

## CLINICAL

# PRESCHOOL CHILD SEX ABUSE: The Aftermath of the Presidio Case

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*A case study is presented of girls who were among the preschool victims of sexual abuse linked to occult rituals that occurred at the Presidio Army Base Child Development Center. Components of the trauma, together with its effects on the victims and their families, are investigated, and implications for the mental health profession are discussed.*

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The American public has become increasingly sensitized to the existence of sexual child abuse. By the mid-1980s, yet a new form of abuse was uncovered—institutional preschool sexual abuse, highlighted by the MacMartin case in Manhattan Beach, California, and by the case of the Presidio Child Development Center in San Francisco (Ross, 1986). In an era in which extrafamilial group care was rapidly becoming the norm for children under age five, the possibility that children were at risk of sexual molestation in such care generated alarm among parents, professionals, and policymakers.

Unfortunately, however, the concern has not generated a systematic mental health investigation of the nature of such trauma and its effects on victims and their families. A review of even the most recent psychological literature on child sexual abuse indicates a primary focus on intrafamilial abuse, particularly incest by fathers or father substitutes, and only peripheral attention to extrafamilial abuse. When abuse outside the home is addressed, it usually

involves a baby-sitter, schoolteacher, family friend, or stranger (Finkelhor, 1984; Haugaard & Reppucci, 1988; Kempe & Kempe, 1984). Discussion of molestation of a group of children by the staff of a day care program is rare.

This article presents a preliminary investigation of this type of abuse. It is a case study of the sexual abuse with ritualistic elements alleged to have occurred at the Child Development Center on the Presidio military base. The Presidio case has confronted both the public at large and the mental health community with an extraordinary and abhorrent situation of grave psychological proportions: the willful molestation of young boys and girls by representatives of the most patriarchal and supposedly protective arm of the American government—the U.S. Army. It highlights, in extreme form, unique aspects of sexual abuse in which the victims are of preschool age, the perpetrators work for the system that provides their care, and the alleged abuse itself involves bizarre and frightening rituals.

Because such molestation, like the rape

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of women, is as much an act of violence as it is a sexual violation, it is argued here that the abuse reverberates in a chain reaction of violence-related responses in the child victim, in his or her family, and in the mental health system that is meant to serve the child. The Presidio case was made particularly poignant by the setting (the U.S. Army) and by the necessity for the victims' families to face simultaneously the abuse of their children and the failure of goodness of the government that serves them.

### BACKGROUND

At the Presidio Child Development Center, in 1986–87, a single incident of suspected child sexual abuse led to a full-scale investigation during which all the parents were informed that their children may have been victims of sexual abuse at the Center and were invited to come to the army's Letterman Medical Center if they observed any unusual physical or emotional symptoms in their children. Here the children received medical and psychological evaluations by U.S. Army representatives. Over time, the army, the FBI, and the San Francisco Police Department became involved in the investigations.

Accusations of ritualistic abuse were made against a teacher (G) and a lieutenant colonel ("Shamby") and his wife ("Mikey"); Shamby was also a high priest of a satanic sect. It was attested that children had reported group sexual activities with other children and with a doll; playing "games" in Mr. G's bed; and being brought to a house with a black room, where sexual activities of an occult nature ensued with Shamby and Mikey. Both boys and girls reported acts of fondling and penetration by Mr. G, their teacher. Clearly, this was a newsworthy event and it was quickly picked up by the media across the country. Three years later, the army had made out-of-court financial settle-

ments with the families of the alleged victims and the teacher was reported dead of AIDS.\*

This case-study analysis is based on the author's participation as an evaluator of and psychotherapist for the girls (boys were assigned to male therapists) who were alleged victims. The author's involvement began two years after the occurrence of the alleged events, when a team of lawyers was filing suits against the army on behalf of alleged victims and their families. Using process notes and evaluation records from the assessment and treatment of two of the girls (aged 3–4 when they were allegedly abused) and their families, along with anecdotal evidence from other cases, this article addresses the consequences and sequelae of institutional molestation for the child, the father, the mother, and the family system (consultation with therapists of the male victims revealed similar overall findings). More specifically, it underscores the unique features of sex and violence in the nursery when the perpetrator of the abuse is that historic symbol of patriarchal protection, the military establishment.

### SEQUELAE OF ABUSE

Finkelhor and Browne (1985) proposed that the experience of sexual abuse should be analyzed in relation to four trauma-causing factors: traumatic sexualization, betrayal, powerlessness, and stigmatization. In addition, they recommended assessing both the preabuse and postabuse situations in determining the psychological effects on the child victims. In the case of extrafamilial abuse, this model is applicable to the victims' families, as well as to the victims themselves.

According to Finkelhor and Browne's model, the preschool child who is a victim of sexual abuse is at risk of severe levels of trauma, of which, in addition to the obvi-

\* All the victimized children who received a medical evaluation tested negative for the HIV virus at the time of their initial evaluation. Recent research, however, indicates a possible incubation period during which negative test results can be found.

ous sexual traumatization, betrayal and powerlessness are particularly salient factors. Often, when a child enters a day care center, it is his or her first contact with the institutional world outside the family. At a young age, the child is asked to trust a stranger for care, succor, and daily guidance. The child relies on the parents' assurance that this unfamiliar situation is safe and healthy. Given such assurance, the child typically allows an attachment to develop with the day care provider or teacher and literally puts him- or herself in that person's hands.

At the Presidio, it was that very person who victimized the children, first by violating them sexually and then by warning them that, if they ever told their parents, great harm would come to them and their families, and that they would probably never see their parents again. The majority of the children did not tell their parents, who did not find out about the situation until the Center sent a letter warning them that their children may have been abused.

As with incest, the preabuse situation in which the child has trusted an adult who then accosts that child creates great emotional and cognitive confusion ("If this person is caring for me and I am totally dependent on him, he couldn't possibly be doing anything bad"). In addition, it engenders strong feelings of betrayal when the child comes to recognize that this person *did* do something bad to him or her and that mother and father did nothing to stop it.

The severity of the trauma for children at the Presidio was immediately manifested in clear-cut symptoms. Before the abuse was exposed, parents had already noticed the following changes in their children: vaginal discharge, genital soreness, rashes, fear of the dark, sleep disturbances, nightmares, sexually provocative language ("Go down on the doll—69," "Get it up the butt," "Lick the doll's twat," "Hump on the doll"), and sexually inappropriate behavior (a four-year-old girl grabbing her older male

cousin's genitals). In addition, the children were exhibiting other radical changes in behavior, including temper outbursts, sudden mood shifts, and poor impulse control. All these behavioral symptoms are to be expected in preschool children who have been molested (*Haugaard & Reppucci, 1988; MacVicar, 1987; Sink, 1988*).

Of particular note were the children's responses when they were first asked by their parents if something bad had happened to them at the day care center. One child screamed and ran out of the room. Another whimpered, "They're going to hurt you if I tell," and still another said, "I can't tell, or they'll kill you." Only later, after they were reassured that they would be protected, were the children able to report that "Mr. G touched my private parts," "Mr. G had me touch his penis," "We passed around a doll and were told to touch the doll in certain parts," "Mr. G took me to his house to see his beds," "I had to do something embarrassing in front of all the kids."

These responses highlight the second salient feature of the children's trauma: their sense of powerlessness. The children had felt powerless to tell their parents because of the grave harm they believed would come to their families if they did. This was not paranoid or fabricated fear: a trusted adult, a representative of the U.S. Army, had actually told them so. But, left to the devices of their own fantasy lives at the age of magical thinking, the children elaborated on these fears, sometimes to a bizarre degree. Their only choice was to channel the anxiety and trauma into formation of symptoms, until their parents, on the basis of the warning letter, began to question them on the matter. Only later, once the children entered the mental health system, did the full cycle of trauma, terror, and rage unfold. This phenomenon can best be understood by tracking the children and their families through the postabuse process, from discovery to treatment.

**FIRST EVALUATION***Betrayal and Powerlessness*

It is not uncommon for a childhood victim of sexual abuse to go through several investigations and assessments in the course of determining whether an abuse has occurred. The experience of the children at the Presidio, however, was unique; their families were invited to bring them for evaluation to the very institution that was ultimately responsible for the abuse.

Several parents were highly distressed when asked to divulge information and to submit themselves and their children to psychological probing (a process foreign to many of them) with a team of experts who were ultimately accountable to the same authorities that the parents believed were implicated in a cover-up of the abuse.\* This, coupled with the fact that the request came from the army, perceived by them as all-powerful and hitherto beyond reproach, stripped the families in traumatic fashion of their basic trust in the system.

This loss of trust exacerbated the parents' sense of betrayal and powerlessness in the face of the insensitivity of the system that was meant to serve them. Following such trauma, family members may develop what appears to be paranoid ideation toward any outside figure as a result of the violation of their basic trust in the world. Substantial external cause also exists for such suspicion and aggression toward the legal and mental health systems because these systems often carry the victimization even further. That the army was doing this to them was beyond the comprehension of many families and left them terrified of what might come next.

One child tested positive for chlamydia. In the evaluation at the army medical center, she drew a picture of herself being attacked by a billy goat with blood dripping from its mouth, having just devoured someone else. She talked about secrets and her

fear that her parents would be killed if she told. She reported that two other children had touched her genitals and hurt her. She had recurring nightmares and had drawn a sexually explicit picture of adult-child fellatio that she had passed to a boy at school, with a message, "I love you." In addition, she was having uncontrollable temper outbursts at her new school and at home.

Her final evaluation at the army medical center was for suspected, but not substantiated, child abuse. No further treatment was recommended, and no formal report was filled out because the parents refused to complete the questionnaire. As a result, the child's aggressive outbursts and fearful responses escalated over the next 1½ years, she was failing in school, her father was subject to temper explosions, and her mother became quietly anxious and depressed. This situation persisted until the child finally reentered the mental health system on the recommendation of her lawyer in the case, with only reluctant participation by the father, who felt that the original evaluation had served to harass, rather than help, the family.

*Blaming the Parents*

A family's sense of powerlessness, betrayal, and even stigmatization is further aggravated by the tendency, sometimes unconscious, for the evaluation of extrafamilial molestation to blame the child's symptoms on the parents, rather than on the perpetrator. The parents are held to be ultimately at fault for not protecting the child from harm or for not responding appropriately to the abuse once it has been uncovered. As Schultz (1973) stated, "It is clear from studies of child sexual victims that it is not the sexual assault that usually creates trauma but the child's parents' behavior upon its discovery" (p. 150). Even when the perpetrator is a trusted day care provider, the family is still implicated for its poor choice of provider.

\* It is noteworthy that the information about the cause of G's death was never formally communicated to victims' families.

Such elements of blame in an assessment would appear particularly difficult to substantiate when the abuse occurred at a government-sponsored day care center for children of army families or of civilian employees working at the base. Yet the army's evaluation of one of the girls involved a 19-line formulation of the child's problem in which 13 of the 19 lines were devoted to the troubled family situation and only six to the abuse.

Another family was accused of secrecy: "Secrecy seems to be a dominant theme in this family, making it hard for them to discuss the abuse." The father had a clear reaction to this assessment: "I was ready to blow the army base away." The iatrogenic rage engendered in a family receiving such information is self-evident. The assessment, indeed, appears bizarre, given that adult army staff members had told the child to keep the abuse secret, and given what the parents perceived as an initial attempt by the army to keep the abuse from the families. This family was a religious one.\* Understandably, the parents felt unprepared, as well as ashamed and uncomfortable, about talking of the sexual abuse their child had endured; and they were also fearful of government subterfuge and cover-up of the events.

To summarize, these children were violated by being coerced or cajoled into sexual activities that were frightening, confusing, and humiliating. (In no instance did a child report getting pleasure from these activities.) The situation was then exacerbated by the families' feeling that they had been betrayed by their government. The army's mental health intervention further obfuscated both the events that occurred and their significance. Written reports, for instance, excluded specific details of the abuse, although they stated that such details had been collected, leaving the thera-

pist who inherited the case with no information to go on.

In consequence, rather than receiving the treatment they needed, the families recoiled from the mental health system, so that symptoms festered, and a persistent post-traumatic stress syndrome resulted. Beyond the parents' general feelings of betrayal, there were gender-specific responses to their children's abuse.

#### POST-TRAUMATIC STRESS SYNDROME

##### *Mothers*

When the mothers were informed that their daughters had been victims of sexual abuse, they responded with fear and anxiety. Like their daughters, they began to have nightmares and suffered bouts of tearfulness. They exhibited an inordinate preoccupation with their daughters' safety and, like many mothers of children who have been molested, prohibited their daughters from going out of the house alone (*Haugaard & Reppucci, 1988*).

The mothers also felt they had failed to be good enough mothers. They blamed themselves for not having detected the abuse earlier. Ironically, two of them had become suspicious of their children's behavioral and physical symptoms before they received the warning letters, but their husbands had told them they were overreacting or hysterical and had offered other plausible explanations for the symptoms (for example, that a genital irritation was from bubble bath). Probably more attuned to their daughters than were their husbands and less likely to use denial as a defense, the mothers "intuited" that something was awry; nonetheless, they succumbed to their husbands' more assertive, "rational," and reassuring stance.

Anxieties about their adequacy as mothers were complicated by feelings of alienation from their children. In their minds,

\* There is speculation that in the Presidio ritual abuse case, children from Catholic families were targeted, possibly because they might be more susceptible to the occult religious rituals suspected to have been part of the abuse.

their children had been transformed as a result of the ritualistic sexual activities; their daughters were no longer sweet little girls. Unconscious fantasies unfolded. Fueled by memories and feelings about their own initiations into sexuality and encumbered by the subjective experience of their daughters as extensions of themselves, the mothers were plagued by "bad thoughts."

That the mothers felt that their children were spoiled, defiled, and even taken over by evil was revealed in statements such as these: "This child, whom I have made to be the way she was, so sweet and beautiful, has been rearranged in some awful way that I don't know, into a girl who would draw a picture like that [a small child performing fellatio on a man]." The mothers felt that they had lost their daughters: "If someone else puts the finishing stroke on your art piece, it isn't really your work." The belief that a mother is the primary creator and molder of her child is both pervasive in our culture and deeply ingrained in the inner experience of many mothers. Besides the fact that they undermined the mothers' sense of efficacy and worth in the world, the greatest danger of these feelings was the unconscious or conscious message they might transmit to the children of being no longer lovable or no longer the same as they were—like soiled merchandise.

In a culture in which women have not been socialized to experience an internal locus of control, the molestation of their daughters by a day care provider to whom they entrusted their children robbed the mothers of one area, child rearing, in which they had typically been able to experience some measure of agency. The loss engendered strong feelings of futility: "There's no preventing—what's going to happen will happen. There's nothing I can do. Certain things I have to accept."

Even more impairing were the consequent feelings of passive helplessness as mothers: "I don't know how to manage her. When is this going to be over? Will she be able to sleep the night by herself, not be

afraid of the dark, get along with other kids? Will she forget? Close the book? Start another one?"

"Close the book and forget" was the defense that many mothers adopted. Whereas they may have been less apt than the fathers to use denial as a defense in uncovering the ritual abuse, once the abuse was substantiated, the mothers' attempts to contain their feelings of defeat, alienation, and horror at their daughters' defilement could lead to denial as a long-term defense. For example, one mother reported that her child had not been abused, that she had just been fondled by other children, despite conclusive medical and psychological evidence to the contrary. Another mother stated, two years after the abuse occurred, "I don't know. I don't worry about it anymore. I don't think about it anymore. I just take it as it comes." However, this same mother would not allow her child to play outside by herself anymore, believed that cult members were still spying on her daughter, and had recurring nightmares.

Sometimes the denial was actually a conscious cover-up. The mother felt shame about her child's abuse and wanted to hide it from others. Sometimes it was a deeply embedded unconscious defense through which the mother shielded the distressing reality not just from others but from herself. In either case, it was not effective in warding off trauma, since the anxiety about the harm done to the child continually broke through.

In sum, the act of abuse against the child resulted in a reactive depression in the mothers. The mothers turned the abuse into self-castigation and constantly struggled against displacing the anger and disappointment onto their daughters, who, as extensions of themselves, the mothers now perceived as spoiled in some fundamental way. The anger turned inwards and resulted in deep feelings of loss, helplessness, and futility; the women felt that, as mothers, they could do nothing to protect their children.

### *Fathers*

As was previously mentioned, the fathers were apt to dismiss the symptoms of abuse as something else ("It's just a rash") when first confronted with them. However, once the abuse was disclosed, they experienced a powerful and violent breakthrough of rage, exacerbated by the public nature of the events and the traumatic recognition of betrayal by the military establishment. Two years after the abuse of his daughter was disclosed, one father reported: "When something about the Presidio comes on the TV, I want to blow someone away." The fathers experienced headaches, crying spells, difficulty sleeping, nightmares (for example, about fighting the devil), and in general were as "angry as hell." The anger was directed specifically at the perpetrators of the abuse.

The socialization of men in our culture orients them toward action and the protection of the people they love. Thus, the sexual molestation of their daughters by men known to them in a supposedly protective setting was simultaneously perceived by the fathers as an act of emasculation and betrayal of serious dimensions. Men who had put their faith in the military as a benign paternal authority found their belief in the "system" crushed.

When word got out of a possible cover-up by the army, the sense of betrayal was further magnified. One father was so traumatized that he began to imagine that "this whole thing [the evaluation of abuse at the army medical center] might be an experiment to see how many army families have been abused or how they handle something like this." Several fathers actually left their positions with the army because of their deep sense of betrayal.

The emasculation involved a "double rape." First, there was the molestation of their daughters. Then, there was an intrusion into their private family lives through the mental health assessment of abuse. The fathers felt that their position of responsi-

bility and authority was being undermined. For example, one father became agitated because the therapist ignored the lines of authority and told his wife, rather than him, about the abuse.

Unlike the mothers, who turned their anger inward, the fathers directed theirs both inward and outward. They began to fly into rages with their wives and children. Marital discord ensued. They became irritable at work, and reported feeling belligerent toward people who bumped into them on the street. As one mother explained it, "He explodes as a way to have an outlet." In addition, the rage was a way to experience some sense of agency in the world.

The men also turned their anger in on themselves for not having been "men" enough to protect their children from sexual assault. One man's wife left him, infuriated because it had been his idea in the first place to transfer their daughter from a college-based child care program to the Presidio; he had held that "You can always trust the army to protect your children. You can never know with these college places." Thus, he found himself alone, crying, with severe headaches, trying to master the trauma by studying satanic cults, particularly those of Lilith and the Temple of Seth, the sect involved in the abuse.

This inwardly and outwardly directed anger culminated in agitated depression. As one father expressed it, "We live in a sick society—a sick world. It's not the same. Things are different now." The fathers were caught in an apparently endless web of helplessness rage.

### *Children*

The children did not respond to the trauma in a vacuum, but in the context of the parental responses just described. The equilibrium of the entire family system was disrupted by the disclosure of the abuse, the horrific nature of the ritualistic abuse, and the betrayal by the U.S. Army. The parents often found it difficult to discuss the abuse openly with the children and were confused

about what to communicate to their other children, particularly the older ones. The abused children saw that their mothers and fathers were displaying signs of distress, that their fathers seemed agitated and explosive, and their mothers sad and worried. Given their developmental stage, the children could only assume, in their egocentrism, that they were responsible for their parents' misery.

Many children were not seen for a second evaluation and treatment until 18 to 24 months after the suspected abuse occurred. This lag is of particular concern, given that research clearly indicates early intervention to be of utmost value in curbing the ill effects of trauma on children (*Eth & Pynoos, 1985*). During the interim, the children typically witnessed escalating marital and family dysfunction. Two years after the abuse, therefore, family fighting, rather than the abuse itself, was first on the children's minds. In that extended period with no treatment, the children also had time to "close up"—to seal the pain of the trauma with a layered armor of distortion, denial, and dissociation.

Consequently, the children who entered delayed treatment demonstrated resistance, constriction, behavior that ranged from passive-aggressive to openly aggressive, dissociative responses, and a simultaneous "hunger" to be in the therapy room. Their sharpest memory of the abuse and immediate postabuse experience involved the secondary invasion by the mental health assessment: "The worst part of the experience with Mr. G was talking. The talking with the doctor. He asked me so-o-o many questions." "I hate having to go to all these doctors who ask me questions. I don't want to have to answer them again. The questions those stupid doctors asked were worse than anything that happened with Mr. G." These accounts illustrate the strong impact that evaluators and therapists can have on a child's psyche after trauma, and that the impact is not always positive, particularly if the dispo-

sition of the case is not handled thoroughly and carefully.

In that light, the children's initial response to therapy was an aggressive "I don't want to talk about it." One child even claimed that she did not remember attending the Presidio, leading the therapist to wonder whether she had true amnesia or whether her hostile response was an attempt to ward off intrusion (it was later ascertained to be a combination of both). The children were more willing and even anxious to talk about their fears of violence and aggression. One child, age seven at the time, told the therapist that she was scared of a man who would come to her house every night to try to "get" her. This was her chief worry at that time and it made it difficult for her to fall asleep or to sleep alone. She imagined a man who looked like Freddie Kruger from *Nightmare on Elm Street*, with sharp claws for fingers, who tried to steal her away from her mother. She drew a picture of her nightmare: a menacing man dressed in black in a cavelike room with burning candles, a medieval table, and a long scroll. She told the therapist that a devil made her fall and hurt her nose that day at school, that he had a snake that wrapped itself around her ankles and tripped her.

The child who reported no memories of attending the Presidio immediately followed that statement with a spontaneous recollection of a baby-sitter who let her fall out of her high chair when she was a baby and showed the therapist the scar. It was as if she were speaking in "tongues," revealing her trauma only through unrelated physical scars and associative memories of injury, body trauma, and neglect. She also spoke of skeletons who came to get her at night, to try to bring her to hell; thus, it took her many hours to fall asleep.

In the cases left untreated, the long-term sequelae of the ritualistic child abuse included an attempt to encapsulate the trauma through a series of defenses and mental distortions. Although there was evidence of



both conscious and unconscious conflicts over the sexual material, the more pressing conflicts and fears involved aggressive feelings and ideation. Delusional or magical thinking was evident in the seven-year-old who reported that a devil made her fall on the playground and in the six-year-old who believed that skeletons were in her room every night. There was a serious blurring of reality and fantasy, as when one child told the therapist with great assurance that a little girl who had recently been kidnapped in the Bay Area (this was fact) had been raped, murdered, and thrown in a garbage dumpster (this was fantasy). When conscious material became too threatening, the child tended to "blank out," staring off into space for seconds or minutes at a time or appearing confused and disoriented, in a classic demonstration of disassociation.

The children attempted to bind the fear and anxiety from the trauma in magical and phobic fears. Along with magical thinking, this defense may be particularly available to the child victim of occult ritual abuse because of the "magical" nature of the abusive events themselves. The children did not invent the contents of the fantasies; these were fueled by actual external events.

Whereas the sexual acting out that surfaced immediately after the abuse typically subsided, the conduct disorders that also erupted remained more intransigent. Two years after the abuse, the children were still exhibiting ongoing problems in relationships with peers, being aggressive and belligerent with other children, sometimes stealing from them or lying about events. As a defense, these children were turning passive into active, becoming the aggressors, in their turn, toward those less powerful than themselves. However, the aggression may also have been a defense against the gross violation of interpersonal boundaries that had occurred in the coercive sex games with other children that the victims reported.

All the girls experienced ongoing internal conflict about their own culpability.

Given their fathers' agitated responses and their mothers' anxiety that their daughters had been strangely and permanently altered, the children had to struggle actively against feeling that the abuse was of their doing. Lamb (1986) has posited that children often hold on to a sense that some of the sexual abuse was their fault so as to maintain some feeling of power in the situation, rather than be demoted to the status of victim. In the case of the girls who had been abused at the Presidio, there was an added variable. The perpetrators had warned the children that harm would come to their parents if they revealed the abuse. In fact, the warning came true, not in the form of death or disappearance, as the children feared, but in the form of mental distress and reactive depression. As one girl reported, "You said I have troubles. You should know that my mother has troubles, too, and she has nightmares every time I do." This little girl knew that her mother's troubles started when she told her parents about the abuse. If the abuse itself was not of her doing, certainly the consequences were.

Another girl told her mother that she had not informed her about the abuse sooner because "I didn't want you to hit or punish me." This seems clear evidence that the child thought herself guilty of the events. As early as preschool, children understand that, while they are away from home, they must discriminate good from bad and not displease their parents with bad behavior. They also know that secrets are either about good surprises or about prohibited activities. The secret the children were told to keep was obviously not about good surprises; in the logic of childhood, therefore, they must have been involved in something bad. Thus, their assumption of responsibility was not necessarily an attempt to hold on to a sense of agency, but because the "facts" seemed to fit. In this context, one of the girls said to the therapist imploringly, "I was just a little girl then and I didn't know better."

The guilt about their culpability, in turn, had long-term effects on the children's self-concept. Summit (1983) noted certain negative consequences when children are sexually abused by a trusted adult and then threatened that loved ones will be harmed if the abuse is revealed. The children are made responsible for their families' welfare, and this is particularly inappropriate when the children themselves desperately need protection that would normally come from the family.

There are further consequences, too. The children are unable to stop the sexual activity, which they know is wrong. If they accept the abuse as the perpetrator's fault, the children must conclude that the person to whose care they are entrusted is bad. In this situation of dependence, it is far safer to be the devil in the hands of god than a saint in the hands of the devil. So the children internalize a sense of self that tends to be both evil and helpless. This particular form of turning anger on the self was evident in one of the girls in the Presidio case, who constantly mimicked herself in a derogatory voice and spoke of herself in the most self-deprecating terms; this, according to her parents, was a radical change from her preabuse sense of self.

What is the prognosis for a child who has been the victim of institutional ritual abuse, as at the Presidio? Clearly, the outcome will be better if the family and social environment are supportive (Newberger & De Vos, 1988), if effective psychotherapy is provided for the child and the family, and if the child is free from further developmental disruptions or assaults. However, this particular trauma was so severe for all family members that, even with all these factors in place, the child victims may suffer permanently from this early act of sexual violence. There is evidence of persistent symptoms. This fact, the disturbing delay in therapeutic intervention, and the remaining ambiguity about what actually happened to these children suggest that the children will carry lifelong scars from the experience,

with the potential of recurring psychological difficulties at different developmental stages of life.

One girl encapsulated her trauma of "sex games" and molestation in the persistent premonition that, whenever she went to school, something horrible and unavoidable would happen to her and her body. She alerted the therapist to potential permanent scars from her horrific experience—a sense of hopelessness, defeat, sexual invasion, and inevitability—in the symbols she used in a sad story, spontaneously created in the therapy room and entitled by her, "The Presidio Puddle":

One day there was a big puddle. And every day the puddle was always there. So one day a girl named Cindy, she would always fall in the puddle. Every time when the whole classroom was walking in their class, Cindy would always get dumped on. And then one day there was a new girl, and then she got dumped on. That's it.

#### CONCLUSION

The experience of the children who were abused at the Presidio demonstrates the paradoxical consequences of preschool sexual violence: for victims and families, it resulted in both the fear and the perpetuation of violent or aggressive behavior and feelings. Although the children did not grasp the fact that the U.S. Army was ultimately responsible for the assault, the parents and community certainly did. The reverberations from this aberrant form of attack on its own citizenry by the country's military service exacerbated the ill effects of the original sexual molestation on both the children and their families.

To prevent such abuse in the future, careful scrutiny is essential in hiring preschool program personnel, parent advisory groups must be included in the ongoing monitoring of the children's safety and protection while in group care, trained mental health professionals should be included in these processes, and parents should be informed of warning signals that their children may be being molested. Unfortunately, the experience at the Presidio has made it clear that

sponsorship of a program by the government or a public agency does not guarantee safety for children. All programs, private or public, must be strictly monitored.

Despite these precautions, such abuse may sometimes occur. To break the cycle of internalized and externalized aggression that ensues, mental health professionals must be prepared to treat the sexual trauma, the depression, the fear, and the feelings of betrayal, powerlessness, and rage that reverberate throughout the family system. Professionals must also be advocates for sensitive and timely evaluations and treatment that do not make the cure worse than the abuse. Lessons from the Presidio indicate that, in doing so, professionals must monitor abuses of power, as when a military base uses its own mental health services to evaluate abuse at the same facility. Otherwise, there will be many more Cindys and new girls.

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