

**TELE-TAPE: A METHOD FOR REACHING
SEXUALLY MISTREATED ADOLESCENTS**

by

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Abstract

A 12-month demonstration project was conducted in Knox County, Tennessee during 1978-79 to test the utility of tele-tape methodology in reaching sexually mistreated adolescents. Evaluation data indicate that the method did reach a large number of adolescent victims and did contribute significantly to the 263 percent increase that occurred during the year in the Knox County Department of Human Services child sexual mistreatment caseload. A series of implementation steps and strategies is provided to guide successful replication in other communities.

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Although the sexual mistreatment of children is not a new phenomenon, the problem has not been subjected to widespread public scrutiny in the United States until very recently.

Not until 1977 did official recognition in the form of Federal government leadership begin to emerge, when planning for a programmatic approach to deal with child sexual mistreatment was launched within the National Center on Child Abuse and Neglect (NCCAN).²

This sign of broadening concern with child sexual mistreatment carried with it recognition that a differential approach would be needed, one capable of separately addressing the needs and problems of adolescent victims and younger victims.³

As a society, we clearly abhor the sexual mistreatment of younger children and respond accordingly. We vacillate, however, in our response to the plight of adolescent victims. Our mixed views on the degree to which adolescents "know their own minds" play an important part in all this. Only the child deemed to be too young or otherwise incapable of consenting or indeed initiating a sexual encounter is viewed unequivocally to be a victim. Frequently, the adolescent is

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²As part of this planning process, NCCAN convened a multidisciplinary conference of approximately 30 informed professionals in cooperation with RISWR August 9-11, 1978. The results of that meeting are reported in the Draft Report of the NCCAN Conference on Child Sexual Abuse prepared by George Thomas. Mimeo, September, 1978.

³Works that appeared during this time period that effectively pointed to the differential needs and problems of abused adolescents included: Ira Lourie, "The Phenomenon of the Abused Adolescent: A Clinical Study," Victimology, 1977 (2), pp. 268-276; James Garbarino, "Meeting the Needs of Mistreated Youth," Omaha, Neb.: Boystown Center for the Study of Youth Development, October, 1978. Mimeo, 24 pp.; and, James Garbarino and Barbara Carson, "Mistreated Youth vs. Abused Children: Issues for Protective Services," Omaha, Neb.: Boystown Center for the Study of Youth Development, no date. Mimeo, 17 pp.

reasoned to be a consenting participant, who by such consent is in no need of protection from an alleged perpetrator. On occasion, the adolescent is portrayed as the initiator--the seducer of an unsuspecting adult, who by such behavior is determined to need punishment or rehabilitation rather than protection.

In short, the adolescent who surfaces as a victim of sexual mistreatment may arbitrarily be treated as a victim, a consenting participant or a victimizer. Indeed, adolescent victims, who for one reason or another do not report themselves, may never surface at all. It is probable that many adolescents who are perceived to be consenting participants or initiators of sexual encounters are not reported since they are not perceived to be victims.

This societally imposed confusion no doubt also fuels the ambivalence adolescents commonly experience regarding self disclosure of sexual mistreatment.

In addition to fear of perpetrator or societal retribution, reluctance to get parents or others in trouble and feelings of shame or guilt, adolescents must contend with what self disclosure might do to their reputations and relationships among valued peers, teachers and others upon whom they depend in part for their sense of self worth and identity.⁴

These considerations pointed to a need to develop better methods for reaching sexually mistreated adolescents--in particular, methods that would encourage self disclosure--as a vital part of an overall approach to serving this population of victims.

The remainder of this paper describes a method designed by RISWR's Region IV Child Abuse and Neglect Resource Center to meet this need and reports the findings and practice implications that resulted from its implementation as a pilot project by Child and Family Services, Inc. of Knoxville, Tennessee, over a 12-month period from February, 1978, through January, 1979.

The Method: Tele-Tape, Telephone Counselor Follow Through and Public Awareness

The taped telephone message (tele-tape) is widely used as an economical means for achieving informational outreach. Because tele-tape is an impersonal

⁴For further discussion of these dynamics see: Gail A. Bernstein and Robert W. ten Bensel, "Incest: Detection and Treatment by the Physicians," Minnesota Medicine, 768 (October, 1977); Henry Giarretto, "The Treatment of Father-Daughter Incest: A Psycho-Social Approach," Children Today, 2 (July-August, 1976); and, Elva Poznanski and Peter Blos, "Incest," Medical Aspects of Human Sexuality, October, 1975, pp. 59-60.

and therefore non-threatening technique, we felt it offered the best prospects for encouraging adolescents to make initial contact and obtain information about sexual mistreatment. The two minute taped message that was used provided information on the nature of child sexual mistreatment, current governing state law, the availability of pertinent local services and how to access them.

The tele-tape, of course, could achieve no more than to encourage initial contact and provide information. For this reason, telephone counselors were added and a final instruction was placed on the tape advising the caller that he/she could remain on the line and pursue his/her problem with a live counselor, anonymously if so desired.⁵

The telephone system we utilized featured an electronic counter to log the number of calls to the tape and a mechanism for dialing a counselor when the line remained open following termination of the taped message.⁶

Generally speaking, the entire method was guided by a philosophy of *phased disclosure of personal identity* that allowed the adolescent to begin by making anonymous/impersonal contact with the tape, to move through anonymous telephone and subsequent face-to-face consultation about his/her personal problem if requested, and, finally, to disclosure of his/her personal identity leading to the initiation of public agency investigation and treatment processes.

The third vital component of the method was the public awareness campaign that was designed to bring the availability of this service to the attention of adolescents and to heighten community receptivity for a project dealing with a highly controversial problem.

Our examination of evaluation data on other child abuse and neglect hot-lines then in operation told us that very few calls dealt with child sexual

⁵Before placing an instruction on the tape that would allow an adolescent to seek advice without disclosure of personal identity as a pre-condition, a written opinion was obtained from the Tennessee Attorney General's Office by Mrs. Juanita Walker, Child Protective Services Consultant, Tennessee Department of Human Services, that the approach would not be a breach of the state's child abuse and neglect reporting statute. Mrs. Walker skillfully performed this and numerous other coordinative activities that contributed materially to the success of the project.

⁶The entire step-by-step process for operationalizing the tele-tape system including scripts for the tele-tape messages and radio/TV public awareness spots and a description of the type of telephone system utilized is available from RISWR under the following title: Daniel Boserup, Manual for Tele-Tape Implementation (Athens, Ga.: RISWR, Inc., 1978).

mistreatment and that very few callers were adolescents.⁷ We concluded that success would therefore depend, at least in part, upon advertising our project as being specifically for sexually mistreated adolescents.

This was accomplished along with establishing widespread community support through the efforts of Charles Gentry, Executive Director of Child and Family Services, Inc. Mr. Gentry's enthusiasm and skills in bringing together a constituency of schools, hospitals, law enforcement officials and many others including the Gray Panthers through group meetings, radio and TV talk shows and the like, enabled the project to begin with virtually no community backlash. Further, Mr. Gentry marshalled the advertising community and the University of Tennessee Graduate School of Communications to produce, at little or no cost, the tele-tapes, media advertising, posters, stickers and eventually billboards designed to apprise adolescents of the project's services.⁸

Finally, data were systematically collected for evaluation purposes by the telephone counselors on each follow-through call and by Knox County Department of Human Services (DHS) staff on their child sexual mistreatment caseload for a 6-month baseline period preceding the project's initiation and for the 12-month period of its life.⁹

The Results: Did the Method Fulfill Its Intended Purpose
Of Reaching and Engaging Sexually Mistreated Adolescents?

1. Tele-Tape and Follow-Through Calls: Volume and
Intended/Unintended Outcomes

During the 9 months in which our electronic counter was operating, 9,655 calls to the tape were recorded. This averages out to 1,073 calls per month or

⁷For example, the annual statistics for the Connecticut Care Line for 1973-74 reveal that only 1.9 percent of all calls (N=1,656) to the line were made by children themselves. Further, of all calls involving children, 2.5 percent involved sexual abuse and only 17.3 percent were about children above the age of 12. See: The Care Line: First Annual Report, October 1, 1973-September 30, 1974 (Hartford, Conn.: Connecticut Child Welfare Association, Inc.).

⁸For a more detailed discussion of the rationale underlying the development of the method and its implementation see: George Thomas and Clara Johnson, "Developing a Program for Sexually Abused Adolescents: The Research-Service Partnership," International Journal of Child Abuse and Neglect, Part III, 3(3/4), 1979, pp. 683-691.

⁹The telephone counselors who undertook this difficult assignment and performed it with extreme skill with little prior training or preparation were Janet Rosenzweig and Bobbie Sanders. They deserve far more recognition than a paper of this sort can provide. Similarly, Knox County DHS supervisory staff members Ms. Lynnelle Hammett and Mrs. Susan Caylor Steppe and Tennessee DHS Regional Director Mrs. Mary Lou Chambers are due great appreciation for the timely provision of agency coordination and child sexual mistreatment caseload data.

a bit more than 35 calls every day of the week. The number of repeat calls by individuals cannot be determined, of course, but it seems reasonable to conclude from the total volume of calls that material gains were made in distributing information on and increasing public awareness about child sexual mistreatment throughout the Knox County area.

The telephone counselors handled a total of 863 follow-through calls during the 12-month life of the project, or an average of 72 calls per month. It should be stressed here that this is a very conservative total since most serial calls by the same person over a short time period were grouped and counted as a single call for evaluation purposes. For example, a counselor frequently received 10 obscene calls from the same person in a single hour. Again, 36 calls were received from an ex-mental patient over a period of 3 days. When seemingly more legitimate series of calls by individuals as recorded in counselor logs were also removed, it was possible to estimate that approximately 700 different persons made contact with the counselors.

Over all, 381 follow-through calls (44.1%) involved separable reports of child sexual mistreatment and 482 calls (55.9%) involved topics more or less related to that problem. A breakdown of this latter group of calls by type, as presented in Table 1, illustrates the scope of the unintended impact of the project and highlights in some ways other unmet needs in the community surfaced by the project.

Table 1: Distribution of Non-Child Sexual Maltreatment Follow-Through Calls by Type

Types of Calls	Number	(% of Total)
Curiosity	27	(5.6)
Obscene/Masturbator	39	(8.1)
Self/Partner Sex Info./ Sex Problem Inquiry	194	(40.3)
Non-Sex Prob./Referred to Other Agency	124	(25.7)
Crank Calls (children giggling, etc.)	55	(11.4)
Adult Reports of Sexual Mistreatment in Childhood	40	(8.3)
Unknown	3	(.6)
	482	100.0

It is noteworthy that the counselors were able to move several male obscene callers to self disclosure and into treatment programs and that a number of adult female callers informed the counselors that they had been sexually mistreated as children and praised the project for bringing the problem "out of the closet" thereby relieving feelings of personal guilt harbored since childhood.

Further analysis of data on follow-through calls indicates the method was successful in reaching children directly, particularly adolescents.

As shown in Table 2, slightly more than 61 percent of all callers were children, 84.8 percent of whom were adolescents. Again, children made 62.5 percent of all child sexual mistreatment follow-through calls, and of that figure, 88.2 percent were made by adolescents.

Table 2: Rates of Follow-Through Calls by Type of Call and Caller

Callers were:	Child Sex Mistreatment Reports		Non-Child Sex Mistreatment Calls		Totals	
	N	%	N	%	N	%
Children:	238	(62.5)	290	(60.2)	528	(61.2)
age 10 and under	28	(11.8)	52	(17.9)	80	(15.2)
age 11 and over	210	(88.2)	238	(82.1)	448	(84.8)
Adults	109	(28.6)	189	(39.2)	298	(34.5)
Unknown	34	(8.9)	3	(.6)	37	(4.3)
Totals	381	(100.0)	482	(100.0)	863	(100.0)

These rates of use by children, particularly by adolescents, greatly exceed those noted for other more general purpose hotline operations and point to the importance of publicly identifying such a service as being for adolescents if the goal is to reach this group.

2. Reaching Beyond Official Channels: A Comparison of Tele-Tape Method Reports and Knox County DHS Referrals

As previously noted, the tele-tape method yielded a total of 381 follow-through call reports of child sexual mistreatment during its 12 month existence. This number is slightly more than twice the number of 189 child sexual mistreatment referrals received by Knox County DHS during the same time period.

A comparative analysis of these two bodies of data yields some marked differences between the characteristics of child sexual mistreatment reports surfaced by the tele-tape method and those that came to light through established community channels.

First, follow-through call reports received via the tele-tape method more frequently involved adolescent victims, a far higher proportion of whom were boys, as indicated in Table 3. Indeed, 37.2 percent of all tele-tape reports involved the sexual mistreatment of adolescent boys compared to a figure of 7.5 percent of the total number of Knox County DHS referrals.¹⁰

Table 3: Comparative Age/Sex Distributions of Sexually Mistreated Children for Tele-Tape Method Reports and Knox County DHS Referrals

Child's Age/Sex	Tele-Tape Method Reports						Knox County DHS Referrals					
	Male		Female		Totals		Male		Female		Totals	
	N	%	N	%	N	%	N	%	N	%	N	%
Age 10 and under	20	(15.6)	66	(26.1)	86	(32.6)	15	(57.7)	68	(36.4)	83	(39.0)
Age 11 through 17	96	(75.0)	162	(64.0)	258	(67.7)	9	(34.6)	111	(59.4)	120	(56.3)
Unknown	12	(9.4)	25	(9.9)	37	(9.7)	2	(7.7)	8	(4.2)	10	(4.7)
Totals	128	(100.0)	253	(100.0)	381	(100.0)	26	(100.0)	187	(100.0)	213	(100.0)*

*A total of 223 children was involved in the 189 DHS referrals. Age and sex were unknown for 2 single child referrals and for a total of 8 other children scattered throughout other multiple child referrals, hence a total of 187 referrals and 213 children.

Differences in the distributions of the types of persons who initiated the reports or referrals are also highly significant. Table 4 shows that the Knox County DHS received only 1 self referral from a sexually mistreated child during the year and that slightly better than 31 percent of all referrals were initiated by the professional community.

In contrast, the tele-tape method received 221 reports from sexually mistreated children and only 15 or 3.9 percent of the total from the professional community.

Insert Table 4 Here

Tables 5 and 6 also reveal, respectively, that tele-tape method reports more frequently identified alleged perpetrators to have been female and to have had clearly established associations (parent, relative, neighbor/friend) with victims prior to the initiation of sexually mistreatment.

¹⁰For informational purposes, 242 (63.5%) of all children reported as sexually mistreated via the tele-tape method were living with one or both parents. In terms of frequency of sexual mistreatment, 74 (19.4%) said they had been subjected to a single incident, 137 (36.0%) had been subjected to sporadic mistreatment, 88 (23.1%) had sustained repeated, long-term mistreatment, and 82 (21.5%) did not comment on frequency of victimization.

Table 4: Comparative Distributions of Sources of Child Sexual Mistreatment Reports/Referrals for the Tele-Tape Method and the Knox County DHS

Sources of Reports/Referrals	Tele-Tape Reports		Knox County DHS Referrals	
	N	%	N	%
Sexually Mistreated Child	221	(58.0)	1	(.1)
Parent(s) of Sexually Mistreated Child	26	(6.8)	28	(14.8)
Non-Professional Sources (Neighbors, friends, relatives)	85	(22.3)	61	(32.3)
Professional Community (Police, Health, Schools, Social Services, etc.)	15	(3.9)	59	(31.2)
Anonymous	34	(8.9)*	10	(5.3)
Tele-Tape	--	(--)	30	(15.9)
Totals	381	(99.9)	189	(99.6)

*The majority of this number represents perpetrator self disclosures most of whom were involved in sibling sexual mistreatment. Most of these reporters remained anonymous but some received extensive telephone counseling.

Table 5: Comparative Distribution of Alleged Perpetrators by Sex for Tele-Tape Method Reports and Knox County DHS Referrals

Alleged Perpetrators by Sex	Tele-Tape Reports		Knox County DHS Referrals	
	N	%	N	%
Male	269	(70.6)	163	(86.2)
Female	84	(22.0)	11	(5.8)
Unknown	28	(7.4)	15	(7.9)
Totals	381	(100.0)	189	(99.9)

Table 6: Comparative Distributions of Alleged Perpetrators by Relationship to Victim for Tele-Tape Method Reports and Knox County DHS Referrals

Perpetrator/Victim Relationship	Tele-Tape Reports		Knox County DHS Referrals	
	N	%	N	%
Parents/Relatives				
Both parents	--	(--)	1	(.1)
Father/Stepfather	145	(38.1)	74	(39.2)
Mother/Stepmother	41	(10.7)	5	(2.7)
Other Relative	79	(20.7)	28	(14.8)
Unrelated Persons				
Mother's Boyfriend	22	(5.8)	12	(6.4)
Friend/Neighbor	50	(13.1)	11	(5.8)
Undesignated*	22	(5.8)	46	(24.3)
Unknown	22	(5.8)	12	(6.4)
Totals	381	(100.0)	189	(99.7)

*Represents alleged perpetrators with either no or only very casual prior acquaintance with victim.

A final comparison of the two data sources as presented in Table 7 indicates the percentage distributions of the types of sexual mistreatment reported to be quite similar. One numerical exception is worth noting, however: The tele-tape method yielded 41 reports of rape while the Knox County DHS received a total of 12 rape referrals during the same period of time, 5 of which involved charges of attempted rape. Thus, this most violent form of child sexual mistreatment represented 10.7 percent of all tele-tape method reports and only 3.7 percent (7 of 189) of all Knox County DHS referrals.

Table 7: Comparative Distributions of Types of Child Sexual Mistreatment for Tele-Tape Method Reports and Knox County DHS Referrals

Types of Child Sexual Mistreatment	Tele-Tape Reports		Knox County DHS Referrals	
	N	%	N	%
Sexual Intercourse (not reported as rape)	134	(35.2)	68	(36.0)
Sexual Intercourse (reported as rape)	41	(10.7)	12	(6.4) *
Oral Sex	33	(8.7)	19	(10.1)
Sodomy	4	(1.0)	5	(2.7)
Fondling	79	(20.7)	51	(27.0)
Sexual Advances/Overtures	28	(7.4)	6	(3.2)
Impairing Morals	18	(4.7)	8	(4.2)
Indecent Exposure	18	(4.7)	1	(.1)
Unknown	26	(6.8)	19	(10.1)
Totals	381	(99.9)	189	(99.8)

*Includes 7 reports of rape, 5 reports of attempted rape.

The general impression from the comparisons in this section is that the tele-tape method supplemented the community's established referral system by surfacing a number of male adolescent victims, female perpetrators and violent acts (rape) that did not find their way to official agency recognition. Perhaps more important than any of this is the fact that a very large number of children used the tele-tape method to disclose sexual mistreatment while only one child took the route of direct contact with the Knox County DHS during the life of the project.

These observations point favorably to the tele-tape method's capacity to reach children in general and to reach some children who might otherwise never disclose the circumstances of their victimization.

3. The Method's Impact on the Knox County DHS Child Sexual Mistreatment Caseload

When the project began on February 1, 1978, the Knox County DHS child sexual mistreatment caseload numbered 40 open cases, an open case being defined as one in which mistreatment had been confirmed or was strongly indicated.¹¹ By mid-year the number of open cases had climbed to 89 and stood at 105 at the time of the project's termination on January 31, 1979.

Over all, these figures represent a growth of 263.0 percent in the agency's child sexual mistreatment caseload in a single year.

In a related fashion, the average number of child sexual mistreatment referrals received jumped from 10 per month during the 6 month baseline period (N=61) to over 14 per month during the project's initial six months (N=88) and to nearly 17 per month (N=101) during its final 6 months of operation representing an average monthly increase in referrals of approximately 157 percent, start to finish.

The fact that the growth rate for case openings outstripped the growth rate for referrals is probably largely accounted for by the companion fact that agency confirmation rates of child sexual mistreatment rose dramatically following project start up. Although data on confirmation rates are available only for the 6-month baseline period and the initial 6 months of the project's life, they indicate that confirmations rose from 31 percent of all referrals (19 of 61) to 58 percent (51 of 88) for those two time periods respectively.

Finally, adolescent referrals represented 59.1 percent of all children referred for the year (120 of 213), a substantial change from the 6-month baseline period during which adolescent referrals represented 44.2 percent of the total children referred (31 of 63).

Although the tele-tape method represented the predominant addition to community responsiveness to the problem of child sexual mistreatment during the year in question, no claim is made that it alone accounted for the phenomenal growth in referral, confirmation and case opening rates experienced by the Knox County DHS.

¹¹Strictly speaking, strongly indicated cases are termed "high probables" by the Tennessee DHS and represent cases in which strict determination of sexual mistreatment is not possible but which are placed under Departmental supervision nonetheless. See: Susan P. Caylor, et al, Sexual Abuse: An Appalachian Study (Knoxville, Tenn.: Knox County DHS, January, 1978) Mimeo. 39 pp.

Indeed, from the most conservative perspective, Knox County DHS records indicate that 15.9 percent of all referrals (30 of 189 as cited in Table 4) came *directly* from the tele-tape project. Knox County DHS staff have estimated on the basis of their daily contacts and observations, however, that approximately 30 percent of their overall increase in activities could be traced to the direct and indirect effects of tele-tape project intervention.

Applying this percentage estimate to referral rates leads to the conclusion that 30 individuals disclosed enough information to allow the project's telephone counselors to directly refer them to the Knox County DHS and an estimate that another 27 individuals were sufficiently encouraged by tele-tape intervention to make disclosures to other community members who then initiated referrals.

Now, purely from a speculative standpoint, had the Knox County DHS referral rate for the 6-month baseline period (N=61) held constant throughout the ensuing year, about 122 referrals would have been expected.

A total of 189 referrals was in fact received, a difference of 67 all told. Given that approximately 57 referrals can be traced to tele-tape intervention during that one year time period, the introduction of the tele-tape method may have accounted for as much as 85 percent (57 of 67) of the projected increase in referrals experienced by the Knox County DHS.

Thus, depending on the way the data are organized, the impact of the tele-tape method on increases in Knox County DHS child sexual mistreatment referral rates may range from a low of about 16 percent to a high of about 85 percent.

In any event, it does seem reasonable to conclude that the tele-tape method did meet its intended purposes of reaching sexually mistreated adolescents and did contribute to bringing a number of them to the attention of the public agency responsible for investigating and treating their problems.

One final illustrative note on the impact of the tele-tape method is worthy of mention; namely, the possible overwash effects of the media aspects of the project's public awareness campaign that reached the 5 rural counties surrounding Knoxville and Knox County. Whereas there were virtually no open cases of child sexual mistreatment in those counties as of the start up date of the

tele-tape project on February 1, 1978, 66 referrals were received and 19 confirmations were made by local DHS agencies over the next 6 months.¹²

Some Closing Observations on Implementation
Steps and Strategies

According to the measures used to test the outcomes of applying this method, it did achieve its intended purposes in supplementing existing community resources in reaching adolescents many of whom had experienced serious yet previously undisclosed sexual mistreatment.

It remains true, however, that many well intentioned and designed social service innovations fail and that replicative use of this method might fail in the absence of careful attention to the practical details of implementation steps and strategies. For this reason, it seems prudent to close with a summary of the steps and strategies believed to be instrumental to the successful implementation of the method.

1. The community must be prepared in advance to minimize backlash to the introduction of a service dealing with a highly controversial problem and to assure that information about the service reaches the adolescent population. The use of community meetings for key people in tandem with widespread use of the media proved effective in achieving these goals.
2. The method must be presented through these public awareness efforts as a supplement to rather than a replacement for existing community referral and treatment systems and resources. This presentation is essential to minimizing interagency conflict and to the building of strong linkages between the organization operating the tele-tape and the local public agency mandated to receive and investigate child sexual mistreatment referrals.
3. Local volunteer talent should be relied upon in developing the tele-tape messages and other public awareness materials. Polished materials and high powered campaigns are both far more expensive and less appealing than are those prepared by local folks sensitive to the community's cultural traditions, social values and life styles.
4. The method should be presented as being specifically for adolescent use if the goal is to reach adolescents. Data on more general purpose telephone based services indicate that adolescents do not use them with any regularity. One thing to consider here, of course, is the number of hotline or other similar systems already in place in the community and whether the addition of a specialized telephone based service might create public confusion.
5. The method should be lodged in a non-governmental agency, one that has no official power to act directly in response to reports. This step portrays a non-threatening image to the public--and to adolescents in particular--and is an essential component of the overall strategy of encouraging phased disclosure of personal identity.

¹²Personal communication from Juanita Walker, Child Protective Services Consultant, Tennessee Department of Human Services, July 28, 1978.

6. Statistics on the rate of use by adolescents suggest that the phased disclosure approach does appeal to adolescents. However, before the method is implemented, it is wise to obtain a written opinion from the Attorney General's Office that the method does not violate the spirit or the letter of state law governing the reporting of child abuse and neglect.

A further caveat: The method does involve counseling with adolescents--anonymously for the most part--in the absence of prior parental approval. While federal guidelines exist, or are imminent through court rulings, covering the provision of services to adolescents relative to birth control, VD and abortion in the absence of prior parental approval, no such protection exists covering counseling adolescents on the problem of sexual mistreatment. This remains, therefore, a risk factor that should be weighed by those implementing the method.

7. Finding the right kind of telephone system, one that is physically mobile, fitted to automatic tape playback, capable of electronically counting the number of calls to the taped message and patching calls through to counselors, cannot be over emphasized. Surprisingly, the technical capacity of each community's telephone company differs and it is essential that tele-tape specifications be presented to the telephone company to determine if they can be operated within the company's existing system. We began with an unquestioned belief in the mechanical reliability of our telephone system and much concern over the prospects of telephone counselor "burn out." We found through experience that the equipment broke down repeatedly and that the staff held up remarkably well. After repeated trials we did find a highly reliable system that should be useable in most communities.¹³
8. Cost of operation is not, in itself, an overriding factor. The complete telephone system we utilized was purchased in 1978 for approximately \$600.00. The overall costs of the year-long project were about \$36,000; however, most of this figure reflects personnel costs. It is entirely possible, by our observations, to operate this method with community volunteers. If staffed in this way, the method would be well within the financial reach of most communities.
9. Staffing decisions, whether staff are volunteers or paid personnel, should rest on identifying mature individuals. Tests of maturity pertinent to performing the telephone counselor role are an individual's capacity for handling shock value and obscene calls evenhandedly and for treating every call--no matter how seemingly frivolous--as important. As noted, these skills proved to be effective in moving some obscene callers to self disclosure and into treatment and in moving numerous children who began with nervous giggling to discussions of extremely serious personal problems.

Since maturity as defined here was stressed in our approach, we relied on adult telephone counselors. Alternative staffing approaches do exist, notably one that relies on youth telephone counselors. A premise in this approach is that adolescents will be encouraged to use a telephone service staffed by peers.¹⁴ When the problem being dealt with is as sensitive as is the problem of sexual mistreatment, however, our view is that maturity is a more vital concern than peer affiliation in making staffing decisions. It would, of course, be helpful to those considering use of the tele-tape method to put the effectiveness of these two staffing approaches to a systematic test.

¹³The telephone system is detailed in RISWR's, Manual for Tele-Tape Implementation. Op cit, n 6.

¹⁴James Garbarino and Nancy Jacobson, "Youth Helping Youth as a Resource in Meeting the Problem of Child Maltreatment," Omaha, Neb.: Boystown Center for the Study of Youth Development, 1978. Mimeo, 12 pp.

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