



## FROM THE PRESIDENT

This, the first edition of APSAC's newsletter, represents another first step for our new organization. It is one long awaited by many members who have expressed the need for a means of communicating with other professionals about the many problems, questions, and insights they have gained through their work with and for abused children.

Just as a parent is aware of the months of development which have come before a child's first step, so the Board is aware of the development of our organization. There are a number of things which you, the members of APSAC, have a right to know, for as the young child has grown through the care of its parents, so APSAC has grown through the care of many professionals throughout the United States.

Through word of mouth, an occasional announcement at a local or national conference, and members sharing the news of APSAC with colleagues, APSAC membership has grown steadily over the last eighteen months. We currently have over 500 members, living in virtually every state. As recruitment efforts increase in the coming months, I am confident that the size of our membership will grow even more quickly.

Over the last eighteen months, the Executive Committee and (on two occasions) the full Board have met in Washington, D.C., Palm Springs, Los Angeles, and Denver to further the less-than-glamorous tasks of establishing by-laws, business procedures, and other essential organizational arrangements. In most cases, costs of these activities have been borne by the individual Board member, and not by APSAC.

Standing Committees on Membership, Continuing Education, Ethics, and Professional Guidelines have been established and are beginning to carry out their assigned missions. In upcoming issues of *The Advisor* reports from these committees will be made to the full membership.

Plans for the first annual membership meeting are underway. The Call for Papers and other information are contained in this newsletter.

Members of the Board who have spoken at local meetings or regional and national meetings about APSAC are continually struck by the interest and enthusiasm which greets news of APSAC. Professionals from a wide range of disciplines and in large and small communities recognize a need for a

multi-disciplinary professional society dedicated to the needs of those who work with and for abused children and the adults who share and influence their lives.

Just as parents are aware of all that is to come after a child's first steps, so we are mindful of what comes next in APSAC's life. To continue to grow, but most of all, to meet our reason for being, APSAC must include a large number of members in the ongoing work of the Society. Whether at the local level or in regional and national settings, APSAC is only what its members make it. An invitation to participate cannot come from the Board which serves the membership; full vitality comes as members voluntarily take up the work of APSAC. There are a number of things you can do:

- find other professionals in your community who recognize the need for APSAC and who support APSAC's goals. Begin meeting to further the work of membership recruitment, continuing professional education, development of guidelines and codes of ethics, service coordination, and advocacy;
- write *The Advisor* if you have a problem or an issue you want help with. Your question is probably shared by many other professionals. Alternatively, write *The Advisor* when you have information other professionals should have;
- when you want to participate in an event or program that you see in *The Advisor*, write or call the person who is responsible for that activity. The reports from the standing committees published in this newsletter are a good place to start.

The Board takes quite seriously our obligation to serve APSAC's membership. Feel free to contact any board member with an idea, a question, or news of your willingness to work. You are the strength of APSAC. The benefits of membership are less important to our joint concerns as professionals than the contributions of time and talent that you can make to the Society and to our mission.

**Jon R. Conte**  
President



## PROFESSIONAL EXCHANGE: FACILITATING COMMUNICATION AMONG PROFESSIONALS

### ISSUES OF CONTROL AND BLAME IN YOUNG MOLESTATION VICTIMS

Therapists treating young molested children are often confused by seemingly contradictory treatment goals regarding the attribution of blame and of control over the event. On the one hand, therapists usually tell the children that the past event is not their fault because they were helpless victims. But on the other hand, children are encouraged to resist the victim role and take control of the future and avoid further victimization. We believe that therapists should not prematurely reassure children of their lack of culpability before exploring their feelings of guilt and shame. Therapists must help children explore their perceptions of responsibility before reassuring them that the abuse was not their fault. Then therapists can help the children learn ways to avoid remolestation.

Research findings suggest that trauma victims of all ages tend to feel responsible for their victimization. Long-term research of children's adjustment to trauma reveals that many trauma victims perceive themselves as responsible for their trauma even at the personal cost of guilty feelings and self-blame (Terr, 1982). Victims would rather feel responsible for having caused the traumatic event than attribute the cause to an external agent or force, apparently because the latter may lead to feelings of helplessness and loss of control. Self-blame may be a defensive attempt to master the trauma.

Additional factors contribute to the self-blame commonly observed among young child sexual abuse victims. Preschoolers exhibit what Piaget termed "egocentric thinking," tending to believe they are the cause of events. It is developmentally appropriate for young child sexual abuse victims to take on responsibility for their victimization, just as they might blame themselves for their parents' marital problems or divorce.

This developmental tendency toward self-blame among young children is greatly exacerbated if the perpetrator explicitly communicated that the child is at fault by being a "bad" girl or "bad" boy. In other instances sexual abuse victims may hear direct and indirect messages from other family members regarding their complicity at least in maintain-

*(cont'd on p. 3)*

### CPS AND POLICE INVESTIGATORS: THE UNEASY ALLIANCE

Confronting the problem of the maltreatment of children requires the cooperation and coordination of professionals from a host of disciplines. Although we depend upon one another for information and action, few relationships are as potentially conflictual as that between the child protective service worker and the law enforcement officer assigned to investigate the same case.

The very diversity that gives the team concept its strength is also the source of conflict. Differences in philosophy, procedure, and goals must be changed if the team is to work together effectively in the child's best interests. Braga (1972) explores the issues of interdisciplinary team interaction through the works of Festinger (Cognitive Dissonance), Levinson (Role Theory), and Goode (Role Strain). We will apply these concepts in the context of child abuse investigations.

Team conflict arises when team members have different expectations, reflecting not only different professional, organizational, and social perspectives but the relative time each member has to devote to his/her duties in the team and his/her commitment to the team's goals.

Potential conflict can take many forms, including:

**a) Basic differences in philosophy.** Law enforcement has a clear goal to investigate a crime and develop sufficient evidence to convict the person responsible. Most people also react viscerally to this type of crime against a child. If the abuse occurred within the family police may find little value in this biological unit which has failed to fulfill the child's most basic need, and often feel the child would be better off in another family.

CPS workers, on the contrary, have a dual role. Their first obligation is to protect the child. They seek to determine if the child has been abused, and if so, by whom. Then they ask what must be done to prevent further abuse. Once this immediate obligation is discharged they must, by state and federal law and by professional social work values, set out to preserve the family. The basic conflict between the goals of law enforcement

*(cont'd on p. 4)*



## Issues of Control (cont'd from p. 2)

ing secrecy, if not causing the sexual abuse itself. Non-offending parents often ask, for example, "Why didn't you tell me?"

Since children have so many reasons to assume responsibility for their molestation, therapists must remember to explore these thoroughly with children during treatment. As the children begin to relinquish their sense of self-blame, it is only natural that they will begin to experience themselves as victims with feelings of helplessness and rage about their victimization. Some children, especially boys, resist feeling helpless because of the lack of emotional support they receive. Children who cannot tolerate helplessness may initiate sexual acts with younger children to obtain mastery over their trauma (de Young, 1984). Therefore, therapists must help children move from the responsible or aggressor role to the victim role as part of the healing process. The goal of therapy is then to help move the children to the survivor role.

Movement in therapy is facilitated when children are permitted to feel responsible for their molestation and reassured that these feelings are normal. They can be told, "Lots of kids feel it's their fault when they are touched in their private parts. I'm wondering if you feel that way too." Some children will say that it is their fault because they sought contact with the perpetrator or enjoyed some of the nurturant or affectionate aspects of the act.

Young children's self-blame often persists because they rarely receive an apology or admission of guilt from the perpetrator. In addition, because young children's allegations are viewed as unreliable, perpetrators are rarely prosecuted. The clinical experience of Furniss (1983) suggests that in cases of incest the victim has been relieved of her feelings of responsibility when the father is able to acknowledge his guilt. In lieu of an apology, young children who have been abused could profit from puppet plays or role plays in which the perpetrator apologizes for the molestation (see Damon & Waterman, 1987). Through such means, children are often able to understand that an apology should be forthcoming even if it was not received, and thereby gain a sense of vindication. The salutary effects of a sense of vindication are revealed by case studies finding that prosecution of the perpetrator appears to be related to victims' recovery (e.g. Pynoos & Eth, 1986; Rogers & Terry, 1984).

Once children have explored both their feelings of responsibility and their feelings of victimiza-

tion, they can then move to begin planning means of feeling more in control if they are threatened with re-abuse. We must remember that most children will be unable to resist the coercion of perpetrators who are caretakers; children find it nearly impossible to say "no" or run away in these instances. The treatment goal is not, however, solely to prevent abuse, but more broadly to prevent a pathological process whereby the child identifies only with the victim or the aggressor role. We believe that future empirical research will demonstrate that exploring and correcting children's feelings of self-blame facilitates recovery.

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## IN BRIEF

—The National Victim Center in Fort Worth, Texas, just held a conference on the Victims' Constitutional Amendment Network. The Victims' CAN is spearheaded by Linda Barker from NVC and NOVA. The push will be to pass a victims' bill of rights in every state of the Union. For information contact Linda Barker at (817) 877-3355.



### *Uneasy Alliance (cont'd from p. 2)*

and of CPS may be complicated by the CPS worker's internal dissonance. These workers, like the police, have seen the child's pain and share the anger at the person(s) responsible. Yet their role requires that they suppress the feelings more naturally expressed by their law enforcement colleagues. This internal role conflict must be addressed by the CPS worker and acknowledged by CPS administrators.

**b) Varying decision making styles.** Law enforcement officers are used to making rapid autonomous decisions in the field. As part of a system of checks and balances many CPS agencies have established a system of shared decision-making whereby the field investigator consults with a supervisor prior to taking such drastic action as emergency removal of a child from the home. Law enforcement officers frequently have little patience for such process.

**c) Visitation.** For those children who enter foster care, civil law and agency policies often encourage parental visitation as a way to ease the transition into foster care and help the child retain a sense of continuity. Many police officers see these agency-arranged visits as undermining the prosecution. They fear, many times correctly, that the family will use the visits to pressure the child to recant the allegations. But the CPS worker knows that isolating a child in foster care can just as easily result in recantation.

**d) Evidence collection.** Police often complain that CPS workers acting alone unwittingly destroy vital evidence. Conversely, CPS workers complain that they often have trouble getting police to seize evidence before perpetrators destroy it.

**e) Conflict over perceived social issues.** Many teams are comprised of individuals of different genders, races, and ethnic backgrounds. These factors can affect team relationships just as they affect relationships in other settings.

These conflicts must be minimized if the team's goals are to be met and secondary trauma to the victim limited. These conflicts can be addressed on the systems level and on the individual level.

#### **System Level Recommendations**

**1. Establish formal teams.** Much conflict is overcome simply through familiarity and trust (although when personalities conflict the opposite may be true). Long-term teams can be established on community levels through mutual agreement of the team members or through state statutory changes.

**2. Establish investigative protocols.** Investigative protocols clearly lay out the roles and responsibilities of both police and CPS workers. This can be done even where no standing team agreement exists. Protocols limit conflict by clarifying expectations.

**3. Provide adequate personnel to both agencies.** The sources of conflict are amplified when a disparity exists in the personnel resources available to the two agencies. When CPS staff committed to the team outnumber police, conflict is inevitable, as CPS feels compelled to proceed when police are unavailable. Disparity in resources may also affect the individual level of commitment to the team concept, resulting in conflict.

**4. Joint training.** Joint training is a key once a team is established. It gives all parties an opportunity to hear the same message and learn skills together, and provides an opportunity to acquaint disciplines with each other's philosophical perspectives and unique difficulties. For example, discussion of the emphasis in law and policy on family preservation and visitation, as well as of the real limitations of the foster care system can enlighten law enforcement, while CPS can be sensitized to such issues as physical evidence collection, the subtleties of interviewing, and related areas. The training allows participants to reveal and resolve potential conflict.

#### **Individual Recommendations**

**1. Reach out to the other discipline.** Reaching out can take many forms, from suggesting team members meet in non-work settings to inviting your opposite number to a staffing or case consultation. Any non-threatening means which lets others know they are professionally and personally valued is good.

**2. Share professional information.** Even when joint training is not available, individuals can share research articles, procedure manuals, or other material of mutual interest. Each contact helps build a sense of trust and breaks down the barriers to effective team work, particularly if the material shared relates to an area of conflict.

**3. Keep communication open.** Even when the system doesn't provide for a close team approach, individuals can go out of their way to keep their counterpart informed on the status of individual cases through notes or phone calls.

**4. Confront the conflicts openly.** When conflict arises, individuals are well advised to confront it in

*(cont'd on p. 6)*



## CRIMINAL PROSECUTION IN CASES OF PHYSICAL ABUSE OF CHILDREN

The abuse of children is both a crime and a civil wrong. As such, it may be the subject of three proceedings: a criminal prosecution, a civil tort suit, or a child abuse proceeding in the family/juvenile court. Much of the recent discussion of criminal prosecution of child abuse (the problems posed when a child testifies as a complaining witness, recently enacted statutes that modify courtroom procedures or the rules of evidence, and the issue of punitive or rehabilitative sentencing) has focused on sexual abuse. However, there are important issues in the criminal prosecution of physical abuse of children.

Physical abuse of a child fits within the category of "crimes against the person." As a general rule (sexual assault of a spouse being the traditional exception) the fact that there is a familial relationship between the alleged perpetrator and the victim does not bar a criminal prosecution, although it may be relevant to a defense. Indeed, the relationship itself may be an essential element of the crime, as in incest or criminal neglect of a child.

When a child dies from physical abuse, the responsible caretaker may be guilty of one of the crimes of homicide: murder in the first or second degree, or manslaughter. Murder in either degree requires proof of "malice aforethought": the intention to kill, actual or implied, under circumstances that do not constitute excuse, justification, or mitigation. The intent to kill is implied when the defendant has actually intended to kill the deceased or when the natural tendency of the action would be to cause death or serious bodily harm, even if the defendant did not state an intent to harm the deceased. Manslaughter does not require proof of malice (Dix & Sharlot). Murder in the first degree requires proof of an intent to kill the victim with premeditation and deliberation, even if the amount of time for reflection was extremely short. Murder in the second degree requires proof of malice but no premeditation.

If the physically abused child survives, the individual has committed one or more of the other assaultive crimes. Some of the following acts are classified as "aggravated assault" in the penal codes of a number of states: assault with intent to kill, assault while armed, assault with a dangerous weapon (virtually anything used in a dangerous manner), mayhem (dismembering a limb or removing an eye), and malicious disfigurement. Other assaultive crimes are battery and simple assault. Some

states have specifically enacted a law prohibiting the crime of child abuse.

Which crime will be charged obviously depends on the circumstances. While one event may create criminal culpability for several crimes, in other states these would all be included in a charge of aggravated assault. For example, in one state a father who repeatedly beats his child with a belt could be charged with assault with a dangerous weapon (the belt), malicious disfigurement (if the belt caused permanent scars ordinarily visible on the child's face and arms), and mayhem (if the belt buckle caused loss of sight in one eye), whereas in another state he could only be charged with aggravated assault for these acts.

However, a defendant may be able to claim that the act of involuntary manslaughter or assault was either justifiable or excusable. An act is justifiable if it was necessary in the performance of a legal duty; it is excusable if it is legally permitted or was the accidental result of a lawful act done in a lawful manner (Greene & Guidaboni, Instruc. 4.25). Since a parent retains the right to use physical force to discipline his/her child, "so long as the chastisement was moderate and reasonable, in light of age, condition and disposition of the child, other surrounding circumstances..." /2,3/, the defense of justification or excuse will be one for the jury to decide.

In deciding whether to file criminal charges, a prosecutor must take into account whether criminal prosecution—the expression of community condemnation—is justified under one or more of its commonly recognized purposes: 1: retribution (punishment), 2: general deterrence (detering others from committing the same act), 3: specific deterrence (detering the defendant from repeating the same act), 4: preventing private vengeance by the victim and/or his/her family and friends, and 5: rehabilitation of the defendant so that he is capable of obeying the law (Schrier).

Within the last decade, the rise of the crime victims' rights movement has also led prosecutors to consider the impact of criminal prosecution upon the victim, especially if the victim is a child (Toth & Whalen, 1-1,2). Prosecution in criminal court can have a greater negative impact than a child abuse proceeding in the family court for a number of reasons: 1: Since the defendant faces the possibility of imprisonment, s/he (or relatives or friends) may attempt to intimidate the child into silence, recantation, or making patently false state-



ments; 2: The defendant may attempt to diminish his/her culpability by blaming the child for provoking the abusive act or by otherwise attempting to make the child feel guilty for the defendant's predicament; 3: Since criminal proceedings are open to the public, the child may be subjected to unwanted media attention; and 4: The child is more likely to testify under more stressful situations in a criminal court than in a family court proceeding.

It is now common for a prosecutor to carefully consider whether the process of testifying against a parent will emotionally damage the child and whether the punitive aura of the criminal court and anticipated publicity will hinder the social service agency's rehabilitative efforts to preserve the family. The prosecutor must also consider the amount and persuasiveness of the evidence available to prove the defendant's guilt beyond reasonable doubt (ABA Standards, Sec. 3.9; Toth & Whalen, III-3,4). There are a number of critical evidentiary issues:

1: Can the prosecution show that it was the defendant who abused the child and not another individual? Frequently the child is either so severely injured or so young that s/he cannot testify. In such a case, it may be difficult to prove that the defendant has exclusive control over the child.

2: Does the evidence reveal physical force far greater than that normally acceptable in disciplining a child of that age and developmental level under the circumstances? If not, the defendant may be able to successfully defend the charge on the grounds of excuse /2,3/.

3: Does the evidence reveal injuries that are incompatible with an accident? Typically this must be shown circumstantially by expert medical testimony, and it may be difficult to identify a pediatrician or other specialist in pediatric trauma who is both willing to testify and convincing. In child abuse proceedings in the family court the judge may base a verdict of abuse from an unexplained injury alone /4/; in criminal trials this violates due process as it forces the parent to give up the right to avoid self-incrimination. Instead, the prosecution must usually present medical testimony that identifies the use of force as the source of the child's injury, and then links that to the time the child was in the care of the defendant (Toth & Whalen, V-52,53).

4: Is there prosecution evidence that would counteract evidence of good character presented by the defendant? The government cannot introduce evidence of the defendant's bad character unless the defendant has introduced evidence of his/her good character or unless the government's evidence is of

the defendant's prior bad acts that show an absence of mistake, malice, or a unique method of committing the crime (Toth & Whalen, IV-14,15).

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#### *Uneasy Alliance (cont'd from p. 4)*

a non-threatening, open manner, well away from the emotionally-laden scene of a current investigation. Begin with an abstract discussion of the issues themselves, and sort them out as best you can. Some things will be resolved and others won't be, but each such discussion will build a basis for improved conflict resolution in the future.

The conflicts inherent in the relationship between CPS workers and police are serious but do not have to prevent our working together effectively. Communicating openly and formalizing the relationship where possible can break down the barriers to building a team that works for everyone: for the police, for CPS, and most importantly, for the child.

**Charles Wilson, MSW**  
TN Dept of Human Services

**Donna Pence, Special Agent**  
TN Bureau of Investigation

#### *IN BRIEF*

—The National Committee for the Prevention of Child Abuse (NCPCA) has recently appointed Nancy Peterson new Director of Public Education.

—The National Center for Missing and Exploited Children has hired David Lloyd as legal counsel for the agency. David, formerly of Children's Hospital National Medical Center, is highly regarded in the child abuse field and has authored the feature article beginning on p. 6 in this issue.

—A task force has been working for the last year to develop a National Foundation for Adult Survivors of Child Abuse. The name will be The *Laurea* Foundation. *Laurea* is the Latin name for Creosote, which is the oldest plant in the world and continues to adapt to many changes and survive. It grows in the desert under the most adverse conditions and has incredible healing powers. The Foundation's focus will be on public education, training, networking and the support of effective direct services.



## APSAC GUIDELINES

One of APSAC's primary goals is to facilitate the development of guidelines for accurate, appropriate and effective identification, assessment, intervention and treatment of child abuse victims, offenders and their families. To pursue this goal, the Board of Directors has initially established three guidelines task forces. David Corwin, MD, APSAC's Second Vice President, has been appointed to chair the APSAC Professional Guidelines Committee, which includes President Conte and the chairpersons from each of the guidelines task forces.

The Guidelines Committee is mandated to oversee the development of position statements and guidelines by its various task forces. The three currently authorized task forces address: The Evaluation of Suspected Sexual Abuse in Young Children, chaired by Lucy Berliner, MSW; The Assessment and Treatment of Perpetrators of Child Sexual Abuse, chaired by Judith Becker, Ph.D.; and The Medical Evaluation of Suspected Child Abuse, chaired by David Chadwick, MD.

Presented here are initial statements from these task forces. APSAC invites your input and response to these statements. Letters should be sent to both the chairperson of the appropriate task force and to Dr. Corwin at 11 Moraga Way #3, Orinda, CA 94563.

### PROPOSED GUIDELINES FOR PENILE PLETHYSMOGRAPHY

Historically, the penile plethysmograph has been used in research settings and with individuals who admitted paraphilic behavior. Murphy and Barbaree (1988) note in their current extensive review on the use of the plethysmograph, "The currently available evidence on validity and reliability does not provide strong support for the use of this procedure with populations where there are questions regarding whether the individual has engaged in deviant behavior." That is, there is no evidence to support the use of erection measures as a means of determining guilt or innocence in an alleged sex crime. Therefore, since reliability and validity have not been established to date with non-admitters, there is no empirical data to justify its use in diagnosis, or prediction of treatment outcome or recidivism. Furthermore, norms for the various populations are lacking in adolescents and a variety of ethnic groups.

In clinical settings penile plethysmography has proven exceedingly helpful. Using penile responses to deviant stimuli a therapist is frequently able to confront clients with their laboratory arousal and get them to self-disclose deviant sexual interest they had previously denied. This successful clinical use however, is never incorporated into a variety of other evaluative methods that are integrated into the therapist's final conclusions regarding the client.

Especially problematic has been the appearance of penile plethysmography results in the courtroom setting. The use of penile plethysmography results in the courtroom should be strongly discouraged until the validity and reliability of its

use in that setting have been established. Research is in progress to establish psychometric properties of this form of assessment.

### APSAC Task Force on Assessment and Treatment of Perpetrators of Child Sexual Abuse.

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### INTERDISCIPLINARY GUIDELINES FOR THE EVALUATION OF SUSPECTED CHILD ABUSE CASES

Mistakes made in the assessment of child abuse cases are costly. Failure to recognize and document abuse allows it to continue, often with serious, occasionally with fatal results for the child. Erroneously concluding that a child has been abused may result in the unnecessary removal of a child from a family or the unjust conviction of a person for a crime. Making or missing this diagnosis is comparable, in medicine, to making or missing a diagnosis of cancer.

Determining that a child shows the effects of any form of maltreatment requires the application of knowledge and skills from more than one discipline, including pediatric medicine, child development and child psychology. Above all, the professional who provides evaluation of these cases must be familiar with child abuse, a subject which has become a discipline unto itself. Differing approaches and perspectives often contribute to misunderstandings and confusion in case evaluations.

The ten interdisciplinary training grants funded by NCCAN in September, 1987 constitute an im-



portant step toward a common educational process, but the number of students who will be affected by this program is very small. The process must be supplemented by attempts at guideline-setting by each discipline involved and by a majority of professionals working in the field of child abuse and neglect.

APSFAC will facilitate this process by assisting professional organizations and acting as a clearing-house and interdisciplinary forum for discussion and development of broadly accepted guidelines in this field.

#### **APSFAC Task Force on Medical Evaluation**

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#### **IN BRIEF**

—If you are interested in finding out more about V.O.C.A.L. (Victims of Child Abuse Laws), you can receive their newsletter. Contact:

VOCAL  
Florida Office  
PO Box 40460  
St. Petersburg, FL 33743  
(813) 347-1197

—Parents United Reorganization Movement has been underway for the last year to reorganize P.U. nationwide. Under the Board Leadership of Esther Gillies, M.S.W., John Shields, Ph.D., and Hank Giarretto, Ph.D., regional boards have been established to create a more streamlined treatment model with technical assistance available regionally as well as nationally, a move necessitated by PU's burgeoning growth.

#### **EVALUATING SEXUAL ABUSE ALLEGATIONS**

The methods used in determining whether children are sexually abused are increasingly a focus of professional and policy-making debate. It is now generally understood that large numbers of children are victimized. It is also widely agreed that abused children should be identified so that social service, medical and mental health interventions may be undertaken to protect and treat them.

Society has a stake in protecting its children from sex offenders and in punishing lawbreakers. But mistakes in this area can be costly.

The consequences of identifying abuse may be dramatic for both children and accused adults. Changes in the children's living situations may include removal from the home. During medical and mental health interventions, children may be identified as sexual abuse victims and treated with a stigmatizing care. Adults face possible criminal prosecution, loss of liberty, and a restriction of their rights to visit or live with children. They may be required to move, change jobs, and participate in evaluations or treatments. Some adults may be treated as offenders even without a legal finding of guilt.

With such significant potential outcomes, the great concern about the process by which abuse is determined to have occurred is understandable and correct. Legal decisions are reached when the fact-finder weighs admissible evidence and decides that the applicable standard of proof has been achieved. Legal responses are often initiated or influenced by professional determinations, which are judgments based upon the assessment of sometimes equivocal information. The process by which professionals form these judgments is of interest not only because of the consequences in a particular case but because of the influence experts' procedures and opinions have on the opinions of jurors, parents and others.

The debate revolves around both the procedures and the evidence used in assessment. Concerns about evidence address in part children's capacity to accurately recall and describe events and to resist suggestion. The influence of the evaluation context (who employs the evaluators, evaluators' background and training, how much information is included, from what sources information is allowed, and the location, format and methods of questioning) is also a concern. Current practice has been significantly attacked in print and in the courts.

Efforts to address the criticism have focused on the development of model interview formats



and assessment protocols. Recommended approaches are designed to be rigorously objective while still being sensitive to psychological and developmental issues. Various methods have been suggested, including the use of blind interviewers, of progressive and multiple interviews, of video or audio-taping, and of cautious as opposed to leading, intensive and repeated questioning.

But conflicting advice abounds. Contrary positions are defended on the use of anatomical dolls, and on observing the child and the accused adult together.

Experimental research is being conducted to evaluate children's capabilities under different conditions and the effects of various interviewing styles. As experiments become more ecologically valid, results from controlled studies may be applied to real life situations with greater confidence.

Criteria for determining abuse are a second major subject of the debate. A substantial body of published work has emerged that identifies the variables evaluators should consider. Checklists purported to discriminate legitimate from illegitimate abuse allegations have become popular. Interestingly, there is remarkable agreement about what elements to address and the way in which they are believed to be associated with reliable and unreliable reports. Included are variables extrinsic to the interview such as corroboration, histories of the child, the family or the accused offender, the manner of disclosure, and reports of symptomatic behavior. Affect and behavior during the interview, content and quality of statements about abuse, expression of beliefs and attitudes about abuse, and circumstances of disclosure are invariably identified as crucial to assessing the reliability of the children's reports.

In spite of professionals' agreement about what constitutes relevant evidence, whether or not the resulting judgment is in fact accurate is often impossible to determine. Most authors simply use their own judgment as the ultimate criterion, and different evaluators frequently arrive at different conclusions.

Efforts to find a single test which will discriminate true abuse from non-abuse cases are doomed to failure. Substantial evidence suggests that no set of characteristics or behaviors is common to all abused children. Many behaviors believed to indicate abuse could just as easily be absent in an abused child. Although disturbed affect while describing abuse is considered highly consistent with being abused, a common coping mechanism for abused children is dissociation of affect. Any instru-

ment requiring affirmative evidence from children would necessarily categorize as non-abused all children with atypical or uncharacteristic responses.

But efforts to systematize assessment procedures and criteria can still be helpful. Clinical experience is a rich source of information even if it cannot be exhaustively verified empirically. Mental health and medical professionals are trained to make differential diagnoses and to interview clients about extremely sensitive subjects which often induce intensely painful feelings.

We propose that a project be designed to further our understanding of the process professionals use to determine whether a child has been abused. Although common elements are generally considered by evaluators, how they are applied and with what weight in individual situations is far from clear: in different cases, different variables are given different weight. No systematic information is currently available regarding the decision-making process employed in any given case.

If we can describe a process that reflects the expertise of recognized authorities in the field, we will be closer to defining standard guidelines for other medical and mental health professionals. Evaluators of specific cases could ensure that certain elements are addressed and could gauge their own process against the expert range.

We propose neither attempting to develop a "test" for abuse nor developing an evaluation format to be adopted wholesale. Our idea is to gather sufficient information to understand and explain the current evaluation process so future practice can be better systematized and organized.

#### **APSAC Task Force on the Evaluation of Suspected Sexual Abuse in Young Children**

**Lucy Berliner, MSW, Chair**  
Harborview Medical Center  
325 9th Av. Seattle, WA 98104

#### *Criminal Prosecution (cont'd from p. 6)*

Some prosecutors have attempted to introduce expert testimony of the "battering parent syndrome," but this is objectionable on the ground of being both inadmissible character evidence and unsupported by acceptable scientific research (Boutilier; Toth & Whalen, V-53)/5/.

5: Is there evidence that the parent was insane or intoxicated at the time of the act? If so, it may be difficult to prove the parent intended the act, and even more difficult to prove any specific intent.



such as assault with intent to kill (Greene & Guidaboni, Instruc. 4.14, 5, 12). Since the general public continues to believe that anyone who injures a child must be "sick," a defendant who is even mildly mentally ill may be able to persuade the jury that he is not criminally responsible.

The prosecutor's assessments of the appropriateness of criminal prosecution and of the persuasiveness of the evidence are difficult. A prosecutor may not ethically pursue a criminal prosecution if it is clear that the prosecution is inappropriate or will be unsuccessful (ABA Standards; Toth & Whalen, III-3.4). As a practical matter, many prosecutors file charges only when it is clear that the child's injuries are extremely serious and that rehabilitation efforts by the social service agency are unlikely to succeed.

Since child abuse is a complex topic, the issues involved in criminal prosecution are also complex. The foregoing discussion is intended to draw attention to issues in the criminalization of physical abuse, not to resolve all of those issues.

**David W. Lloyd, J.D.**

General Counsel

National Center for Missing and Exploited Children

#### References

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S. Boutilier, Evidence of the Child Abuser in a Criminal Case: The Recognized Battered Child Syndrome Confused with the Fictional Battering Parent Syndrome. in L. Michaels (ed.), *Representing Children: Current Issues in Law, Medicine, Mental Health and Protective Services*. Denver, Colo.: National Association of Counsel for Children, 1987.

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C. Schrier, Child Abuse—An Illness or a Crime. in *Child Welfare* 58(4), (1979).

P. Toth & M. Whalen (eds.), *Investigation and Prosecution of Child Abuse*. Alexandria, Va.: American Prosecutors Research Institute, 1987.

#### Notes

1. E.g., *Maryland Code* (1971 Repl. Vol., 1987 Cum. Supp.), Art. 27, Sec. 35A.

2. *Bowers v. State*, 283 Md. 115, 389 A.2d 341 (1978).

3. *Annot.*, Criminal liability for excessive or improper punishment inflicted by parent, teacher, or one *in loco parentis*, 89 A.L.R. 2d 396 (1963).

4. E.g., *District of Columbia Code*, 1981 ed., sec. 16-2316(c); *In re L.E.J.*, 465 A.2d 374 (1983).

5. *State v. Loebach*, 310 N.W. 2d 58 (1981).

#### IN BRIEF

—The Ounce of Prevention Fund, The Johnson Foundation, and The Division of Children and Family Services of Illinois brought together 20 national experts to explore future directions for the child sexual abuse field. The focus was on prevention and treatment, with the goal of developing strong policy ideas. For further information, contact the Ounce of Prevention Fund, (312) 853-6080.

—Children's Institute International (Kee McFarlane et al.) has been under fire for some time with regards to the McMartin PreSchool molestation case. A plethora of civil suits had been filed against them by former teachers, etc. Recently all suits have been thrown out of court.

#### REINFORCEMENT AND SUPPORT DECREASED SUGGESTIBILITY OF THREE YEAR OLDS

A recent study by Gail Goodman, Ph.D., presented at the National Symposium on Child Victimization in Anaheim, California on May 30, 1988, found that three-year-olds who received non-contingent reinforcement consisting of refreshments, praise, smiles and verbal support made only half as many "false alarm" commission errors in response to leading questions about abuse than those three-year-olds who did not receive such reinforcements. In the five-year-old age group, there was no significant difference between those who received the reinforcements and those who did not. The three-year-olds who received the reinforcement and all of the five-year-olds were quite resistant to being misled into making false-alarm commission errors. For further details write to Gail Goodman, Ph.D., Department of Psychology, State University of New York, Buffalo, NY 14260.



## SEXUAL ABUSE IN DAYCARE

New efforts are needed by parents, teachers and state regulators to prevent the sexual abuse of children in day care, according to the first national report on the problem.

But the report, prepared by researchers at the University of New Hampshire, contained some reassurances for parents along with its warnings and recommendations. On the positive side, the study concluded that, although too many children are abused wherever they are cared for, day care itself is not an unusually high-risk environment. The researchers encouraged parents to continue to utilize day care.

After examining 270 cases of sexual abuse in day care, involving 1600 children nationwide, the researchers issued some warnings: Parents should avoid facilities where staff do not allow them free access to children; they should also watch for possible signs of abuse, such as unusual fears or sexual behaviors and pains, irritations, or infections in the genital area.

State regulators who are trying to make day care safer have their work cut out for them, according to the study. Facilities where children are abused will not be easy to identify. Centers with well-trained, educated staff and a good reputation can also be the sites of abuse. Moreover, abusers in day care do not fit the conventional stereotype of child molesters. A third of them are women, and only a tiny percentage had a previous record for sex offenses, minimizing the effectiveness of current programs to screen out child molesters by checking criminal records.

The study made a number of recommendations for improving the safety of day care. It called for licensing officials to give more scrutiny to the relatives of teachers and staff, who often have temptingly easy access to the children. It called for better supervision and regulation of staff when they help children with toileting, the time when abuse most often occurs. And it called for day care staff to receive more encouragement to police each other and question suspicious activities.

The researchers expressed particular hope for more effective law enforcement actions against abusers. According to the researchers, pessimism and prejudice about the testimony of young children have caused prosecutors to drop charges against many perpetrators whom they believed to be guilty. Data from the study, however, contradict prosecutors' pessimism. When day care cases actually went

to trial, judges and juries tended to believe children's testimony and to convict the perpetrators.

The authors of the report were David Finkelhor, Ph.D., Linda Meyer Williams, Ph.D., Nancy Burns, M.S.W., and Michael Kalinowski, Ed.D. For more information contact the Family Research Laboratory, (603) 862-1888.

## CHILD SEXUAL ABUSE RESOURCE CENTER ANNOUNCED

The grant to establish the National Resource Center on Child Sexual Abuse (NRCCSA) has been awarded to the National Children's Advocacy Center and The Chesapeake Institute. The official announcement of the NCCAN grant was made by Betty Stewart, Associate Commissioner of the Children's Bureau, U.S. Department of Health and Human Services, April 30, at the closing luncheon of the National Symposium on Child Victimization in Anaheim, California.

Among the first tasks of the new Center will be to install a WATTS line. Through this 800 number, the NRCCSA will offer professional one-call access to NRCCSA products and information, including consultation and training from NRCCSA staff and leading experts in the field of child sexual abuse. When it is fully operational, the Information Service will provide information on exemplary, successful, or newly developing programs; publications produced by NRCCSA-sponsored activities; an annotated bibliography of literature and materials from any specialty area in child sexual abuse; access to training or consultation from a national range of recognized experts; information on training, conferences, and symposia nationwide, etc. Additional detail on the NRCCSA's products and services will be reported in future newsletters.

Robert E. Cramer, Jr., District Attorney, Huntsville/Madison County, Alabama, is President of the National Children's Advocacy Center and will be NRCCSA Administrative Director; Linda Canfield Blick, LCSW, Executive Director, and Thomas S. Berg, Executive Director of Clinical Services of the Chesapeake Institute will manage activities of NRCCSA's Maryland branch; Jan Frohman, NCAC Programs Coordinator, will be the project director for the National Resource Center.



## **CHILD ABUSE PREVENTION PROGRAMS FOR PRESCHOOLERS**

In February 1988, the Family Welfare Research Group at the University of California at Berkeley released a report of a two-year evaluation of sexual abuse prevention programs presented to preschool children. Seven programs in California participated in the project. The sample consisted of 118 children between the ages of 3-1/2 and 5 and their parents and teachers. The findings indicated that the gains achieved were minimal. Concepts assessed were the Touch Continuum, the connection between touch and feeling, keeping and revealing secrets, using support systems, and recognizing strangers. Although small, the greatest gains were seen in the understanding and application of the concepts of disclosure and recognizing potentially dangerous strangers. But approximately a month after the presentation almost half of the sample had not mastered these concepts. Parents and teachers both indicated a need for more intensive training.

These findings can be seen in a developmental context. The results reinforce established schema (notably those of Piaget, Erikson, Kohlberg, Sullivan, and Elkind) which point out that preschool children are not cognitively ready to handle abstract concepts or those which represent a duality such as good and bad secrets. They also do not have well-developed internal value systems which would enable them to make their own decisions in defiance of adult commands. Preschoolers recognize familial support systems, but are just entering the period at which they have a sense of attachment to secondary figures such as the teacher. Previous research as reported by Elkind and the NAEYC has noted that the most successful approach for preschoolers included the use of small groups, presentation of one simplified concept at a time, repetition of material presented over an extended period of time and integration of material into the regular ongoing curriculum.

With these factors in mind, the FWRG team has offered a set of suggestions for the future directions of child abuse prevention for preschool children.

The primary direction for change points toward giving the teachers and parents thorough training in all aspects of prevention: recognizing behavioral indicators of abuse, reporting abuse, handling the abused child, facilitating disclosure, and presenting prevention concepts in keeping with the preschooler's abilities.

The second direction for change involves a careful study of the salient concepts offered in prevention programs, distilling from them small elements which young children can assimilate, then refashioning the way they are presented.

Finally, FWRG suggests that these changes be effected with evaluation and modification as needed in order to establish a developmentally appropriate child abuse prevention program for preschoolers.

For further information contact Nina Nyman, DSW, Family Welfare Research Group, 1950 Addison Street #104, Berkeley, CA 94704

## **ALLEGATIONS OF CHILD SEXUAL ABUSE IN CUSTODY DISPUTES**

The Research Unit of the Association of Family and Conciliation Courts has recently released the results of a two-year study on child sexual abuse allegations arising during custody and visitation disputes. The findings of the research indicate that such allegations are relatively rare, occurring in only about two percent of all contested custody-visitation cases. Evaluations of the allegations by child protective service workers and/or court-based custody investigators led to the conclusion that the child was abused in approximately 50 percent of the cases, was not abused in another 33 percent, and may have been abused in the remaining 17 percent. Caseworkers who gave their perceptions of the motivation behind the report in slightly less than half the cases thought 86% of the allegations to have been made in good faith. In addition to exploring the incidence and validity of such allegations, the research provides a description of the types of sexual abuse allegations heard by the domestic relations court and explores the case management issues raised by these cases. For further information contact Nancy Theonnes, Ph.D., AFCC Research Unit, 1720 Emerson Street, Denver, CO 80218, (303) 837-1555.

### **IN BRIEF**

—Sydney Olsen, a former legislative aide on Capitol Hill, has been appointed to head H.H.S.'s Office of Human Development Services. She replaces Jean Elders, who was forced to withdraw her nomination in July of 1987.



## UPCOMING CONFERENCES

**August 4-7:** 13th North American Training Conference on Adoptable Children. Sponsored by the N. Am. Council on Adoptable Children.  
St. Louis, Missouri  
Contact Beverly Ringfak (612) 625-6689

**August 12-14:** 2nd International Conference on Incest and Related Problems  
Zurich, Switzerland  
Contact Virginia Klein, Ph.D. (201) 722-2933

**August 17-19:** National Conference to Abolish Corporal Punishment in Schools. Sponsored by the National Committee for the Prevention of Child Abuse.  
Chicago, Illinois  
Contact January Scott (312) 663-3520

**September 13-17:** Victim Assistance: Exploring New Frontiers. Sponsored by the National Organization for Victim Assistance  
Tucson, Arizona  
Contact Diane Alexander (202) 393-6682

**September 25-29:** 7th International Congress on Child Abuse & Neglect. Sponsored by the International Congress on Child Abuse & Neglect  
Rio de Janeiro, Brazil  
Contact Dorothy Dean (619) 563-5634

**September 29 thru October 1:** 4th National Conference on Children and the Law. Sponsored by the American Bar Association National Legal Resource Center for Child Advocacy and Protection  
Arlington, Virginia  
Contact Sally Inada (202) 331-2250

**October 27-28:** Male Sexual Abuse Victims and Offenders: Controversies in Rx. Sponsored by the Department of Corrections and Project Impact  
Minneapolis, Minnesota  
Contact Peter Dimock (612) 647-9245

**October 27-30:** 46th Annual Conference of American Association for Marriage & Family Therapy  
New Orleans, Louisiana  
Contact Diane Sollee (202) 429-1825

**November 2-5:** 112th Annual Meeting & Conference of the American Association for Protecting Children  
Tacoma, Washington  
Contact Debbie Freeman (303) 695-0811

**November 9-12:** Social Work '88, sponsored by the National Association of Social Workers  
Philadelphia, Pennsylvania  
Contact Georgianna Carrington (301) 565-0333

## APSAC MEMBERSHIP MEETING

at

**5th Annual Symposium on Child Abuse**

**Sponsored by**

**National Childrens Advocacy Center**

**Co-Sponsored by**

**Department of Justice**

**American Professional Society on the Abuse of Children**

**March 1-3, 1989**

**Huntsville, Alabama**

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Please plan to attend.



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