overeating); and
- Physical problems such as genital injuries/trauma, bruising, scratches, bites, sexually transmitted diseases, bleeding, blood stains on underwear, infections, vaginal/penile discharge/itching, pain in anal/genital/gastrointestinal/urinary areas, anal fissures, urinary tract infections, pain on urination, abdominal pain, penile/urethral inflammation, hymenal thickening /scarring/dilatation/attenuation, disruption/lacerations, anal gaping, and other related symptoms.²³

Symptoms may last for decades. Adults who were sexually and physically abused as children report serious long-term symptoms including, but not limited to:

- Psychological problems such as low self-esteem, anxiety or fearfulness, phobic anxiety, depression, anger, post-traumatic stress (including recurrent intrusive recollections/flashbacks, sleep problems, nightmares, diminished interest in activities, hyper-vigilance, guilt, problems with memory/concentration), negative feelings, attitudes or beliefs about relationships/men/perpetrators/self/sexuality, impaired self-reference, dissociation, somatic preoccupation/disorder;
- Behavioral problems such as aggression, substance abuse, sexual difficulties, self injurious and/or self destructive behavior (including suicidal behavior), most of the various symptoms and behaviors seen in those diagnosed with borderline personality disorder, somatic disturbance/appetite disturbance, tics, obsessions, early sexual activity, early pregnancy, promiscuity, prostitution, and subsequent sexual victimization: ²⁵ and
- Physical problems such as physical (genital) trauma, bleeding, infections, vaginal discharge, itching, urinary tract infections, abdominal pain, bladder dysfunction, irritable bowel syndrome (gastrointestinal disorders), pregnancy, sexual dysfunction, vaginal muscle spasm, sexually transmitted diseases, chronic pelvic pain, painful intercourse, painful menstruation, chronic headaches, and other related symptoms.

11. Is incest more damaging than child sexual abuse by a stranger?

Fact: Yes. Incest is more damaging to children than sexual abuse by a stranger due to the added violation of the child's trust.

- The amount of long-term damage that a victim will suffer as a result of childhood sexual abuse is directly related to the frequency, duration, and severity/intrusiveness of the abuse and to the closeness of the relationship between the victim and the offender.²⁷
- "Victims (of incest)...lose faith in what is supposed to be the natural order where children are cherished and protected, and where they are safe in the family and community. For them, the world becomes unjust. The capacity for intimacy is compromised by an inability to trust others."²⁸

12. Can symptoms resulting from child sexual abuse be ameliorated?

Fact: Yes. Parental support from the non-offending parent can ameliorate the negative effects of child sexual abuse. Resilience is significantly associated with attachment factors. ²⁹



- Negative parental reactions serve to aggravate trauma in sexually abused children.³⁰
- Protection of the child from further sexual abuse is essential in order to reduce symptoms.³¹

13. Can sex offender treatment reliably prevent recidivism?

Fact: No. Although there have been many innovative advances in offender therapy, none have been shown to reliably affect recidivism rates of sex offenders. 32

- There were "no significant differences between sexual recidivism rates for the incest and child molestation groups by treatment" in a study of 718 convicted male sex offenders.
- While some studies report a slight decrease in the recidivism rates of treated
 offenders who were subjected to multiple types of treatment, including chemical
 castration, there is no professional consensus on which combinations of
 modalities work to reduce recidivism with which types of sex offenders, or how
 effective they are. Research results are inconclusive about what works to
 reduce recidivism by sex offenders.

14. Are allegations of child sexual abuse common in highly contested custody and visitation disputes?

Fact: No. Over 98% of child custody and visitation disputes involve no allegations of child sexual abuse. 33

15. Are allegations of child sexual abuse which are reported in highly contested custody disputes more likely to be maliciously fabricated than such allegations reported in other contexts?

Fact: No. "[A]llegations of sexual abuse among families in dispute over custody and visitation are no more likely to be determined false than are allegations of child sexual abuse in the general population." ³⁴

Children investigated by child protective services for sexual abuse allegations
whose parents were involved in custody/access disputes were just as likely to
have positive physical findings of sexual abuse as those children whose parents
were not involved in custody/access disputes. Findings in both groups included
hymenal dilatation, attenuation, lacerations, scarring, fissures, and thickening,
and anal fissure and gaping.³⁵

• "For many years, there has been a well-documented wide-spread perception (Schudson, 1992) that allegations of child abuse in Family Court proceedings are more likely to be part of the family fight about the divorce or separation than to be a real event....The rate of [maliciously fabricated] allegations was found to be the same as the rate found to exist in all types of cases notified to the state child protection service...Another larger study of ...custody and access cases with sexual abuse allegations....(Hume 1997) has shown the same results. However, this perception is prevalent, in the court, the state child protection services, and among legal practitioners, despite its inaccuracy."³⁶

16. Do children often maliciously fabricate allegations of child sexual abuse?

Fact: No. Children hardly ever fabricate allegations of sexual abuse. Studies analyzing maliciously fabricated allegations of child sexual abuse have found that children bring only 0% to 2% of such allegations. There is no reputable research to support the notion that children can be brainwashed to believe they have been sexually abused when they have not.³⁷

17. Do parents involved in highly contested custody disputes often maliciously fabricate allegations of child sexual abuse against the other parent?

Fact: No. Maliciously fabricated allegations of child sexual abuse are exceedingly rare. Most studies find that only 1% to 6% of all child sexual abuse allegations in custody and visitation disputes are maliciously fabricated. The remaining 94% to 99% of such allegations are either true or were brought in good faith, based upon a reasonable suspicion.

 Studies find that family law judges consider allegations of child physical and sexual abuse to be maliciously fabricated far more often than is supported by the research.

18. Are fathers responsible for making a significant percentage of the child abuse allegations that are later found by courts to have been maliciously fabricated?

Fact: Yes. Research has found than fathers are sixteen times more likely than mothers to maliciously fabricate allegations of child abuse. 21% of such allegations made by fathers against mothers are considered by investigators to have been maliciously fabricated, versus 1.3% of such allegations made by mothers against fathers.

 Although fathers accuse mothers and mothers' new partners of child abuse in 17% of cases involving such allegations, their allegations are found to be maliciously fabricated 21% of the time.³⁹



19. Are mothers responsible for making a significant percentage of the child sexual abuse allegations that are later found by courts to have been maliciously fabricated?

Fact: No. Research has established that while mothers accuse fathers of child sexual abuse in 48% of cases involving such allegations, their allegations are found to be maliciously fabricated only 1.3% of the time. 40

20. Do sexually abused children commonly recant their allegations of abuse?

Fact: Yes. Between 22% and 33% of sexually abused children recant previous disclosures of sexual abuse when they experience the serious negative consequences of disclosure, including the breakup of their family, pressure from parents, or removal from their home.

Rates of recantation are highest when the accused perpetrator is a parent or close relative Of the child upon whom the child is dependent, when the non-offending parent(s) or caretakers are perceived by the child to be non-supportive of the disclosure of sexual abuse, and when the child is placed in unsupervised contact with the accused perpetrator after having disclosed sexual abuse.

About 93% of those children who recant their prior disclosures of sexual abuse later reaffirm their prior disclosures and disclose further about their sexual abuse. ⁴¹

21. Is it common for children in child custody disputes to be successfully alienated from one parent by the other parent?

Fact: No. The most comprehensive study to date found that although 50% of the parents in that study engaged in behaviors which might have sabotaged the child's relationship with the other parent ("by telling negative stories and blaming the other parent, modeling hostile, demeaning behavior in the child's presence, using the child to convey these messages, and responding with anger if the child was inclined to express positive feelings about the other parent")

- despite these problematic behaviors by parents, only about 6% of children were
 extremely rejecting of the other parent (i.e., expressing "anger, dislike, scorn,
 denigration and complaints about the parent that were at times backed up by
 the child citing...allegations of maltreatment, often accompanied by refusal to
 visit").
- "The study's findings also show support for the idea that some of the children
 who were rejecting of a parent may have had their own good reasons for doing
 so." Researchers found substantiation of child sexual abuse in 8.9% of the
 cases, overall child maltreatment in 36.8% of the cases, and domestic violence
 in 44.2% of the cases, with fathers 3 times more likely than mothers to be
 perpetrators.



22. Can medical professionals usually determine if a child has been sexually abused?

Fact: No. Medical evidence is very rare in cases involving child sexual abuse.

- The majority of sexual assaults upon children do not involve penetration and thus are not likely to leave physical evidence.
- Even in legally confirmed cases of vaginal penetration, the rate of abnormal medical findings is only 5.5%.
- The rate of abnormal medical findings in legally confirmed cases of anal penetration is only 1%.⁴⁵
- Genital tissue is very elastic and heals rapidly. Unless the child is examined by a medico-legal sexual assault specialist within 48 hours of the rape, any genital tears are likely to have healed and DNA or semen will have disappeared.
- Generalist physicians, even pediatricians, lack a basic understanding of pediatric genital anatomy.
- "[T]he majority (94.5%) of children with legally-confirmed sexual abuse will have normal or non-specific genital findings." Conversely, any abnormal medical finding is highly corroborative of a child's disclosure of sexual abuse.

23. Can mental health professional investigators determine if a child has been sexually abused?

Fact: No. Investigation of child sexual abuse allegations is a specialty field, and very few evaluators, mediators or social workers are experts in this field.

- Alleged perpetrators can find that the process of psychological evaluation sometimes works to their advantage. "Psychological evaluators cannot distinguish reliably between incest offenders and non-offenders..."
- "...[C]linical evaluation is especially poor at predicting future sexual offenses against children, scoring only slightly better than chance in assessing which men would re-offend and which would not."
- Psychological testing fared no better than clinical evaluation in predicting future sexual offenses against children. ⁵¹ "...[N]or is there a valid psychological test or profile that can conclusively determine whether an accuser, an accused, or a child is telling the truth about an allegation."⁵²
- At the same time, psychological testing of the mother who brings the allegation
 of child sexual abuse to the attention of the court is often used to discredit her
 reports. She may be described by the evaluator as angry or bitter about the
 divorce, hyper-vigilant, or paranoid. Such evaluations rarely take into account
 the normative psychological responses of mothers whose children have been
 sexually abused. ⁵³



24. Can a child's testimony about sexual abuse, standing alone, be considered evidence beyond a reasonable doubt, used to obtain a conviction in criminal court?

Fact: Yes. In criminal court: "T]he testimony of the victim alone is constitutionally sufficient to sustain a conviction." United States v. Terry, 362 F.2d 914, 916 (6th Cir. 1996).

- "[T]he victim's testimony alone is sufficient to establish a prima facie case of either rape or sexual abuse." *Jones v. State*, 719 So.2d 249,255 (Ala.Crim.App 1996)."
- "... [V]ictims' testimony that habeas petitioner abducted her and raped her was constitutionally sufficient to sustain conviction despite lack of corroborating witness or physical evidence. United States v. Howard, 218 F.3d 556, 565 (6th Cir.2000)
- Studies show that child abuse cases were less likely to have charges filed than felonies overall, but child abuse cases that were carried forward were just as likely to lead to conviction as other cases.⁵⁴
- Out of 10,756 Child Protective Services investigations, "... where there was an on-going custody or access dispute and an allegation of child sexual abuse [n=69], the police were involved in 46% of cases, but charges were laid in only 3% of such cases, a very low rate of charging..."

25. Should a child be protected based solely on his or her disclosure of sexual abuse?

Fact: Yes. The single most important indicator of child sexual abuse is disclosure by the child to a trusted adult. ⁵⁶ Because family courts use a civil standard of proof (a preponderance of the evidence, or just over a 50% likelihood) rather than the higher criminal standard of proof (beyond a reasonable doubt), substantially less evidence is required in family court to meet the burden of proving that a child needs protection from sexual abuse.

26. Are children protected in family courts when child sexual abuse is raised in custody disputes?

Fact: No. Children who disclose sexual abuse by a parent in the context of a custody dispute are frequently not protected from further abuse. Research shows that:

 Only 10% of children alleging incest are adequately protected from their identified perpetrators by family courts through long-term supervised visitation orders or no-contact orders.



The remaining 90% of children disclosing abuse receive no protection, with 70% continuing in shared custody and visitation arrangements without any supervision, and 20% being placed in the custody of the parent they accused of the sexual abuse, and losing unsupervised or all contact with the parent who sought to protect them.⁵⁷

27. Do cases involving abuse allegations take up more court time and resources than other family court cases?

Fact: Yes. Cases involving allegations of abuse take up a large amount of court time and resources.

- "[C]hild abuse cases ha[ve] become what the management experts term 'the
 core business of the courts'. In other words, the child abuse cases stayed in the
 courts; they did not drop out or become resolved as frequently as other custody
 and access cases....Consequently, they ha[ve] become a major part of the
 court's business."⁵⁸
- "Abusive ex-spouses ['abusive-controlling violent relationships', also called 'battering or intimate terrorism'] may use family court litigation as a new forum to continue their coercive, controlling behavior and to harass their former partner. Litigation exacts a high emotional price, especially for abused women already overwhelmed with the aftermath of a violent relationship."⁵⁹

ENDNOTES:

¹ Briere, J. & Elliott, D.M., Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women, Child Abuse & Neglect, pp. 1205-1222, 2003. (32% of women and 14% of men out of 935 respondents reported having been sexually abused as children, p. 1216)

² Bolen, R. M. & Scannapieco, M., *Prevalence of Child Sexual Abuse: A Corrective Metanalysis*, Social Service Review, 73(3), pp. 281-313,1999; Douglas, E., & Finkelhor, D., Fact Sheet, May 2005. http://www.unh.edu/ccrc/factsheet/pdf/CSA-FS20.pdf.

³ The Gallup Organization, *Disciplining Children in America*, 18, December 1995. (1,000 families). (The incidence of reported child sexual abuse appears to be declining, according to Jones & Finkelhor, 2001-2003 but the reasons for this are not clear. It has been reported that the national data collecting agencies are no longer collecting data on reports of child sexual abuse involving children under age 12. This alone could account for the purported decline.)

⁴ Mendel, M. P., <u>The Male Survivor: The Impact of Sexual Abuse</u>, Sage Publications, pp. 15-21, 1995.

5 Finkelhor, D., Hotaling, G., et al, Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors, Child Abuse & Neglect, 14, pp. 19-28, 1990. (1,374 women and 1,252 male respondents)

6 Summit, R., *The Child Sexual Abuse Accommodation Syndrome*, Child Abuse & Neglect, Vol. 7, pp. 177-193. 1983.

Paine and Hansen, *Factors influencing children to self-disclose sexual abuse*, Clinical Psychology Review, Vol. 22, pp. 271- 295, 2002.

DiPietro, E., Runyan, D., & Fredrickson, D., *Grand Rounds: Medical Issues - Predictors of Disclosure During Medical Evaluations for Suspected Sexual Abuse*, Journal of Child Sexual Abuse, Vol. 6(1), pp. 133-142, 1997. (Children delay reporting longer when abused by a close relative)

7 Roesler, T. A. MD & Wind, T.A. *Telling the secret: adult women describe their disclosure of incest,* Journal of Interpersonal Violence, 9, pp. 327-338, 1994.

8 Roesler, T.A, MD., Sexual Abuse, Adult's reaction to child's disclosure of abuse will influence degree of permanent damage, Brown University Child and Adolescent Behavior Newsletter, Vol. 16, No. 8, August 2000.

9 Greenfield, L., *Child Victimizers: Violent Offenders and their Victims*, Jointly published by the U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics and Office of Juvenile Justice and Delinquency Prevention, p.10, 1996.

Snyder, H., Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics, U. S. Department of Justice, Bureau of Justice Statistics, p. 10, July 2000.

Gomes-Schwartz, B., et al., <u>Child Sexual Abuse: The Initial Effects</u>, Sage Publications, p. 64, 1990. (Other older non-government studies estimate somewhat higher rates of child sexual abuse by strangers)

Conte, J. & Schuerman, J., Factors Associated With An Increased Impact of Sexual Abuse, Child Abuse & Neglect, 11, p. 201, 1987.

10 Greenfield, L., *Child Victimizers: Violent Offenders and their Victims*, Jointly published by the U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics and Office of Juvenile Justice and Delinquency Prevention, p.10, 1996.

Gomes-Schwartz, B., et al., <u>Child Sexual Abuse: The Initial Effects</u>, Sage Publications, p. 64, 1990. (Due to variations among studies and how they measure the categories, data do not add up to 100% when averaging among studies.)

Conte, J. & Schuerman, J., Factors Associated With An Increased Impact of Sexual Abuse, Child Abuse & Neglect, 11, p. 201, 1987. (Stepfathers present an increased risk of sexually abusing their stepchildren. Finkelhor, D., et al, <u>A Sourcebook on Child Sexual Abuse</u>, Sage Publications, p. 78, 1986.

11 Greenfield, L., *Child Victimizers: Violent Offenders and their Victims*, Jointly published by the U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics and Office of Juvenile Justice and Delinquency Prevention, p.10, 1996.

Gomes-Schwartz, B., et al., 1990, Supra.

12 Snyder, H., Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics, U. S. Department of Justice, Bureau of Justice Statistics, p. 10, July 2000.

Conte, J. & Schuerman, J., 1987, Supra.

- 13 Russell, D. The Secret Trauma, Incest in the Lives of Girls and Women, Basic Books, Inc., NY, p. 216, 1986
- 14 Greenfield, L., *Child Victimizers: Violent Offenders and their Victims*, Jointly published by the U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics and Office of Juvenile Justice and Delinquency Prevention, p.10, 1996.

Gomes-Schwartz, B., et al., 1990, Supra.

Conte, J. & Schuerman, J., p. 201, 1987, Supra. (39.5% acquaintance known to child or family)

15 Finkelhor, D., A Sourcebook on Child Sexual Abuse, Sage Publications, pp. 124-129, 1986.

Greenfield, L., *Child Victimizers: Violent Offenders and their Victims,* Jointly published by the U. S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics and Office of Juvenile Justice and Delinquency Prevention, p.10, 1996.

Snyder, H., Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics, U. S. Department of Justice, Bureau of Justice Statistics, p. 8, July 2000.

Finkelhor, D., Hotaling, G., et al, Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors, Child Abuse & Neglect, 14, pp. 19-28, 1990. (1,374 women and 1,252 male respondents)

16 Paveza, G., Risk factors in father-daughter child sexual abuse, Journal of Interpersonal Violence, 3(3), pp. 290-306, 1988.

McCloskey, L.A., Figueredo, A.J. & Koss, M, *The effect of systemic family violence on children's mental health*, Child Development, 66, 1239-1261, 1995. (365 respondents)

- 17 Seto, M., Cantor, J. & Blanchard, R., *Child Pornography Offenses Are a Valid Diagnostic Indicator of Pedophilia*, Journal of Abnormal Psychology, Vol. 115, No. 3, pp. 610-615, 2006. (685 male patients referred for a sexological assessment of their sexual interests and behavior)
- 18 Hernandez, A., Self-Reported Contact Sexual Offenses by Participants in the Federal Bureau of Prisons' Sex Offender Treatment Program: Implications for Internet Sex Offenders, Federal Bureau of Prisons, November 2000. Director of the Sex Offender Treatment Program, FCI Butner, (76%, and as updated 2000-2006—85%).

Also see Hearing before the U.S House of Representatives, Sexual Exploitation of Children Over the Internet: The Face of a Child Predator and Other Issues, Sept 2006.

- 19 Wolak,, J. et al, *Child-Pornography Possessors Arrested in Internet-Related Crimes: Findings From the National Juvenile Online Victimization Study*, Funded by the U.S. Congress Through a Grant to the National Center for Missing and Exploited Children, p. 16, 2005.
- 20 Langevin, R. & Curnoe, S., *The Use of Pornography during the Commission of Sexual Offenses*, International Journal of Offender Therapy and Comparative Criminology, 48, pp.572-586, 2004.
- 21 Seto, M. & Eke, A., *The Criminal Histories and Later Offending of Child Pornograpy Offenders*, Sexual Abuse: A Journal of Research and Treatment, Vol. 17, No. 2, pp. 201-210, April 2005.
- 22 Wolak,, J. et al, *Child-Pornography Possessors Arrested in Internet-Related Crimes: Findings From the National Juvenile Online Victimization Study,* Funded by the U.S. Congress Through a Grant to the National Center for Missing and Exploited Children, p. 5, 2005.
- 23 Conte, J. & Schuerman, J., Factors Associated With An Increased Impact of Sexual Abuse, Child Abuse & Neglect, 11, p. 201, 1987. (687 children)

Briere, J., Elliott, D., Harris, K., & Cotman, A., *Trauma Symptom Inventory, Psychometrics and Association with Childhood and Adult Victimization in Clinical Samples*, Journal of Interpersonal Violence, Vol. 10, No. 4, 1995

Briere, J. & Elliott, D., *Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women*, Child Abuse & Neglect 27, pp. 1205-1222, 2003.

Gomes-Schwartz, B., et al., p. 64, 1990, Supra.

Rowan, E., MD, Understanding Child Sexual Abuse, University Press of Mississippi, p 37, 2006.

Myers, J. E. B., <u>A Mother's Nightmare - Incest: A Practical Legal Guide for Parents and Professionals</u>, Sage Publications, p. 30-32, 1997.

Heger, A., Emans, S. J., Muram, D., <u>Evaluation of the Sexually Abused Child, Second Edition, A Medical Textbook and Photographic Atlas</u>, p. 5, 2000.

Hlady, L., Gunter, E., Alleged Child Abuse in Custody Access Disputes, Child Abuse & Neglect, Vol. 14, pp 591-593, 1990.

24 Briere, J. & Elliott, D.M., *Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women,* Child Abuse & Neglect, pp. 1205-1222 at p. 1206, 2003. (935 respondents)

Myers, J. E. B., <u>A Mother's Nightmare - Incest: A Practical Legal Guide for Parents and Professionals</u>, Sage Publications, pp.30-32, 1997.

Russell, D., <u>The Secret Trauma: Incest in the Lives of Girls and Women</u>, Basic Books, Inc, NY, pp. 142-150, 1986.

25 Briere, J. & Elliott, D.M., *Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in a general population sample of men and women,* Child Abuse & Neglect, pp. 1205-1222 at p. 1206, 2003. (935 respondents)

Gomes-Schwartz, B., et al., 1990, Supra.

Rowan, E., MD, <u>Understanding Child Sexual Abuse</u>, University Press of Mississippi, p 36, 2006.

Myers, J. E. B., 1997, Supra.

26 Rowan, E., MD, <u>Understanding Child Sexual Abuse</u>, University Press of Mississippi, p 36, 2006.

Hegar, A., Emans, S. J., Muram, D., 2000, Supra.

Roesler, T. A. MD & Wind, T.A. *Telling the secret: adult women describe their disclosure of incest*, Journal of Interpersonal Violence, 9, pp. 327-338, 1994, citing the following studies: Briere & Runtz, 1986 and Browne & Finkelhor, 1986 (depression); Lindberg & Distad, 1985 (PTSD); Burnam et al, 1988 (alcohol and drug abuse, anxiety disorders); Walker et al, 1988 (chronic pelvic pain); Domino & Haber, 1987 (chronic headaches); Courtois, 1979 (sexual dysfunction); and Ogata et al, 1990 and Zanarini et al, 1989 (personality disorders).

27 Russell, D., 1986, Supra.

Conte, J. & Schuerman, J., Factors Associated With An Increased Impact of Sexual Abuse, Child Abuse & Neglect, 11, p. 202, 1987 citing Friedrich, W. Urquiza, A & Beerlke, R., Behavior problems in sexually abused young children, Journal of Pediatric Psychology, 11:47-57, 1986.

Tsai, M., Feldman-Summers, S., & Edgar, M., *Childhood molestation: Variables related to differential functioning in adult women*, Journal of Abnormal Psychology, 88:407-417, 1979.

Rowan, E., MD, Understanding Child Sexual Abuse, University Press of Mississippi, p 36, 2006.

Briere & Elliott, Immediate and long-term impacts of child sexual abuse, Future of Children, 4(2), pp.54-69, 1994

Kendall-Tackett, K.A., Williams, L. M.,& Finkelhor, D., *Impact of Sexual Abuse on Children: A Review and Synthesis of Recent Empirical Studies*, Psychological Bulletin, Vol. 113, No. 1, pp. 164-180, 1993.

28 Rowan, E., MD., 2006, Supra.

29 Briere, J. & Elliott, D., *Immediate and Long-Term Impacts of Child Sexual Abuse*, The Future of Children, Vol. 4, No. 2, Summer/Fall p. 63, 1994.

Leifer, M., Kilbane, T., & Kalick, S., Vulnerability or Resilience of Intergenerational Sexual Abuse: The Role of Maternal Factors, Child Maltreatment, Vol. 9., No. 1, pp. 78-91, 2004.

Roesler, T., M.D., Sexual Abuse Adult's reaction to child's disclosure of abuse will influence degree of permanent damage, Brown University Child and Adolescent Behavior Letter, 2000 citing Roesler, T.A., Reactions to disclosure of childhood sexual abuse: the effect on adult symptoms, Journal of Nervous and Mental Disease, 188, pp. 618-624, 1994.

Everson, M.D., et al, *Maternal support following disclosure of incest*, American Journal of Orthopsychiatry, 59, pp. 197-207, 1989 cited in Roesler, T., M.D., *Sexual Abuse: Adult's reaction to child's disclosure of abuse will influence degree of permanent damage*, Brown University Child and Adolescent Behavior Letter, 2000.

- 30 Finkelhor, D., <u>A Sourcebook on Child Sexual Abuse</u>, Sage Publications, p. 174, 1986 citing Tuft's New England Medical Center, Division of Child Psychiatry, *Sexually exploited children: Service and research project* (Final report for the Office of Juvenile Justice and Delinquency Prevention), Washington, DC: U.S. Department of Justice, 1984 and Anderson et al, *Psychosocial sequelae in intrafamilial victims of sexual assault and abuse*, Paper presented at the Third International Conference on Child Abuse and Neglect, Amsterdam, April, 1981.
- 31 Friedrich, W. N., et al, *Psychotherapy outcome of sexually abused boys*, Journal of Interpersonal Violence, 7:396-409, 1992 cited in Roesler, T., M.D., *Sexual Abuse Adult's reaction to child's disclosure of abuse will influence degree of permanent damage*, Brown University Child and Adolescent Behavior Letter, 2000
- 32 Zgoba, K., & Simon, M., Recidivism Rates of Sexual Offenders up to 7 Years Later: Does Treatment Matter?, Criminal Justice Review, 30, pp. 155-173, 2005. (Of 718 convicted male sex offenders, the majority of whom were in prison for sexual offenses involving incest or child molestation, there was no significant difference found in the probability of sexual reoffending between the treated ([n=495] and untreated [n=223] incest and child molestation or rape groups. Recidivism for the treatment group was lower only in nonsexual crimes.)

Hanson, K., Broom, I., & Stephenson, M., *Evaluating Community Sex Offender Treatment Programs: A 12-Year Follow-Up of 724 Offenders*, The Canadian Journal of Behavioural Studies, 36:2, pp. 87-96, 2004. (Of 724 sex offenders serving prison terms, 403 received treatment and 321 did not receive treatment. After a 12 year follow up period, no difference were observed in the rates of sexual (21.1% versus 21.8%) and violent (42.9% versus 44.5%) recidivism for treated and untreated groups, respectively.)

Craig, L., Browne, K. & Stringer, I., *Treatment And Sexual Offence Recidivism*, Trauma, Violence & Abuse, 4, 70, 2003. (19 treatment studies have been published since 1995. Treatment efficacy was conflicting. Only one third demonstrated positive treatment effects and it was unclear which types of sex offenders and

treatment modalities were affected. It is "difficult to determine how many and which sex offenders will reoffend.")

Ekstrand, L., Sex Offender Treatment: Research Results Inconclusive About What Works to Reduce Recidivism, Letter to Chairman of the Subcommittee on Crime, Committee on the Judiciary, House of Representatives, 1996.

33 Theonnes & Tjaden, *The Extent, Nature, and Validity of Sexual Abuse Allegations in Custody/ Divorce Disputes*, Child Abuse & Neglect, 14, pp. 151-163, 1990. (1.9% [n=129] of 9,000 contested custody & visitation cases in 8 jurisdictions reviewed by the Association of Family and Conciliation Courts. Of the 169 cases involving child sexual abuse allegations, forty were excluded from the validity analysis because the study's coding system could not be implemented on them which left 129 usable cases of child sexual abuse)

McIntosh, J.A. & Prinz, R.J., *The incidence of alleged sexual abuse in 603 family court cases*, Law and Human Behavior, 17(1), pp. 95-101,1993. (0.8% [n=5] of 603 cases)

34 Thonnes & Tjaden, Supra, 1990.

35 Hlady, L.J. & Gunter, E.J., *Alleged Child Abuse in Custody Access Disputes*, Child Abuse & Neglect, 14, pp. 591-593, 1990. (370 cases referred to British Columbia CPS for child sexual abuse investigation of which 11% involved divorce and custody actions. Accusations of child sexual abuse made in divorce cases were found slightly more likely to be substantiated by physical evidence than those made in non-divorce cases. Allegations of child physical abuse in custody cases were found to be much more likely to be substantiated by physical evidence in divorce cases than those made in non-divorce cases)

36 Brown, T., Frederico, M., Hewitt, L. & Shehan, R., *Problems and Solutions in the Management of Child Abuse Allegations in Custody and Access Disputes in the Family Courts,* Family and Conciliation Courts Review, 36(4), pp. 431-443 (at pp. 435-436), 1998, also citing Hume, M., *Child Sexual Abuse Allegation and the Family Court*, unpublished master's thesis, University of South Australia, Adelaide, Humanities and Social Sciences, 1997.

Schudson, C., Antagonistic parents in family courts: False allegations or false assumptions of child sexual abuse? Journal of Child Sexual Abuse, 1(2), pp. 111-113, 1992.

Dziech, B, and Schudson, C., On Trial: America's Courts and their Treatment of Sexually Abused Children, Beacon Press, MA 1991.

Trocme, N. & Bala, N., False allegations of abuse and neglect when parents separate, Child Abuse & Neglect, 29(12), pp. 1333-1345, 2005 (analysis of data from 1998 Canadian Incidence Study of Reported Child Abuse and Neglect. Of 7,672 cases of child maltreatment cases, investigators found 798 cases of child sexual abuse allegations. Only 6% [n=43] were determined to be intentionally false. 8 of these 43 cases originated from custodial parents, 7 originated from non-custodial parents and 28 originated from other sources. None [0%] of the intentionally false allegations originated from children.

37 Jones, D. P. H. & McGraw, J. M., *Reliable and Fictitious Accounts of Sexual Abuse to Children*, Journal of Interpersonal Violence, 2, pp. 27-45, 1987. (Out of 576 cases of possible sexual abuse, Denver Department of Social Services determined that only 1% [n=8] of allegations of child sexual abuse brought by children were fictitious (five children made the eight fictitious allegations), and out of 696 cases, The Kempe Center determined that only 2% [n=8] of children's reports of child sexual abuse were fictitious.)

Oates, R. K., Jones, D. P. H., Denson, D., Sirotnak, A., Gary, N., & Krugman, R. D., *Erroneous Concerns About Child Sexual Abuse*, Child Abuse & Neglect, 24(1), pp. 149-157, 2000. (Out of 551 cases of possible child sexual abuse, Denver Department of Social Services determined that only 1.5% [n=8] of allegations of child sexual abuse brought by children were fabricated)

38 Thoennes & Tjaden, Supra, 1990.

Trocme, N. & Bala, N., False allegations of abuse and neglect when parents separate, Child Abuse & Neglect, 29(12), pp. 1333-1345, 2005. (5.4% [n=43] of 798 child sexual abuse cases out of a sample of 7,672 cases investigated)

(Intentionally false allegations of child sexual and physical abuse occur in 12% of disputed child custody cases versus 3% in non-divorce contexts. Of those 12% occurring in a divorce context, non-custodial parents (usually fathers) brought 43% of all intentionally false allegations, while custodial parents (usually mothers) brought only 14% of intentionally false allegations.)

Faller, K.C. & DeVoe, E., *Allegations of Sexual Abuse in Divorce,* Journal of Child Sexual Abuse, Vol. 4(4), pp. 1-25, 1995. (In this study of 215 cases of child sexual abuse allegations in families involved in a divorce, only 4.7% [n=10] of all such allegations were determined to have been maliciously fabricated. Of those, 4 out of the 10 were brought by one father against various persons. If that father is counted once instead of 4 times, i.e., if one calculates the maliciously fabricated allegation rate by the number of malicious allegars, rather than the number of malicious allegations, the number would be lowered to 6 parents alleging, which would be 2.8%)

Faller, K. C., Possible Explanations For Child Sexual Abuse Allegations in Divorce, American Journal of Orthopsychiatry, Vol. 61(1), pp. 86-91, 1991. (2.25% [n= 3] of 136 cases)

Jones, D. P. H. & McGraw, J. M., *Reliable and Fictitious Accounts of Sexual Abuse to Children*, Journal of Interpersonal Violence, 2, pp. 27-45, 1987. (Five children made 8 fictitious allegations (1%) in 576 cases)

Trocme, M., McPhee, D., Tam, K. K., & Hay, T., Ontario Incidence Study of Reported Child Abuse and Neglect, Toronto: Institute for the Prevention of Child Abuse, 1994 as cited in Bala, N. & Schuman, J., Allegations of Sexual Abuse When Parents Have Separated, Canadian Family Law Quarterly, Vol. 17, 1999 and in Bala, N., & Schuman, J., Allegations of Child Abuse in the Context of Parental Separation: A Discussion Paper, presented to Family, Children and Youth Section of the Canadian Department of Justice, 2001.

(Of 42,000 child abuse and neglect case, 9% [n=3780] involved separated parents. Only 1.3% of allegations made by mothers against fathers were considered intentionally false, whereas 21% of allegations by fathers against mothers were believed to be maliciously made. Interestingly, Canadian family law judgments considered 30% of child sexual and physical abuse allegations were intentionally false, approximately 8-10 times the rate of research findings.)

Bala, N., Mitnick, M., Trocme, N., & Houston, C., Sexual abuse allegations and parental separation: Smokescreen or fire?, Journal of Family Studies, Vol., 13., Issue 1, pp. 26-56, 2007. (Cited: 2003 Canadian Incidence Study, of a total of 655 child sexual abuse allegations, about 5% [n=28] were considered by child protection agencies to be intentionally false (32% of which were made by anonymous sources). Of allegations of child sexual abuse made during ongoing custody or access disputes [n=69], 18% were considered to have been intentionally false.)

39 Trocme, M., McPhee, D., Tam, K. K., & Hay, T, *Ontario Incidence Study*, cited in Bala, N., & Schuman, J., 1999 and 2001, Supra.

Thoennes & Tjaden, 1990, Supra.

40 Trocme, M., McPhee, D., Tam, K. K., & Hay, T, *Ontario Incidence Study*, cited in Bala, N., & Schuman, J., 1999 and 2001, Supra.

41 Sorenson, T. & Snow, B., How children tell: the process of disclosure in child sexual abuse, Child Welfare, 70, pp. 3-15, 1991 [22% recantation rate, followed by a 93% re-affirmation rate. Initially, 72% of children who were later determined to have been sexually abused <u>denied</u> sexual abuse when questioned by forensic interviewers].

Roesler, T. A, MD, Sexual Abuse — Adult's reaction to child's disclosure of abuse will influence degree of permanent damage, The Brown University Child and Adolescent Behavior Letter, Vol. 16, No 8, August, 2000.

Malloy, L., Lyon, T. & Quas, J. Filial Dependency and Recantation of Child Sexual Abuse Allegations, The Journal of the American Academy of Child and Adolescent Psychiatry, 46:2, February 2007. (257 substantiated child sexual abuse cases, 23% recantation rate).

Faller, Kathleen Coulborn, Child Sexual Abuse, New York: Columbia University Press, 1988.

Faller, K. (1988). Criteria For Judging The Credibility of Children's Statements About Their Sexual Abuse. Child Welfare, 67, 389-401.

Crewdson, J., By Silence Betrayed, Boston, MA: Little, Brown, 1988.

Gonzalez, L. S., Waterman, J., Kelly, R., McCord, J., & Oliveri, K. (1993), Children's patterns of disclosures and recantations of sexual and ritualistic abuse allegations in psychotherapy, Child Abuse & Neglect, 17, 281-289 [27% recantation rate].

Gordon, S. & Jaudes, P., Sexual abuse evaluations in the emergency department: Is the history reliable? Child Abuse & Neglect, Vol. 20, Issue 4, pp. 315-322, 1996.

Gries, L., Goh, D., Cavanaugh, J., Factors Associated with Disclosure During Child Sexual Abuse Assessment, Journal of Child Sexual Abuse, Vol. 5(3), pp. 1-19, 1996.

42 Johnston, Walters, & Olesen, *Is it Alienating Parenting, Role Reversal or Child Abuse? A Study of Children's Rejection of A Parent in Child Custody Disputes*, The Hayworth Press, 2005. (In a study of 125 children, 50% of whose parents (n=~62) were considered by the researchers to be actively denigrating the other parent, such parental alienation only caused 6.4% of children (n=8) to actually reject or express extreme dislike of a non-custodial parent. However, 7 of the children were found to have been abused. Even by the researchers' own strict standards, actually abused children who reject an abusing parent do so for good reasons and are really better described as estranged children, not alienated children.)

43 Thoennes, N., *The Sexual Abuse Allegations Project: Final Report*, The AFCC Research Unit, 1988, Myers, J.E.B., *Evidence in Child Abuse and Neglect Cases*, textbook, Third Edition, Vol. 2, Section 7.52, 1997.

44 Berenson, A.B. MD, Chacko, M. R. MD; Wiemann, C. M. PhD; Mishaw, C. O. MD, Friedrich, W. N. PhD, Grady, J. J. Dr PH, *A case-control study of anatomic changes resulting from sexual abuse,* American Journal of Obstetrics and Gynecology, Vol., 182(4), pp. 820-834, April 2000.

Heger, A. MD, Ticson, L., Velasquez, O., Bernier, R., *Children referred for possible sexual abuse: medical findings in 2,384 children*, Child Abuse and Neglect, 26(6-7), pp. 647-659, 2002. (In a study of 2,384 children evaluated for possible sexual abuse by medico-legal child sexual abuse specialist investigators, only 4% showed abnormal genital findings.)

45 Adams, J. MD, et al., Examination Findings in Legally Confirmed Child Sexual Abuse: It's Normal to be Normal, Pediatrics, Vol. 94, No 3, September 1994. Please note that this article is out of date in terms of the rates of findings of abnormal vaginal evidence (14% is no longer considered accurate, it is 4% to 5.5% according to the author), Dr. Adams requests that the Berenson and Heger sources cited herein be referred to for correct statistics on vaginal evidence, but this article is still current as far as rates of findings of abnormal anal evidence (1%).

Adams, J., MD, Classification of Anogenital Findings in Children with Suspected Sexual Abuse: An Evolving Process, 6 The APSAC ADVISER 1, 1993. See also Bays, J. & Chadwick, D., Medical Diagnosis of the Sexually Abused Child, 17 Child Abuse & Neglect, 91, 1993.

46 Curriculum text from <u>Adjudicating Allegations of Child Sexual Abuse When Custody is in Dispute: A Model Judicial Curriculum, ABA Center on Children and the Law, 1995.</u>

17

47 Lentsch, K. A. & Johnson, *Do Physicians Have Adequate Knowledge of Child Sexual Abuse? The Results of Two Surveys of Practicing Physicians*, 1986 and 1996, Child Maltreatment, Vol. 5, No. 1, pp 72-78, Sage Publications, February 2000.

48 In criminal court: "[T]he victim's testimony alone is sufficient to establish a prima facie case of either rape or sexual abuse." <u>Jones v. State</u>, 719 So.2d 249,255 (Ala.Crim.App 1996). This is in reference to a victim who was 8 years old at the time of criminal trial, <u>Williams v. State</u>, Ala.Cr.App., 2008 CR-06-1509 (not yet released for publication).

"Indeed, this Court has long held that the testimony of the victim alone is constitutionally sufficient to sustain a conviction." <u>United States v. Terry</u>, 362 F.2d 914, 916 (6th Cir. 1996), "... [V]ictims' testimony that habeas petitioner abducted her and raped her was constitutionally sufficient to sustain conviction despite lack of corroborating witness or physical evidence..." <u>United States v. Howard</u>, 218 F.3d 556, 565 (6th Cir.2000)

Heger, A. MD, Ticson, L., Velasquez, O., Bernier, R., *Children referred for possible sexual abuse: medical findings in 2,384 children*, Child Abuse and Neglect, 26(6-7), pp. 647-659, 2002. (In a study of 2,384 children evaluated for possible sexual abuse by medico-legal child sexual abuse specialist investigators, only 4% showed abnormal genital findings.)

Adams, J., MD, Classification of Anogenital Findings in Children with Suspected Sexual Abuse: An Evolving Process, 6 The APSAC ADVISER 1, 1993. See also Bays, J. & Chadwick, D., Medical Diagnosis of the Sexually Abused Child, 17 Child Abuse & Neglect, 91, 1993.

Adams, J. MD, et al., Examination Findings in Legally Confirmed Child Sexual Abuse: It's Normal to be Normal, Pediatrics, Vol. 94, No 3, September 1994.

Adams, J., MD, Evolution of a Classification Scale: Medical Evaluation of Suspected Child Sexual Abuse, Child Maltreatment, Vol. 6, No. 1, pp. 31-36, 2001.

Adams, J., MD, *Medical evaluation of suspected child sexual abuse*, Pediatric Adolescent Gynecology, 17(3): 191-7, 2004.

Curriculum text from <u>Adjudicating Allegations of Child Sexual Abuse When Custody is in Dispute: A Model</u> Judicial Curriculum, ABA Center on Children and the Law, 1995.

Berenson, A.B. MD, Chacko, M. R. MD; Wiemann, C. M. PhD; Mishaw, C. O. MD, Friedrich, W. N. PhD, Grady, J. J. Dr PH, *A case-control study of anatomic changes resulting from sexual abuse*, American Journal of Obstetrics and Gynecology, Vol., 182(4), pp. 820-834, April 2000.

Muram, D., Child Sexual Abuse: Relationship Between Sexual Acts and Genital Findings, Child Abuse and Neglect, Vol. 13, pp. 211-216, 1989.

49 Becker, J. & Quinsey, V., Assessing Suspected Child Molesters, Child Abuse and Neglect, Vol. 17, pp. 169-174, 1993.

Hall, G.C.M., & Crowther, J., *Psychologists' Involvement in Cases of Child Maltreatment: Additional Limit of Assessment Methods*, American Psychologist, Vol. 46, pp. 79-80, 1991.

50 Starr. Raymond, <u>Child Abuse Prediction</u>, Ballenger, Cambridge, Mass, pp. 105-135. 1982. (87 families with child abuse convictions and 87 control families were matched for child's age, sex, race, and social class and were given a comprehensive battery of psychological tests.)

Hall, G.C.M., *Criminal Behavior as a Function of Clinical and Actuarial Variables in a Sexual Offender Population*, Journal of Consulting and Clinical Psychology, Vol. 56 (5), pp. 773-775, 1988.

51 Hall, G.C.M., *Criminal Behavior as a Function of Clinical and Actuarial Variables in a Sexual Offender Population*, Journal of Consulting and Clinical Psychology, Vol. 56 (5), pp. 773-775, 1988.

- Bala, N., Mitnick, M., Trocme, N., & Houston, C., Sexual Abuse Allegations & Parental Separation: Smokescreen or Fire?, Journal of Family Studies, Vol. 13 (1), 2007.
- 52 Bala, N., Mitnick, M., Trocme, N., & Houston, C., Sexual Abuse Allegations & Parental Separation: Smokescreen or Fire?, Journal of Family Studies, Vol. 13 (1), 2007.
- 53 Newberger, C., Gremy, I., Waternaux, C., and Newberger, E, *Mothers of Sexually Abused Children: Trauma and Repair in Longitudinal Perspective*, American Journal of Orthopsychiatry, Vol. 63 (1), pp. 92-102, 1993.
- Bancroft, L. & Silverman, J., The Batterer as Parent: Addressing the Impact of Family Violence on Family Dynamics, Sage Publications, 2002.
- 54 Cross, T., Walsh, W., Simone, M. & Jones, L., Prosecution of Child Abuse: A Meta-Analysis of Rates of Criminal Justice Decisions, Trauma, Violence & Abuse, 4, pp. 323-340, 2003.
- Myers, J.E.B., Myers, J.E.B., Myers on Evidence in Child, Domestic and Elder Abuse Cases, Successor Edition to Evidence in Child Abuse and Neglect Cases, Third Edition, Vol. 2, 2005.
- 55 Bala, N., Mitnick, M., Trocme, N., & Houston, C., Sexual Abuse Allegations & Parental Separation: Smokescreen or Fire?, Journal of Family Studies, Vol. 13 (1), 2007.
- 56 Child Abuse, Educators' Responsibilities, California Attorney General's Office.
- 57 Neustein, A. & Goetting, A., *Judicial Responses to the Protective Parent's Complaint of Child Sexual Abuse*, Journal of Child Sexual Abuse, Vol. 8(4), pp. 103-122,1999. (300 cases of which 20% [n=60] had a negative outcome for the child, 70% [n=210] had a moderate outcome and only 10% [n=30] had a positive outcome in which the child was protected.)
- Brown, T., Frederico, M., Hewitt, L. & Shehan, R., *Problems and Solutions in the Management of Child Abuse Allegations in Custody and Access Disputes in the Family Courts,* Family and Conciliation Courts Review, 36(4), pp. 431-443, 1998.
- Faller, K. C., & DeVoe, E. *Allegations of sexual abuse in divorce*, Journal of Child Sexual Abuse, 4(4), pp. 1-25, 1995. (215 cases)
- 58 Brown, T., Frederico, M., Hewitt, L. & Shehan, R., Supra, 1998.
- 59 Jaffee, P, Johnston, J., Crooks, C., & Bala, N., *Custody Disputes Involving Allegations of Domestic Violence: Toward a Differentiated Approach to Parenting Plans*, Family Court Review, Vol. 46, #3, pp. 500-522, copyright Association of Family and Conciliation Courts, July, 2008.