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Child Sex Abuse and the Irish Criminal Justice System

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CHILD SEX ABUSE AND THE IRISH CRIMINAL JUSTICE SYSTEM

ABSTRACT

The aims of this study were to develop scales to assess experiences of sexually abused children in the Irish Criminal Justice System (CJS); to identify aspects of the CJS which children experience as negative; to compare the perceptions of children, parents and professionals of sexually abused children's experiences of the CJS; and to determine the correlation between perceptions of children's CJS experiences and current psychological adjustment. Forty-three children, 101 parents, 32 mental health professionals, 27 police officers, and 21 lawyers completed parallel versions of the Criminal Justice System Questionnaire (CJSQ) which assessed satisfaction with aspects of the CJS relevant to sexually abused children, specifically: Gardaí, Medical examination, Director of Public Prosecution, Waiting for Court, Court Professionals, Court Context, and the Criminal Justice System. Fifteen scales were developed by conducting principal component analyses. Children gave negative ratings on 9 of these, and on 7 children, parents and professionals differed in their perceptions of how children experienced the CJS with mental health professionals viewing the impact of the CJS as more problematic than parents and children. Scores of children and parents on CJSQ scales correlated with indices of current psychological adjustment. These results point to the importance of making the Irish CJS more child-friendly and for evaluating these reforms with the CJSQ.

INTRODUCTION

For sexually abused children, specific aspects of the criminal justice system (CJS) such as multiple pre-trial investigative interviews, forensic medical examination, waiting for court, lengthy litigation, and court proceedings which are not child-centred have all been found to adversely affect many children in the short term and a minority of children in the long term (Hall & Sales, 2008; Quas et al., 2005). A small but growing body of research supports the use of certain practices to reduce the CJS-related distress of sexually abused children. These include multidisciplinary team investigations, trained child forensic interviewers, videotaped interviews, specialized forensic medical examiners, victim advocacy programs, improved access to mental health treatment for victims, and children's advocacy centres (Jones et al., 2005).

Research on the effects of involvement in the CJS on sexually abused children has predominantly used objective assessments of the presence or absence of variables such as pre-trial investigative interviews, forensic medical examination, lengthy litigation, and so forth. There has been a dearth of research on the development of scales to measure the level of impact of aspects of the CJS on sexually abused children or to focus on aspects of the CJS identified by sexually abused children or their parents as being particularly salient. A literature search yielded only a single such scale. In a US study Runyan et al. (1994) developed the Intervention Stressors Inventory (ISI) by deriving stress weightings for aspects of the CJS from ratings given by a group of 98 expert professionals for items such as investigative police interviews (50 points), testifying in court (111 points), and foster care placement (100 points). Runyan et al. found that for a group of 256 sexually abused children, scores on the ISI correlated with abused children's ages, and time since abuse.

While the ISI is an important instrument, the items it contains and their stress weightings were based on professionals' views of the CJS rather than those of sexually abused children. The primary aim of the current study was to develop scales to assess sexually abused children's satisfaction with aspects of the CJS that they or their parents identified as particularly salient. We also set out to identify aspects of the CJS which children experienced as particularly negative; compare the perceptions of children, parents and professionals of sexually abused children's experiences of the CJS; and determine the correlation between sexually abused children's CJS experiences and their current psychological adjustment.

METHOD

Participants

Forty-three children, 101 parents, and 80 professionals participated in this study. The 80 professionals included 32 mental health professionals, 27 Gardaí, and 21 lawyers (solicitors and barristers). Children and parents were recruited from two CSA assessment agencies, one CSA therapy agency, and from the 2002 case list of the office of the Director of Public Prosecutions (DPP). Children were included in the study if (1) they had reported CSA to the Gardaí; (2) they had contact with any of the three clinical agencies listed above in the four-year period 2001-2004 or submitted their case to the DPP in 2002; (3) they were confirmed as CSA cases by one of the three clinical agencies or the DPP; (4) they were judged by involved clinical staff not to be at-risk of an adverse reaction to a research interview; and (5) they and their parents gave consent for participation. Parents were included in the study if their children met the first three inclusion criteria outlined above; if they consented to participate; and if they were judged by involved clinical staff not to be at-risk of an adverse reaction to a research interview. Mental health professionals, Gardaí, and legal professionals who participated had contact with at least one confirmed

case of child sexual abuse (CSA) within the four-year period from 2001 to 2004.

Demographic characteristics of parents and children is contained in Table 1. From the table it may be seen that parent participants were predominantly married or cohabiting, middleclass women in their mid 40s whose teenage daughters had repeatedly suffered either intrafamilial or extrafamilial penetrative sexual abuse before the age of 16. Child participants were predominantly middle class teenage girls from one or two parent families, most of whom had suffered repeated, penetrative, intrafamilial sexual abuse. Child participants and children of participating parents had been involved with the CJS for up to 4 years prior to their involvement of the present study. The mean age of the mental health professionals was 38 years (SD = 8.7), of the Gardaí was 35 years (SD = 8.2) and of the lawyers was 34 years (SD = 5.6). Ninety-seven percent of the mental health professionals, 67% of the Gardaí, and 60% of the lawyers were female. The mean numbers of CSA cases seen by the mental health professionals, Gardaí, and lawyers were 58, 45 and 30 respectively. Ninety-seven percent of the mental professionals, 59% of the Gardaí, and none of the lawyers had specialist CSA training.

Insert table 1 about here

Instruments

All participants completed the Criminal Justice System Questionnaire and a demographic information sheet. Children also completed the Youth Self-Report form (YSR; Achenbach & Rescorla, 2001) and the third edition of the Culture-Free Self-Esteem Inventory (CFSEI; Battle, 2002) which are self-report measures of children's adjustment. Parents completed the 12-item version of the General Health Questionnaire (GHQ-12, Goldberg & Williams, 1991) and the Child Behaviour Checklist (CBCL, Achenbach & Rescorla, 2001). The

GHQ-12 was used to assess parent adjustment, and the CBCL provided parental ratings of their children's adjustment.

Criminal Justice System Questionnaire (CJSQ).

The child, parent and professional versions of the CJSQ each contain 191 items, all of which have five point response formats ranging from 1 = strongly disagree, to 5 = strongly agree. Items inquire about children's experiences in seven domains. The domains are: Gardaí, Medical examination, Director of Public Prosecution, Waiting for Court, Court Professionals, Court Context, and the Criminal Justice System. All CJSQ domains and items were derived from content analyses of transcripts of hour-long qualitative interviews with 9 sexually abused children and 10 parents at two specialist CSA assessment centres. Within each CJSQ domain, half of the items were positively phrased and half were phrased negatively to reduce the impact of response set on participants' scores. For the parallel child, parent and professional versions of the CJSQ, items were worded so that information was elicited about children's experiences of the CJS. For example, the following item from the child version of the CJSQ 'I was scared of meeting the accused while waiting to go to court' was reworded for the parent version as 'My child was scared of meeting the accused while waiting to go to court'. The same item was reworded for the professional version of the CJSQ as 'Children feel scared of meeting the accused while waiting to go to court'. Copies of the CJSQ are available from the authors and in Connon (2006) and Crooks (2006).

Procedure

The research proposal for this study was approved by the ethical review committee of the Children's University Hospital Temple Street, Dublin. All participants gave informed consent. For child participants, parental consent was also obtained.

To recruit children and parents, study invitations were mailed to parents of cases that met inclusion criteria. Invitations were sent by staff from the clinical agency which cases had attended, or by an appropriate member of the Gardaí for DPP cases. Detailed information on the study was mailed to parents who expressed interest in participating. Data collection arrangements were made by phone. From a pool of 446 cases, 43 children completed the CJSQ, yielding a child response rate of 10%. From the same pool of 446 cases, 101 parents completed the CJSQ, resulting in a parent response rate of 23%. Data collection for child and parent participants was conducted at the clinical agencies from which cases were recruited, at families' homes, or at local community facilities. Data were collected independently from children and parents. Participants completed data collection by either filling in questionnaires in the presence of a research assistant, or having a research assistant read the items to them and giving their responses verbally. A small number of parents completed questionnaires by post.

Data were collected by postal questionnaire from convenience samples of mental health professionals, police officers and lawyers. The mental health professionals sample (which included the professions of psychiatry, psychology, psychotherapy, counselling, and social work) was recruited through a network of 5 regional Irish CSA units. Thirty-two of 67 professionals contacted returned completed questionnaires, yielding a response rate of 48%. The sample of police officers was recruited from the central Garda training unit. Twenty-seven of 30 Gardaí contacted returned questionnaires, giving a response rate of 82%. To recruit lawyers, a leading legal professional with expertise in CSA litigation drew

up a list of 39 barristers with legal experience in the CSA field, and the chief DPP prosecution solicitor identified 30 DPP solicitors eligible for the study. Fifteen barristers and 6 solicitors, or 21 of these 69 legal professionals returned completed questionnaires, yielding a response rate of 30% for this group.

RESULTS

In line with the four aims of the study noted at the end of the introduction, the results will be presented in sections which address (1) Principal component analysis of the CJSQ and reliability of scales; (2) CJSQ scales which children rated negatively; (3) comparisons of scores of parents, children and professionals on CJSQ scales; and (4) correlations between scores on CJSQ scales and measures of children's and parents' psychological adjustment.

Principal component analysis of the CJSQ and reliability of scales

The first aim of the study was to develop reliable scales to assess sexually abused children's satisfaction with different aspects of the Irish CJS. The following analyses were conducted to achieve this aim. Scores for 191 items from parallel versions of the CJSQ completed by 43 children, 101 parents and 80 professionals were collated into a single SPSS data file. Where appropriate, items were reverse scored so that higher scores represented more positive perceptions of children's CJS experiences. To identify scales within each of the seven CJSQ domains, a series of Principal Component Analyses (PCA) with varimax rotation was conducted and factors with eigen values greater than 1 were extracted. PCAs were conducted on items in each domain rather than on all 191 CJSQ

items so that a ratio of at least 4 cases per item was maintained for each analysis (Tabachnick & Fidell, 2000). For each domain, following an initial PCA of all items in that domain, items with loadings less than .4 were removed from subsequent PCAs, as were items that either loaded on components which did not converge or contained too few items to constitute meaningful scales. Items were also removed if they significantly detracted from the internal consistency reliability of component scales as assessed by Cronbach's alpha.

In each of the 7 domains, PCAs yielded solutions accounting for 38 - 63% of the variance. PCA solutions contained 1 - 3 components, and in each of these 4 - 34 items had loadings greater than 0.4 on a component. Individual scale names were assigned to reflect the main theme common to the constituent items of each component. Table 2 contains the eigen value, percentage of variance accounted for, and internal consistency alpha reliability coefficient for each component along with component loadings above 0.4 for items in each component from the final PCAs for all CJSQ domains. The PCA analyses yielded 15 scales with acceptable internal consistency reliability coefficients above .7 in all but one case. The reliability of the waiting for court scale was .67. To investigate the stability of the final component structure for each domain across different subgroups of the participants, a series of PCAs was conducted on subgroups of the entire sample (parents and professionals, parents only, professionals only), and in all cases the component structure was stable.

Insert table 2 about here

What follows is a brief description of the constructs measured by the 15 scales.

The *Gardaí - Interpersonal Issues* scale assesses perceptions of children's experience of significant interpersonal issues when dealing with the Gardaí, such as feeling believed, being given hope, and being treated in a sensitive and fair manner.

The *Gardaí - Emotional Issues* scale measures perceptions of children's experience of significant emotional issues when dealing with the Gardaí, such as anxiety and sleep disturbance.

The *Gardaí - Professionalism issues* scale evaluates perceptions of children's experience of the speed and quality of police investigations and trustworthiness of the Gardaí.

The *Medical Examination - Emotional issues* scale assesses perceptions of children's experience of significant emotional issues arising from undergoing medical examination and receiving the results of this process.

The *Medical Examination - Professionalism issues* scale measures perceptions of children's experience of professionalism issues including the utility and benefits of undergoing a medical examination.

The *DPP - Emotional issues* scale evaluates perceptions of children's experience of emotional issues such as distress and fear for personal safety arising from the DPP's decision not to prosecute.

The *Impact of Waiting for Court* scale assesses perceptions of children's experience of the impact of court delays on their emotional state, their memory of CSA events, and personal safety.

The *Court Professionals - Judge* scale evaluates perceptions of children's experience of the professionalism of judges and the emotional impact of contact with them.

The *Court Professionals - Prosecutor* scale measures perceptions of children's experience of the professionalism of prosecutors and the impact of contact with them.

The *Court Professionals - Defence Barrister* scale assesses perceptions of children's experience of the impact of contact with the defence barrister.

The *Court Context – Justice Issues* scale measures perceptions of children's experience of justice issues related to the fairness of specific court procedures such as informing juries, allowing evidence and sentencing.

The *Court Context – Emotional Issues* evaluates perceptions of children's experience of the emotional impact of court attendance, testifying, and trial outcome or sentencing.

The *Court Context – Environmental Issues* assesses perceptions of children's experience of the court environment including the formality and child friendliness of the court.

The *CJS – Justice Issues* measures perceptions of children's experience of the fairness of the investigation and prosecution procedures, and their satisfaction with the CJS.

The *CJS – Emotional and Behavioural Issues* evaluates perceptions of children's experience of emotional and behavioural problems arising from contact with the CJS, including distress, conduct problems, substance use, social difficulties, and school problems.

Children's negative CJS experiences

The second aim of the study was to identify aspects of the CJS which children experienced as particularly negative. To achieve this aim, mean scores on all 15 CJSQ scales for the group of 43 child participants were calculated, and those which fell below scale range mid-points were identified. CJSQ scale scores were calculated by reverse scoring negatively worded items, summing scores of all scale items, and dividing by the number of items in

the scale so that each scale had a potential range of 1-5, with higher values reflecting more positive views of the criminal justice system. Scores below 3 were interpreted as reflecting negative or stressful experiences. Mean scores for the group of child participants on all 15 CJSQ scales are presented in the second column of data in Table 3. On 9 of the 15 CJSQ component scales, children's mean scores were below 3, and in rank order from most to least negative these were: *Court Professionals - Defence Barrister* (M = 1.97), *DPP - Emotional issues* (M = 2.02), *Court Context – Emotional Issues* (M = 2.19), *Impact of Waiting for Court* (M = 2.31), *Court Context – Justice Issues* (M = 2.37), *Court Context – Environmental Issues* (M = 2.70), *Medical Examination - Emotional issues* (M = 2.74), *CJS – Justice Issues* (M = 2.86) and *Gardaí - Emotional Issues* (M = 2.99).

Comparisons of scores of parents, children and professionals on CJSQ scales

The third aim of this study was to compare the perceptions of children, parents and professionals of sexually abused children's experiences of the CJS. To achieve this aim, a set of analyses was conducted to evaluate the statistical significance of differences between mean scores of parents' children's and professionals on CJSQ scales. To control for type 1 error a preliminary Multivariate Analysis of Variance (MANOVA) was conducted on mean scores from all 15 CJSQ scales of 101 parents, 43 children, 32 Mental Health professionals, 27 Gardaí and 21 lawyers. It was statistically significant [$F(60, 832) = 2.90, p < 0.001$] indicating that the groups differed significantly on some or all of the 15 CJSQ scales. To identify the specific CJSQ scales on which groups differed, ANOVAs were conducted for each of the 15 scales. Where these yielded significant F values, the significance of specific intergroup differences was evaluated with Scheffe post-hoc tests. Means and standard deviations of the 5 groups on all 15 CJSQ scales, along with results

of ANOVAs and post-hoc tests are given in Table 3. Groups differed significantly on 7 of the 15 CJSQ component scales. From table 3 the following conclusions may be drawn.

Mental health professionals obtained significantly lower scores than parents on 6 of the 7 scales on which the groups differed: *Gardaí - Emotional Issues*, *DPP - Emotional Issues*, *Impact of Waiting for Court*, *Court Professionals - Judge*, *Court Professionals - Prosecutor*, and *CJS – Emotional and Behavioural Issues*. Mental health professionals obtained significantly lower scores than children on 4 of the 7 scales on which the groups differed: *Gardaí - Interpersonal Issues*, *Gardaí - Emotional Issues*, *Impact of Waiting for Court*, and *Court Professionals – Judge*. Mental health professionals obtained significantly lower scores than Gardaí on 2 of the 7 scales on which the groups differed: *Gardaí - Interpersonal Issues* and *Gardaí - Emotional Issues*. Lawyers obtained significantly lower scores than parents and children on 2 of the 7 scales on which the groups differed: *Gardaí - Emotional Issues* and *Court Professionals - Judge*

Correlations between scores on CJSQ scales and measures of children's and parents' psychological adjustment

The fourth aim of the study was to determine the correlations between scores on CJSQ scales and the current psychological adjustment of children and parents. To achieve this aim the following analyses were conducted. For the child participants, correlations were computed between their 15 CJSQ scale scores and their total scores of the YSR and CFSEI. For the parent participants, correlations were computed between their 15 CJSQ scale scores and their total scores of the GHQ-12 and the CBCL. The rough false discovery rate was used to control for type 1 error (Benjamini & Hochberg, 1995). Fourteen of the 30 correlations from the child sample and 15 of the 30 correlations from the parent sample were statistically significant ($p < .05$).

In the child sample there were significant correlations between the YSR total and 4 CJSQ scales, which in order of magnitude were: *CJS – Emotional and Behavioural Issues* ($r = -.53$), *Medical Examination - Emotional issues* ($r = -.52$), *Impact of Waiting for Court* ($r = -.47$), and *Court Context – Justice Issues* ($r = -.46$). Children who had negative experiences in the areas assessed by these CJSQ scales reported more psychological adjustment problems on the YSR.

In the child sample there were significant positive correlations between the CFSEI total and 9 CJSQ scales, which in order of magnitude were: *Court Context – Justice Issues* ($r = .73$), *Medical Examination - Emotional issues* ($r = .72$), *Court Context – Emotional Issues* ($r = .57$), *CJS – Emotional and Behavioural Issues* ($r = .53$), *Impact of Waiting for Court* ($r = .50$), *Court Professionals - Defence Barrister* ($r = .50$), *CJS – Justice Issues* ($r = .44$), *Court Context – Environmental Issues* ($r = .43$), and *Gardaí - Emotional Issues* ($r = .39$). Children who had negative experiences in the areas assessed by these CJSQ scales reported lower self-esteem on the CFSEI. In the child sample there was a statistically significant negative correlations between the CFSEI total score the *Court Professionals - Judge* scale ($r = -.58$) indicating that children who had a negative perception of the judge reported higher self-esteem on the CFSEI.

In the adult sample there were significant correlations between the CBCL total and 6 CJSQ scales, which in order of magnitude were: *Court Context – Emotional Issues* ($r = -.69$), *Impact of Waiting for Court* ($r = -.54$), *Gardaí - Emotional Issues* ($r = -.39$), *CJS – Emotional and Behavioural Issues* ($r = -.39$), *Court Professionals - Prosecutor* ($r = -.35$), and *Medical Examination - Professionalism issues* ($r = -.29$). Parents who perceived their children to have had negative experiences in the areas assessed by these CJSQ scales reported that their children showed more psychological adjustment problems on the CBCL.

In the adult sample there were significant correlations between the GHQ-12 total and 9 CJSQ scales, which in rank order were: *Court Context - Emotional Issues* ($r = -.47$), *Court Professionals - The Prosecutor* ($r = -.47$), *CJS - Emotional and Behavioural Issues* ($r = -.46$), *Court Context – Environmental Issues* ($r = -.44$), *Gardaí - Emotional Issues* ($r = -.44$), *Court Context – Justice Issues* ($r = -.35$), *Impact of Waiting for Court* ($r = -.29$), *CJS – Justice Issues* ($r = -.27$), and *DPP - Emotional issues* ($r = -.24$). Parents who perceived their children to have had negative experiences in the areas assessed by these CJSQ scales reported that they, themselves, had greater psychological adjustment problems on the GHQ-12.

The number of indices of psychological adjustment with which CJSQ scales correlated, reflect the pervasiveness of their association with children's current well-being. Significant correlations were found between all three indices of children's psychological adjustment (YSR, CFSEI and CBCL) and the *Impact of Waiting for Court* and *CJS – Emotional and Behavioural Issues* scales. Significant correlations were found between at least two indices of children's psychological adjustment the *Gardaí - Emotional Issues*, *Medical Examination - Emotional issues*, *Court Context – Emotional Issues*, and *Court Context – Justice Issues* scales. Significant correlations were found between one index of children's psychological adjustment and the *Medical Examination - Professionalism issues*, *Court Professionals - Defence Barrister*, *Court Professionals - Prosecutor*, *Court Context – Environmental Issues* and *CJS – Justice Issues* scales.

DISCUSSION

This study achieved its aims of developing scales to assess sexually abused children's satisfaction with different aspects of the Irish CJS; identifying aspects of the CJS which children experienced as particularly negative; comparing the perceptions of children,

parents and professionals of sexually abused children's experiences of the CJS; and determining the correlation between sexually abused children's CJS experiences and their current psychological adjustment.

With regard to the first aim, parallel versions of 15 scales were developed for children, parents and professionals to assess most aspects of the Irish CJS particularly salient to children who have experienced CSA.

With regard to the second aim, nine aspects of the CJS which children found particularly distressing were identified, the top 4 of which were the reactions to the defence barrister, emotional reactions to the DPP, emotional reactions to the court-room context and the impact of waiting for court.

With regard to the third aim, the most salient finding from a comparison of child, parent and professionals responses on the CJSQ, was that mental health professionals viewed the impact of the CJS on sexually abused children as more problematic than did parents and children, notably in the areas of emotional reactions to the Gardaí, waiting for court and reactions to the judge. In contrast, the perceptions of legal professionals and Gardaí, did not differ from those of parents and children in 13 of 15 areas assessed by CJSQ scales.

With regard to the fourth aim, 11 of the 17 CJSQ scales correlated with indices of children's psychological adjustment and 9 with an index of parental adjustment. This is a first step towards validating the CJSQ. Significant correlations were found between all three indices of children's adjustment used in the study and CJSQ scales that assessed the impact of waiting for court and the emotional and behavioural reactions to the CJS, which suggests that these two areas have a significant and pervasive impact of children's current psychological adjustment.

Sample non-representativeness, small sample size, and the retrospective design used were the principal methodological limitations of the current study. Participants were not representative samples of sexually abused children, parents of such children and professionals with CSA work experience. Although we tried to recruit entire cohorts of service attenders, there was a low response rate of 10% for children and 23% for parents. Our clinical impression is that those who did participate were probably more favourably disposed towards the CJS and better psychologically adjusted than non-responders. However, for ethical reasons it was not possible to compare clinical characteristics of responders and non-responders, since we did not have consent from non-responders to use their confidential medical records for this purpose. The groups of professional participants were convenience samples, and so, by definition were not representative of all relevant professionals with CSA work experience. It is unclear what the impact of this lack of sample representativeness had on our findings concerning the CJSQ scales we developed, the intergroup differences found on these scales, and the correlations between these scales and measures of child and parent adjustment.

Our small sample sizes limited the types of statistical analyses that could be conducted. Ideally we would have liked to conduct separate PCAs on all CJSQ items for children, parents and professionals. Because of small sample sizes, child, parent and professional data sets had to be amalgamated to achieve a large enough sample to conduct PCAs, and even then, there were only sufficient cases to conduct such analyses on a domain-by-domain basis. While combining data from children, parents and professionals who completed parallel version of the CJSQ, allowed comparisons to be made between these groups, this benefit entailed a cost, in terms of the validity of results from such comparisons. Group differences in responses could have been due to differences not just in beliefs and attitudes assessed by CJSQ items, but also to

differences in respondents' capacity to understand questions, the way the questions were framed in the parallel versions of the CJSQ, and the fact that the person on which the questions were framed were different in the parallel versions of the CJSQ, i.e. the child answered questions about the self, the parent about the child, and the professionals, about children in general. Had large enough samples been available to permit conducting separate PCAs for children, parents and professionals on all CJSQ items, it is probable that these analyses would have yielded a smaller number of component scales, with larger numbers of items, and possibly different component structures for parent, child and professional groups.

The retrospective design of the study meant that participant responses were affected by the accuracy of their memories of experiences within the CJS and their level of psychological adjustment or distress when they participated in the study.

Our study had strengths which permitted some confidence to be placed in our main findings. First, the CJSQ items were derived from qualitative data gathered directly from sexually abused children and their parents. Second, the PCA component structures for all 7 domains were replicated across parent, professional, parent and professional, and total data sets, and all scales had acceptable levels (or near acceptable levels in one case) of internal consistency reliability. Third, psychometrically robust instruments were used to assess parent and child psychological adjustment. These strengths permit considerable confidence to be placed in our results.

The finding that sexually abused children rated many aspects of the CJS negatively, including their emotional reactions to police investigations, forensic medical examinations, the prosecution process, waiting for court, and testifying in court is consistent with similar findings previous studies (Hall & Sales, 2008). The finding that mental health professionals

perceived children's experiences of the CJS more negatively than parents or children is consistent results of previous investigations (Lipovsky, 1994; Tedesco & Schnell, 1987). There are many possible explanations for this. However, the most likely is that mental health professionals in the CSA field typically only have extended contact with very distressed CSA survivors, and probably base their judgements about the stressfulness of the CJS for CSA survivors on this non-representative sample of cases.

The present study has implications for future research, practice and policy. With regard to research, the study requires replication with large samples (N=1000) of abused children, parents and relevant professionals so that separate PCAs may be conducted on all CJSQ items for children, parents and professionals. With respect to practice and policy, the results of the current study indicate that attempts to make the Irish CJS more child-friendly are important, because children's experiences of the CJS are predominantly negative, and are associated with poor long-term psychological adjustment. Policies and practices that reduce the time children spend waiting for court, and protect them from contact with the accused during this time should be prioritized. So too should interventions which provide children and their families with psychological support to address children's emotional and behavioural issues throughout their contact with the CJS. Our results point to the value of training designated paediatricians to conduct specialist forensic medical examinations on CSA victims. Our results also point to the importance of providing special training for health professionals, legal professionals and Gardaí, so that they can adopt as child-centred and sensitive a position as possible when working with sexually abused children. Conducting as few investigative interviews as possible, and videotaping such interviews so they do not have to be repeated is also recommended. Finally, results support the value of designing courtroom environments and courtroom practices that are child-friendly.

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Table 1. Demographic characteristics

Variable	Category	Parent Sample N=101	Child Sample N=43
Gender	Female	83%	----
	Male	17%	
Parent's mean age		45y	----
Parent's marital status	Single	10%	23%
	Married/co-habiting	54%	46%
	Separated/divorced	33%	28%
	Widowed	4%	3%
Socio-economic status	Unskilled manual/unemployed	22%	21%
	Semi-skilled manual and farmers with less than 30 acres	11%	13%
	Skilled manual and farmers with 30-49 acres	7%	8%
	Other non-manual and farmers with 50-99 acres	21%	21%
	Lower professional and lower managerial; farmers with 100-199 acres	28%	16%
	Higher professional and higher managerial; farmers with 200+ acres	10%	11%
Gender of victim	Female	75%	81%
	Male	25%	19%
Victim's mean age		14y	17y
Age at first abuse	Preschool: 0-5y	27%	16%
	Primary school: 6-10y	31%	49%
	Adolescence: 11-16y	32%	35%
Type of abuse	Intrafamilial	46%	63%
	Extrafamilial	54%	37%
Type of abusive acts	Penetrative abuse	59%	58%
	Contact abuse	40%	43%
	Non-contact abuse	1%	0%
Frequency of abuse	Once only	35%	24%
	2-3 times	15%	12%
	More than 4 times	51%	63%
Duration of abuse	< 1 month	40%	23%
	1-3 months	11%	7%
	4-12 months	12%	16%
	1-2 years	17%	14%
	3-4 years	11%	21%
	> 4 years	9%	19%

Table 3. Fifteen scales based on principal component analyses of items in 7 CJSQ domains.

	Eigen Value	% Variance	Alpha Reliability	Component 1 Loadings	Component 2 Loadings	Component 3 Loadings
GARDAÍ DOMAIN						
Gardaí - Interpersonal Issues scale	0.4	25	.88			
1 I felt believed by the Gardaí				.79		
2 The Gardaí gave me hope that something could be done				.78		
3 I was treated fairly by the Gardaí				.78		
4 The Garda who took my statement was good at talking to children				.72		
5 The Gardaí made me feel like a criminal				.71		
6 The Gardaí did everything they could to make me comfortable				.66		
7 I'm sorry I told the Gardaí about what happened				.61		
Gardaí - Emotional Issues scale	2.7	17	.75			
1 It was easy for me to remember everything when I gave my statement					.77	
2 I did not think that talking to the Gardaí was scary					.71	
3 I was afraid of what might happen after I talked to the Gardaí					.75	
4 I felt bad when the Gardaí visited me at school					.67	
5 I had sleep difficulties or nightmares after talking to the Gardaí					.48	
Gardaí - Professionalism issues scale	2.6	16	.85			
1 The Gardaí responded quickly to all parts of the case						.75
2 The Gardaí did a good job of investigating our case						.74
3 The Gardaí did not do their jobs properly						.73
4 I don't trust the Gardaí anymore						.62
MEDICAL EXAMINATION DOMAIN						
Medical Examination - Emotional issues scale	2.3	32	.72			
1 I was extremely upset during the Medical Examination				.86		
2 The medical examination was upsetting				.83		
3 I found waiting for the examination and results difficult				.66		
4 I was uncomfortable with the doctor				.56		
Medical Examination - Professionalism issues scale	2.1	30	.72			
1 The medical examination was helpful					.80	
2 The doctor let me know about other services					.71	
3 The Medical Examination was worth it because it provided evidence					.59	
DPP DOMAIN						
DPP - Emotional issues scale	2.6	64	.81			
1 The DPP decided not to prosecute and this decision upset me				.89		
2 I was very upset that the accused would not be prosecuted				.89		
3 The DPP decided not to prosecute and this decision upset my parents				.74		
4 I felt unsafe from the accused because they would not be prosecuted				.66		
WAITING FOR COURT DOMAIN						
Impact of Waiting for Court scale	2.3	38	.67			
1 I was happy with the speed of the case getting to court after the DPP decided to prosecute				.69		
2 I didn't mind waiting to go to court				.66		
3 I was threatened by the accused while waiting to go to court				.65		
4 My court case was delayed too many times				.65		
5 I was waiting to go to court for so long that I started to forget small details about what happened				.56		

6	I was scared of meeting the accused while waiting to go to court				.50	
COURT PROFESSIONALS DOMAIN						
Court Professionals - Judge scale						
		3.4	22	.76		
1	The judge was nice				.83	
2	The judge did not act like they were interested in my case				.80	
3	I felt the judge was on our side				.77	
4	The judge was scary				.77	
5	The judge appeared to know a lot about our kind of case				.49	
Court Professionals – Prosecutor scale						
		3.3	22	.84		
1	The prosecutor was good at their job				.82	
2	The prosecutor prepared me well for what would happen in court				.78	
3	The prosecutor did not fight my case as well as they could have				.76	
4	I felt hopeful when I met the prosecutor				.66	
5	The prosecutor was difficult to understand				.54	
6	The prosecutor was a nice person				.52	
7	I think the prosecutor should have spent more time talking to me before I went to court				.46	
Court Professionals - Defence Barrister scale						
		2.4	16	.73		
1	I was angry at the way the defence barrister treated me					.81
2	I was upset that the defence barrister tried to make out I was lying					.79
3	I was not scared when the defence barrister was questioning me					.75
COURT CONTEXT DOMAIN						
Court Context – Justice Issues scale						
		3.7	18	.77		
1	I was satisfied with the sentence				.79	
2	I think that the sentence was too short				.77	
3	It is too easy for cases to be thrown out of court				.70	
4	I trust the courts now				.68	
5	The jury were told everything they needed to know				.61	
6	There are too many restriction on what is allowed to be said in court				.58	
7	I have lost all faith in justice as a result of the outcome of the trial				.50	
Court Context – Emotional Issues scale						
		3.5	17	.81		
1	Giving evidence was very hard				.73	
2	Going to court made me feel sick				.68	
3	I did not like answering questions in court about what had happened				.68	
4	I didn't see my friends much during the time of the trial				.59	
5	I had sleep difficulties or nightmares during the period of the trial				.58	
6	I felt like I was on trial				.55	
7	I cried when I went to court				.54	
8	I had forgotten many of the details by the time I was giving evidence in court				.51	
Court Context – Environmental Issues scale						
		3.2	16	.83		
1	The courtroom was a nice building inside					.83
2	The seating arrangements in the court were as good as they could have been					.82
3	The court-room, atmosphere and dress of the barristers made me feel at ease					.80
4	I did not spend long giving evidence					.60
5	I felt threatened by the accused when I was in court					.44
CRIMINAL JUSTICE SYSTEM DOMAIN						

CJS – Justice Issues scale		10.6	31	.95	
1	People in the criminal justice system made me feel safe				.79
2	I have no faith in the criminal justice system				.78
3	I still have faith in our criminal justice system				.76
4	My family have lost faith in the criminal justice system				.76
5	The criminal justice system made me feel like a better person				.74
6	The criminal justice system helped to let people know the accused was guilty				.74
7	The criminal justice system helped me get back to the way I used to be				.72
8	The people involved in the criminal justice system treat it like a game				.72
9	I think that talking to people in the criminal justice system was worthwhile				.72
10	The criminal justice system helped my family more than it hurt my family				.70
11	People in the criminal justice system always gave us enough information				.69
12	My family are safer because of the criminal justice system				.68
13	The people in the criminal justice system encouraged me all the way				.68
14	The outcome helped me feel believed				.68
15	There are no good parts to the criminal justice system				.67
16	All the people I met in the criminal justice system were helpful				.62
17	I am not angry at the people in the criminal justice system				.59
18	I felt that we had just as much legal help as the accused				.59
19	I find it hard to trust people in the criminal justice system				.57
20	I found it hard to trust people because of the criminal justice system				.55
21	The criminal justice system made me feel as bad as the abuser				.49
22	The whole legal process is quick enough				.49
23	I still want to take my own revenge on the accused				.47
CJS – Emotional and Behavioural Issues scale		6.7	20	.91	
1	I found it hard to concentrate in school because of the criminal justice system				.82
2	My school marks were lower than usual while I was going through the criminal justice system				.76
3	I missed a lot of school days because of the criminal justice system				.75
4	I was more upset in school because of the criminal justice system				.74
5	The criminal justice system upset me so much I felt like killing myself				.71
6	I got in trouble at home more than usual while I was meeting people in the criminal justice system				.71
7	I drank more alcohol than usual because the criminal justice system upset me				.70
8	My friends don't trust people in the criminal justice system because of what happened to me				.68
9	While I was meeting people in the criminal justice system, my friends noticed that I was acting differently				.63
10	I took more drugs than usual because the criminal justice system upset me				.62
11	I have lost friends because of the criminal justice system				.61

Note: N=224. Items from child version of the CJSQ have been used in this table.

Table 3. Comparison of mean scores of parents, children and professionals on CJSQ scales

CJSQ Scale		Group 1	Group 2	Group 3	Group 4	Group 5	ANOVA	Scheffe
		Parents	Children	MH Profs.	Gardaí	Lawyers	F	Group Diffs
		N=101	N=43	N=32	N=27	N=21		
Gardaí Domain								
Interpersonal Issues	M	3.66	3.88	3.19	4.04	3.35	5.43***	4=2>3
	SD	0.96	0.94	0.54	0.56	0.37		
Emotional Issues	M	3.10	2.99	2.00	2.67	2.36	16.53***	1=2>5
	SD	0.79	0.84	0.50	0.71	0.50		1=2=4>3
Professionalism Issues	M	3.38	3.47	2.89	3.60	3.29	--	--
	SD	1.17	1.10	0.57	0.46	0.49		
Medical Examination Domain								
Emotional Issues	M	2.58	2.74	2.83	2.71	2.63	--	--
	SD	0.44	0.75	0.77	0.59	0.46		
Professionalism Issues	M	3.38	3.34	3.05	3.32	3.03	--	--
	SD	0.62	0.68	0.73	0.69	0.41		
The DPP Domain								
Emotional Issues	M	2.26	2.02	1.80	1.95	2.15	3.78**	1>3
	SD	0.72	0.53	0.56	0.70	0.55		
Waiting for Court Domain								
Impact of Waiting for Court	M	2.23	2.31	1.72	1.99	1.91	7.94***	1=2>3
	SD	0.49	0.70	0.46	0.52	0.48		
Court Professionals Domain								
Judge	M	3.41	3.54	3.02	3.21	3.07	9.65***	1=2>3=5
	SD	0.34	0.45	0.56	0.56	0.46		
Prosecutor	M	3.15	3.10	2.79	3.18	3.01	3.60**	1>3
	SD	0.51	0.55	0.47	0.48	0.46		
Barrister	M	1.91	1.97	2.02	1.77	2.05	--	--
	SD	0.35	0.51	0.85	0.60	0.63		
Court Context Domain								
Justice Issues	M	2.35	2.37	2.45	2.52	2.65	--	--
	SD	0.42	0.69	0.49	0.39	0.33		
Emotional Issues	M	2.23	2.19	2.05	2.07	2.26	--	--
	SD	0.46	0.51	0.54	0.39	0.46		
Environmental Issues	M	2.56	2.70	2.61	2.32	2.58	--	--
	SD	0.51	0.60	1.89	0.65	0.46		
Criminal Justice System Domain								
Justice Issues	M	2.74	2.86	2.67	3.11	2.92	--	--
	SD	0.81	0.90	0.45	0.45	0.30		
Emotional and Behavioural Issues	M	3.25	3.18	2.70	3.15	2.78	4.01**	1>3
	SD	0.86	0.92	0.38	0.71	0.54		

p<.01. *p<.001.