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Psychosocial factors influencing competency of children's statements on sexual trauma[☆]

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ABSTRACT

Objectives: The objectives of this study are to assess children's competence to state their traumatic experience and to determine psychosocial factors influencing the competency of children's statements, such as emotional factors of children and parents and trauma-related variables, in Korean child sex abuse victims.

Methods: We enrolled 214 children, who visited "Sunflower Children's Center" for sexual abuse. The children were aged 8–13 years. The children's parent were surveyed using questionnaires [Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI)] to obtain demographic information, traumatic event profiles and self-report scale. Children completed psychological measures as follows: Children's Depression Inventory (CDI), Revised Children's Manifest Anxiety Scale (RCMAS), Traumatic Symptom Checklist for Children (TSCC). The modified-Criteria-Based Content Analysis (CBCA) was used to assess children's statements. ANOVA, independent *t*-test, Pearson correlation were used. All statistics were demonstrated using SPSS 12.0.

Results: Modified-CBCA scores did not differ according to children's level of depression and anxiety. Children with parents who showed supportive reactions, scored significantly higher on the modified-CBCA scores than those with unsupportive parents. Children with severely depressed parents had lower modified-CBCA scores than those with less depressed parents. Modified-CBCA scores were significantly higher in participants who experienced a single traumatic event than those who had multiple events. However, the severity of sexual abuse, relationship with the perpetrator, types of disclosure, and duration of initial disclosure did not show significant differences in capability of statement.

Conclusion: In conclusion, the competence of statements in Korean sexually child sex abuse victims is related to parental emotional states and support rather than children's factors such as psychopathology or age, and appears to be more reliable with a single traumatic experience. Therefore, promoting parental support through psychoeducation is one of the most important things to be done to help children overcome psychologic trauma but also enhance the accuracy of their statement.

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Introduction

Issues related to children's disclosure and testimony about sexual abuse have taken on considerable importance in both the legal and psychological communities (Ceci & Bruck, 1993). Professionals working with perpetrators, families, and victims of sexual abuse have identified numerous factors related to children's testimony (Sorenson & Snow, 1991; Summit, 1983). In reviewing previous studies, factors related to children's testimony are summarized into four categories.

First, a child's internal factors such as intelligence, psychopathology, and age are significantly related to the accuracy of a child's memory on trauma (Eisen, Goodman, Qin, & Davis, 2002). Second, a child's statements on trauma are affected by parental support, secure attachment style, and parental provision of insight (Goodman et al., 2003; Koriat & Goldsmith, 1994; List, 1986). Third, trauma characteristics such as event duration, severity, and close victim-perpetrator relationship were identified to affect children's statements (Goodman et al., 2003). Fourth, other contextual factors such as interview techniques, interviewer's bias, frequency of interviews, and cultural taboos are known to be associated with children's statements. Particularly, misleading questions and suggestions are found to elicit false reports from children (Carter, Bottoms, & Levine, 1996; Garven, Wood, Malpass, & Shaw, 1998).

However, previous studies have been somewhat fragmentary in revealing complex factors affecting children's testimony. We comprehensively examined psychosocial factors related to children's reports on trauma, including children's internal factors, parental emotional factors, and trauma characteristics. Additionally, we assessed competence of children's statements in cultural context considering how Korean society is culturally conservative toward sexuality, emphasizes purity–virginity, and stigmatizes victims of sexual abuse.

The objectives of this study are to assess the ability of children's statements regarding traumatic events, and to determine psychosocial factors influencing the competence, such as emotional factors of children, parents, and trauma-related variables, in Korean children with a history of sexual abuse.

Methods

In this study, 214 children who were aged 8–13 years and visited “Sunflower Children's Center” for sexual abuse between January 2006 and September 2008, were enrolled. “Sunflower Children's Center” provides medical treatment, psychiatric diagnosis, management, and education of parents whose children were sexually abused or were suspected of sexual abuse. The organization also provides legal support by assessing children's statements or testimonies. After determination of ‘Assessment of plausibility’ on the allegation of the sexual abuse, we included 189 children whose allegations were judged to be “likely.” All participants were requested to complete several self-report questionnaires. Written informed consent was obtained from all participants and their legal guardians. Written approval of the study design was obtained from the institutional review board.

Exclusion criteria were as follows: (a) little evidence of sexual abuse except the child's statement, (b) children under 7 or over 13 years of age, (c) children with mental retardation (IQ under 70), and (d) children with a psychotic disorder, pervasive developmental disorder, severe medical disorder, or brain injury.

Measurements

Demographic information, traumatic event profiles, and self-report scale were obtained from the Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI) which were completed by parents. Children completed psychological measures: Children's Depression Inventory (CDI), Revised Children's Manifest Anxiety Scale (RCMAS), and Traumatic Symptom Checklist for Children (TSCC). The modified-Criteria-Based Content Analysis (CBCA) was used to assess children's statements. All participants were assessed with Korean Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime version (K-SADS-PL) (Kaufman, Birmaher, Brent, Rao, & Ryan, 1996) and Korean-Wechsler Intelligence Scale for Children-Third Edition (K-WISC-III) by experienced clinical psychologists.

Assessment of plausibility

We used the judgment of plausibility (Adams, 2004; Lamb, Sternberg, Esplin, Hershkowitz, & Orbach, 1997). The plausibility was determined in 5 dimensions: (1) medical evidence, (2) witness statements, (3) suspect confession, (4) physical/material evidence, and (5) behavioral evidence.

Medical evidence was rated “likely” (2 points) when the alleged perpetrator's semen was found in the victim's vagina, when a venereal disease of the same strain was found in the alleged perpetrator and victim, and when Class 5 findings, as defined by Adams, Harper, & Knudson (1992), were obtained. The evidence was rated “questionable” (1 point) when abnormal findings were ambiguous related to sexual abuse. No medical findings were rated as “unlikely” (0 point). *Witness statements* were rated “likely” (2 points) only when a witness reported seeing one of the alleged acts. Questionable (1 point) was used when a witness reported ambiguous acts related to sexual abuse. No witness statement was scored as 0. *Suspect confessions* were rated “likely” (2 points) when the suspect admitted or made excuses about the alleged acts. Partial admissions were deemed questionable (1 point). No information or denials were given 0 point. *Physical/material evidences* such as fingerprints, semen, pubic hair, and bloodstain at and around the place of allegation or on victim's body or clothes were considered “likely” (2 points). When

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