APSAC
AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

THE ADVISOR

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AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

FROM THE PRESIDENT

ON THE SEARCH FOR A LOYALTY TEST

Across the country in informal discussions among colleagues and in an occasional formal conference presentation or case conference, I seem to have perceived ever so slight a tendency to judge the loyalty of others in the field or to question the "stuff the other guy is made of." Turf battles between professions, disagreements over policy or practice which result from differing theoretical models, even personality conflicts are hardly new to the field of child maltreatment. Indeed they are not new to human endeavors.

But there is a new, albeit at the moment faint, smell in the air that is different from these more common but largely petty elements of professional practice. Many of us increasingly seem to judge our colleagues by their stand on certain issues. These issues apparenty form battle lines: one's belief becomes a loyalty test, placing one either on "our side" or on "their side."

An increasing number of issues form this presumed test of character. They include the prevalence of multiple personality disorder, the definition of ritualistic abuse, the superiority of one interviewing protocol over the rest. The person who questions how common multiple personalities really are among abuse survivors, or ponders what ritualistic abuse is and what varying forms or degrees it may take, or selects one interviewing protocol over others is not one of "us."

Other issues are somewhat less dramatic but nevertheless have the same power to divide professionals. These include the willingness to consider that some reports of abuse may be fabrications, and that the use of anatomically detailed dolls may not always be the preferred method of assessment.

In a field as new as this one is, with a growing but nevertheless limited knowledge base, and with so few professionals willing to dedicate their careers to maltreated children, we can ill afford to divide ourselves into "us" and "them" or "believers" and "non-believers." Plenty of people already believe that our efforts on behalf of maltreated children are really not important professional activity. Some have a vested interest in belittling our field, depriving our effort of its effectiveness by misdirecting our attention and thereby destroying our power to help maltreated children.

I believe we are strong enough to recognize that it is our common purpose, the purpose of APSAC,which makes us colleagues in a multidisciplinary specialty. We need not assist our opponents by prematurely establishing loyalty tests or other ways of dividing our colleagues into falsely created in and out groups.

Such infighting is especially unnecessary when the ultimate test of what is true or not true can only come from research findings. The extent of multiple personality disorder in survivors of abuse, what "ritualistic" abuse consists of, what doll protocols are most effective in eliciting information from young children, and a host of other issues will in time be answered through careful and well-designed research.

Research can never answer questions of ethics and values. And it is our agreement on why we are in this field, why we are concerned about the problem of child maltreatment, and why we need each other that makes us colleagues. Let's let research guide our opinions about matters of fact. And let us concentrate on our ultimate purpose, which is to help maltreated children.

What do you think?

Jon R. Conte, Ph.D.
President

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FROM THE EDITOR

THE ADVISOR--A FORUM FOR SHARING

One of the significant challenges facing this interdisciplinary field is to facilitate the rapid dissemination of new information, discussion, and individual perspectives among the many different professionals engaged in preventing, identifying and coping with child abuse and neglect.

The APSAC Advisor can assist this process. As its editor, I encourage you to help by sending in new research findings, interesting case reports, questions and viewpoints for possible inclusion in future issues.

An outstanding group of our colleagues have agreed to work as Associate Editors for The Advisor. Their names, specialties, and addresses are on the left, and will appear in each issue.

If you have something you wish to share with other APSAC members, please send one copy to the appropriate Associate Editor and another to me. Together we will strive to produce a newsletter that assists all of us in our work with the problems of child abuse and neglect.

NEWS

WHAT'S HAPPENING

--by Dan Sexton

* Male survivors of child abuse are beginning to have a voice. During 1988, Maine and Minnesota offered conference Looking Up. The National Resource Center for Child Sexual Abuse sponsored a think tank at the Minnesota conference for professionals concerned about male survivors. Participants discussed how to mobilize existing resources and create network, referral and training systems. Two new publications for males: Victims No Longer, by Mike Lew (Nevraumont Publishers, 16 E. 23d St., NY, NY 10010), and Adults Molested as Children: A Survivor's Manual for Women and Men, by Evan Bear with Peter Dimock (Safer Society Press, Shoreham Depot Road, RR1, Box 24-B, Orwell, VT 05760-9756). You can subscribe to a new newsletter by sending $5 to: Adult Survivor, 1318 Ridgecrest Circle, Dentorn, TX 76205. You can support another male survivor organization also: P.L.E.A., PO Box 291162, Los Angeles, CA 90029. For $15 they offer a newsletter, referrals and support.

* Ritualistic abuse seems to be the issue the professional community is reacting to in mass numbers. A number of trainings have been offered recently for professionals. Looking Up in Maine, the Southern California Training Center on Child Sexual Abuse in Los Angeles, the Fountain Centers in Albert Lea, Minnesota and Turning Point in Orange County, California have or are offering one-day trainings on identification and response to this issue. We have a long way to go before we understand how big a problem this really is and how to appropriately respond to the needs of victims. For additional information contact the Marshall Resource Center, Southern California Training Ctr., 711 S. New Hampshire, L.A., CA 90005: (213) 385-5100.

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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.

APSAC's process for developing interdisciplinary practice guidelines was a major focus of discussion at the August 1988 Executive Committee meeting. The consensus was that the three currently designated Task Forces should begin by surveying a significant number of recognized authorities in each of the specific areas of practice that the guidelines will address.

After analyzing the responses each task force will select a panel of experts who represent the various disciplines, viewpoints and geography of the larger group surveyed.

These panels will meet to review the results of the survey and to discuss relevant research findings and existing guidelines. They will seek to define areas of agreement and to formulate interdisciplinary practice guidelines that are specific enough to be helpful without being so restrictive as to impair innovation or interfere with the flexibility that clinical practice requires.

If you have expertise in one of the areas being addressed and would like to be involved in this guidelines development process please contact the appropriate chairperson.

The current APSAC Guidelines Task Forces and chairpersons are:

* **Assessment and Treatment of Perpetrators of Child Sexual Abuse**, Judith Becker, Ph.D., New York Psychiatric Institute, 722 W. 168th, New York, NY 10032;
* **Evaluation of Suspected Sexual Abuse in Young Children**, Lucy Berliner, MSW, Sexual Assault Center, Harborview Medical Center, 325 9th Avenue, Seattle, WA 98104;
* **Medical Evaluation of Suspected Child Abuse**, David Chadwick, MD, Center for Child Protection, Children's Hospital, 8001 Frost Street, San Diego, CA 92123.

REGARDING APSAC'S ROLE . . .

Letter to Dr. Chadwick

Dear Dr. Chadwick:

I read with interest your summary statement regarding the APSAC Task Force on Medical Evaluation in The Advisor. There are several areas of concern that I would like to address.

There are a number of national organizations that have the ability (and perhaps a mandate), such as the American Academy of Pediatrics, to develop standards not only for the assessment of child abuse but also for assessing professional competence in these evaluations. You and other national leaders participate in these groups. I would be interested to know if you view APSAC's role as being the focal organization for the development of medical standards or if it will be "a clearinghouse and interdisciplinary forum"; if the latter, do you see APSAC as being responsible for gathering together the diverse groups that would be needed for such a process?

Do you feel that APSAC would be the means by which collaborative studies could be organized nationally to deal with pertinent research areas such as "normal" genital anatomy, or to promote the use of uniform data collection tools?

Regional differences influence how proposals are made for standards of assessment; there are obvious differences in resource availability between metropolitan areas in southern California and our part of Maine, for instance. Can the APSAC Task Force be used as a means to deal with such issues? To me, it would seem important that guidelines and standards be tempered with the realities of non-urban and resource-poor settings, particularly if they are to represent an acceptable national approach.

I appreciate the ability to offer these comments and look forward to further reports about the activities of the Task Force.

Sincerely,

John Farquhar, Jr., MD
Co-Chair, Suspected Child Abuse & Neglect Commission

Dr. Chadwick responds

Dear Dr. Farquhar:

I appreciate the comments in your letter of September 7, and I will attempt to deal with the important questions that you raise.

The first question asks that I define, more precisely, the role of APSAC in standard-setting, vis-a-vis the roles of other professional societies. I believe that APSAC might work both as a clearing-house and interdisciplinary forum to smooth any differences between the standards developed by individual disciplines and as an initiator of proposed standards for those disciplines whose societies have not already provided them.

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SYSTEMS

THE FLORIDA CHILD PROTECTION TEAM SYSTEM

--by J.M. Whitworth, MD

Prior to 1978 many child advocates in Florida were concerned about the lack of a concerted effort to organize pediatricians as a force to help combat child abuse and neglect. Many were also troubled because the Child Protective Services intake system was asked to make major decisions for children without the advice and support of a variety of other professionals. From these and other concerns grew a new type of multidisciplinary child protection team to provide support to CPS in its intake and investigation process.

We wanted a new approach that built on experience and added services never before available to abused children and their families.

To insure continued medical input, each child protection team was to be directed by a pediatrician. The team was not to be a case review committee, as in most other systems, but a hands-on team of professionals skilled in consensus decision-making and group-process techniques, who could provide evaluation, consultation and support to families on a full-time basis.[1] Pediatricians were available 24 hours a day, 7 days a week, for immediate evaluation of abused and neglected children.

Because the program was primarily medical, we proposed that funding be developed by the state through the Children's Medical Services program of the Department of Health and Rehabilitative Services. We suggested however that the team be developed and operated under local district contract, to take full advantage of potential private/public partnerships for future expansion and to provide maximal responsiveness to local community needs.

The first team was funded as a pilot project with a direct appropriation from general revenue in Jacksonville in 1978.

The last ten years have seen rapid growth of a successful format, with replication in twenty additional locations across the state. Although the core services of each team are the same, functions vary significantly depending upon community needs and each team's effectiveness in capturing grants and private support. Some of these variations include Medical Foster Care programs in Jacksonville and St. Petersburg, a therapeutic day care program for sexually abused toddlers in Orlando, and a day care and environmental stimulation program for abused children in Tampa. In addition, the Jacksonville team developed the first full-service sexual abuse treatment program in the state. Other teams have taken the lead in community organization for better intervention such as the one-strike interview program in Panama City. Others have pioneered the use of nurse practitioners as primary evaluators of abused children, as in Pensacola and Crestview. This past year the program provided services to over 20,000 new clients; the referral rate is climbing at a rate of over 12% yearly.

The Florida Child Protection Team Program is viewed as a model system nationally: many states have requested and received consultation for development of similar systems. The State of Florida currently invests approximately $6.2 million in the Child Protection Team System each year. The state Children's Medical Services program office monitors each team at least once yearly and the program has been reviewed by the Attorney General on two occasions.

These monitoring efforts indicate that the program has had several effects. One hundred-fifty pediatricians newly trained in child abuse now provide direct services to abused and neglected children across the state. The program has produced as well a group of social workers, nurses, and psychologists who provide full-time service to abusive families and abused children from investigation through long-term recovery. Crisis intervention has been expanded so that therapy can be instituted much earlier in the intervention process. Regionalization of consulting services has provided immediate access to services in the most complex of cases and in those requiring services not available in all localities. Although CPS intake workers viewed the program with some skepticism initially, they have come to use it extensively, especially for the more complex cases reported.

The program is in a constant state of evolution and growth.[2] More effective methods of evaluation and data gathering are constantly being tested with an eye to providing even better services to the children of Florida.

Notes

1. Whitworth, J.M., Lanier, M.W., Skinner, R.G. and Lund, N.L. A Multidisciplinary, Hospital-Based Team for Child Abuse Cases: A "Hands-on" Approach. Child Welfare, LX (4), April, 1981, 233-243.

2. Whitworth, J.M., Hasse, C. and Lanier, M. Stages of Team Development, in The New Child Protection Team Handbook, Bross, D., et al., (eds.), Garland Publishers, 1988.

Jay Whitworth is an Assoc. Prof. of Pediatrics at the U. of Florida, and a State consultant on Child Abuse and Neglect. His mailing address is P.O. Box 40279, Jacksonville FL 32203.

FUNDING

CHILDREN'S TRUST AND PREVENTION FUNDS: A GROWING SOURCE OF SUPPORT FOR SERVICES

--by Deborah Daro, DSW

Overview

The Children's Trust and Prevention Funds are state governmental organizations which help local communities assume responsibility for the prevention of child abuse by providing needed expertise and funding. In many states, they represent a significant source of funding for local programs providing primary and secondary prevention services. The purpose of this article is to present a brief overview of Children's Trust Fund programs nationwide and to summarize the results of a recent survey of these funds conducted by the National Committee for Prevention of Child Abuse.

Background

The idea of a Children's Trust Fund was conceived in the late 1970's by Dr. Ray Helfer, a pediatrician nationally recognized in the field of child abuse. Dr. Helfer designed the funds as a way of securing support for prevention efforts in an era of diminishing governmental budgets and increased scrutiny of public responsibilities. Since 1980, advocates of child abuse prevention have established trust and prevention funds in 46 states. Twenty-seven of these funds have been created in the past four years.[1]

The governing boards of the trust and prevention funds are intended to create public/private partnerships within the states they serve. Board members generally include representatives from governmental agencies working to prevent child abuse and neglect such as education, social services, mental health, law enforcement, and criminal justice. In addition, private citizens are appointed by the governor and legislature. Advisory and administrative responsibilities of the boards vary from state to state.

For the past three years, NCPCA has facilitated communication among trust and prevention fund administrators through annual surveys of their efforts and ongoing conference calls. The most recent survey of the trust and prevention fund administrators was conducted in September, 1988. All trust and prevention fund administrators were sent a questionnaire regarding their fund's structure, revenue sources, size, and expenditure patterns. Follow-up telephone contacts with all respondents were made to maximize the response rate.

At the time of the 1988 survey, four of the 46 authorized funds had not yet raised revenues and an additional three had not yet distributed any resources.[2] Forty-two of the state administrators surveyed provided the majority of the revenue and expenditure information requested. However, only 12 were able to document consistently the number of service units provided or individuals served as a result of fund activities.

Prevention Fund Profile

Collectively, the Children's Trust and Prevention Funds raised over $27 million in 1987 through a variety of funding mechanisms. Almost 45% of these dollars are generated through direct appropriations from state legislatures; 20% are generated by surcharges on existing filing fees such as birth certificates and marriage licenses; and 15% are generated through income tax check-off systems. The balance of dollars (21%) are obtained through other sources such as the sale of heirloom birth certificates, private donations or interest income.

Only 14 of the 42 states surveyed utilize a single funding source, most commonly direct appropriations or an income tax check off. The majority of the funds rely upon multiple funding sources, a strategy viewed as offering greater opportunity for expanded revenues and for insuring that the viability of the fund is not threatened through a sudden disruption in a given revenue source.

In 18 of the 46 funds, one-half of the monies raised are placed in a trust account, securing a permanent funding source in earned interest programs. In addition, the Child Abuse Prevention Federal Challenge Grant, in effect since 1984, provides up to a 25% match in the prevention monies collected by the states.

The $27 million raised in 1987 represents a 17% increase over the documented 1986 revenue levels. This increase is significantly larger than the 2% increase in reports of child abuse noted during the same period.[3]

Based on detailed expenditure data provided by 39 trust fund administrators, over $21 million was allocated in 1987 to support more than 1,200 programs, over 20% more programs than were funded in 1986. Unfortunately, data were insufficient to determine the total number of service units provided or people served. The distribution of these programs by prevention service category is as follows:

* 28% are parenting education programs, over 40% of which directly target teens.
* 21% are life skills training for children and young adults, 3/4 of which provide child assault prevention instructions to children and 1/4 of which provide interpersonal skills training or pre-parenting training for teens.
* 12% are support programs for new parents.
* 8% are public information and educational programs.
* 8% are services for abused and neglected children.

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LEGAL

EXPERT TESTIMONY IN CHILD SEXUAL ABUSE CASES: PROCEED WITH CAUTION

--by John E.B. Myers, JD

Child sexual abuse is often very difficult to prove in court. Molestation occurs in secret, and the child is usually the only eyewitness. While many children are capable witnesses, some cannot take the witness stand. Most children find the courtroom a forbidding place, and when asked to testify against a familiar person, especially a parent, are overwhelmed. Consequently, children's testimony is sometimes ineffective. The problems engendered by ineffective testimony and lack of eyewitnesses are compounded by the paucity of medical evidence in most child sexual abuse cases. Faced with a dearth of evidence, prosecutors are turning to social workers, psychologist, physicians, and psychiatrists for expert testimony regarding child sexual abuse.

Appellate courts in many states are struggling to define the proper uses and limits of expert testimony in child sexual abuse litigation, a problem whose exceedingly complex issues press hard at the boundaries of knowledge in medicine, psychology, and law.

Unfortunately, the attorneys who call expert witnesses, and the experts themselves, sometimes compound the difficulties faced by appellate judges. The added confusion occurs for several reasons. First, in some cases professionals who lack genuine expertise on child sexual abuse are nonetheless permitted to testify as experts. The fault lies with the attorney who calls such a witness, the judge who permits the witness to testify as an expert, and the witness who exceeds the limits of his or her professional knowledge. The resulting "expert" testimony is of dubious reliability.

A second difficulty arises when genuine experts on child sexual abuse exceed the bounds of their expertise. For example, witnesses occasionally offer "expert" testimony purporting to identify the perpetrator of abuse. Nothing in the literature suggests that physicians and mental health professionals have special expertise on identifying persons who commit crimes. Another form of this mistake occurs when an expert attributes unwarranted certainty to an opinion. For example, in one case an expert testified that there "was no doubt whatsoever" that a child was an incest victim. With the exception of certain types of medical evidence of sexual abuse, experts cannot be <u>certain</u> that abuse occurred. Unjustifiably unequivocal or otherwise indefensible testimony confuses and misleads jurors and discredits legitimate expert testimony.

Third, when attorneys offer expert testimony they sometimes fail to articulate the evidentiary justification for the testimony. That is, precisely what is expert testimony designed to prove and how? Is the testimony offered to prove that abuse occurred, or is it offered for some other purpose, such as rehabilitation of a child's credibility? When the trial judge is not informed of the purpose for which expert testimony is offered, the judge is not in a position to monitor and control the expert. As a result, the expert may inadvertently testify on matters that should not be permitted.

Finally, most attorneys are unschooled in the clinical and scientific literature on child sexual abuse. Because they are laypersons working in a highly technical and rapidly developing field, lawyers are prone to error. One of the more common errors involves misunderstanding the child sexual abuse accomodation syndrome (CSAAS) described by Dr. Roland Summit (Summit, 1983). Dr. Summit did not intend the syndrome as a diagnostic device: CSAAS is not the sexual abuse analogue of battered child syndrome, which is diagnostic of physical abuse. Unfortunately, attorneys sometimes overlook this limitation and seek to prove sexual abuse with evidence that a child fits the requirements of CSAAS. Surprisingly, a number of mental health professionals aid and abet the error by supplying such testimony. Little wonder judges become confused and suspicious about CSAAS in particular, and expert psychological testimony in general.

These four errors--use of unqualified witnesses, testimony that exceeds expertise, failure to articulate the theoretical justification for expert testimony, and misunderstanding of relevant literature--have the potential for great harm. The immediate danger is that unreliable expert testimony will result in unjust verdicts in individual cases. On a broader scale is the possibility that appellate courts will react to the accumulation of poor quality expert testimony by placing restrictive limits on such testimony. Restrictions formulated in response to improper expert testimony may be overly broad, with the unfortunate consequence that reliable expert testimony is excluded along with the unreliable.

It is time for attorneys and experts on child sexual abuse to stop and think seriously about the kind and quality of expert testimony offered in child sexual abuse litigation. There is tremendous need for interdisciplinary cooperation in drafting guidelines on expert testimony in child sexual abuse cases. There is also need for interdisciplinary writing on the subject (Myers, Bays, Becker, Berliner, Corwin &

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NEW NATIONAL CHILD ABUSE STUDY FINDINGS RELEASED

--by David Finkelhor, Ph.D.

After a lengthy and controversial delay, the findings of the Second National Incidence Study of Child Abuse and Neglect were finally released in the summer of 1988. They show a 66% increase since 1980 (the date of the last incidence study) in cases of child abuse known to professionals, up to a total of approximately 1,025,900 children abused or neglected in 1986. The biggest increases were for physical abuse, up 58% to 311,000 cases, and for sexual abuse, more than tripling from 42,900 cases in 1980 to 138,000 cases in 1986.

In order to understand these findings, one has to know a bit about the methodology of this approximately $1,000,000 study funded by the Department of Health and Human Services, and completed by Westat, Inc. under the leadership of Andrea Sedlak. Rather than a true incidence study, this, like the virtually identical first study, is a study of cases known to professionals and agencies within the community. The researchers selected a probability sample of 29 counties in the United States. They went to the agencies in those counties that might know of cases of child abuse, including schools, hospitals, mental health agencies, police departments and child protection agencies, and asked workers to fill out a form for any case that came to their attention within a fixed period. Researchers collected these forms and screened them according to detailed criteria to establish uniform definitions of child abuse and neglect (definitions more rigorous and specific than those used by most studies in the field). Because these agencies and counties were selected on a systematic basis, extrapolations could be made from their cases to the nation as a whole.

The study's authors are among the first to caution that the large statistical increase from 1980 to 1986 probably is not a true increase in the amount of acutal child abuse and neglect. The increase could just as well be a result of more reporting by families, relatives and neighbors, as well as an increased sensitivity to child abuse within the professional community. Among the major pieces of evidence against a true increase is that there was no statistical increase in the number of cases of fatal and serious child abuse. Cases of fatal and serious child abuse (where bones are broken, etc.) are the kind most likely to come to professional attention no matter what the level of sensitivity. Many researhers think that any true increase in the amount of child abuse should also be accompanied by statistical increase in these most serious cases.

Even if they do not mean an increase in the actual amount of child abuse the findings are disturbing. They certainly document what most child professionals know from their own experience: agencies are being inundated with cases. The figures demonstrate, at the very least, that massive new infusions of staff, investigatory, and treatment resources are needed.

There are those who take a different point of view, however. Some commentators, notably Douglas Besharov (a former director of the National Center on Child Abuse and Neglect under Ford and Carter, now a fellow at the American Enterprise Institute, a conservative think-tank), have argued that professionals have been overdiagnosing child abuse, labelling minor problems as child abuse and, as a result, inflating figures and drawing systems resources away from the most serious cases. Unfortunately, the new study contains several findings that directly contradict this argument. For one, the study shows an increase in the CPS substantiation rate for cases between 1980 and 1986, up from 43% to 53%. It could be that people reporting to CPS are being more selective about the cases they report, or it could be that child protection services are being more selective in the cases they choose to investigate. But the increase in substantiation contradicts the idea that protective workers are being flooded with frivolous cases. The study also shows that an increasing percentage of cases coming to child protective services are what the study calls "countable," that is, meet the study's stringent criteria of child abuse. And finally, contradictory to the Besharov thesis and also disturbing, the study finds that protective workers deemed an increasing percentage of these "countable" cases to be "unsubstantiated." Thus, protective workers, in their overload, may have acutally become more stringent and are now rejecting cases that they and many other workers in the field would previously have considered worthy of action. And in spite of this the number of substantiated cases still increased.

In any case, the new study is certain to become the source of controversy in the next year. Its columns of statistics and its complex methodology may be somewhat daunting. But there is much of interest for researchers and policy makers. Moreover, many valuable analyses have yet to be done and are not available in the final report. We very much hope that,the federal government, which funded the study, will make additional funds available for these further analyses so the data do not go to waste. Copies of the study are available from the Clearinghouse on Child Abuse and Neglect Information, 820 Greensboro Dr., McClean VA 22102.

David Finkelhor is The Advisor's Associate Editor for Research. He is Associate Chair of the Family Research Laboratory and Associate Director of the Family Violence Research Program at the University of New Hampshire.

CRITERIA FOR JUDGING THE CREDIBILITY OF CHILDREN'S STATEMENTS ABOUT THEIR SEXUAL ABUSE

--by Kathleen Coulborn Faller, MSW, Ph.D.

We examined 103 cases of child sexual maltreatment in which offenders confessed to some level of their abuse. Our goal was to see whether, in these substantiated cases, the children's statements about their victimization contained three widely accepted clinical criteria of a true sexual abuse allegation.

Levels of confession were: 1. full confession--the offender admitted to all of the allegations made by the victim; 2. partial admission--the offender admitted to some of the allegations made by the victim; and 3. indirect admission--the offender indicated somehow that he had sexually abused the victim, but did not do so directly (e.g., statements such as "My daughter wouldn't lie," or, "I do all sorts of things when I'm drunk I wouldn't otherwise do."). The distribution for levels of confession is found in Table 1.

Table 1: Distribution for Levels of Perpetrator Confession

Type	Full	Partial	Indirect
#	62	23	18

Criteria in the child's statement thought to be indicative of a true allegation were: 1. the child's ability to describe the context of the sexual abuse (e.g., where and when it took place, where the non-offending parent was, whether any inducements were used, whether any prohibitions against telling were used); 2. the child's ability to describe the sexual behavior in a manner that is explicit, demonstrates advanced sexual knowledge, and is in a child's language; and 3. the child's exhibiting an emotional reaction consistent with the content being described (e.g., disgust, embarrassment, anger, distress, or sexual arousal). Table 2 provides a distribution of these characteristics.

Table 2: Criteria of True Allegations Found in Victim's Statements

Type	Context description (1)	Sexual description (2)	Emotional response (3)
#	81	84	84

Table 3 shows the relationship between confession and the criteria for a true allegation.

Table 3: Relationship of Number of Criteria in Victim's Statements to Level of Perpetrator Confession

None		(1)		(2)		(3)		Total	
#*	R%**	#	R%	#	R%	#	R%	#	R%
Full Confession:									
4	6.5	7	11.5	10	16.1	41	66.1	62	60.2
Partial admission:									
2	8.7	3	13.0	4	17.4	14	60.9	23	22.3
Indirect admission:									
0	0	1	5.6	2	11.1	15	83.3	18	17.5
Total:									
6	5.8	11	10.7	16	15.5	70	68.0	103	100.0

* = Number of cases; ** = row percent

The results generally support clinical assumptions that the criteria in question are valid ones for determining the truth of a sexual abuse allegation. In almost two-thirds of cases where there was a full confession, the children's statements were characterized by all three criteria.[1] Statements made by very young children and by boys were significantly less likely to reflect all three criteria.

Clinicians do not expect to find all three criteria in every description of actual sexual abuse.

(Original article published in Child Welfare, LXVII, 5, September-October 1988, 389-401.)

Notes

1. Cases with no confession were significantly more likely to have all three criteria in the victim's statement (75.5%; chi square = 13.3; p = .004).

Kathleen Faller, MSW, Ph.D., is Asst. Prof. in the School of Social Work and Co-Director of the Interdisciplinary Project on Child Abuse and Neglect at the University of Michigan, 101 E. Huron, Ann Arbor, MI 48109.

SURVEY EXPLORES CONSENSUS SUSPECTED CASES OF CHILD S

--by David L. Corwin, MD

A recent national survey of 212 recognized experts in the evaluation of suspected cases of child sexual abuse indicates some significant consensus on the criteria utilized for substantiating sexual abuse. The study was conducted by APSAC's President Jon Conte in collaboration with Linda Fogarty and was funded by the Illinois Department of Children and Family Services.

The respondents to the survey included 84 (40%) child protection workers, 98 (46%) mental health professionals, and 30 (14%) other professionals (e.g., police officers and state's attorneys). They averaged 8.8 years of experience in working with sexually abused children and spend, on the average, a third of their time actually interviewing children for purposes of evaluating sexual abuse allegations.

Forty percent of the respondents follow a written protocol. 95% percent record their child interviews with written notes, with 22% relying on another professional taking notes during the interviews. About a third (31%) use videotape or (30%) audiotape to record these interviews.

Ninety-two percent reported that anatomically detailed dolls were the most often utilized assessment tool. Only 2% (four people) indicated that it was always their practice to interview the child in the presence of the parent who suspects the abuse. The vast majority (96%) indicated that they usually do not interview the child in the presence of the alleged offender. A majority (83%) of these experts cited children being too young to make credible witnesses as the reason cases were unfounded which in their opinion should have been substantiated.

AMONG EXPERTS EVALUATING EXUAL ABUSE

When asked to rank order 41 criteria or indicators they utilize in substantiating reports of sexual abuse over 85% of those polled responded as shown in Table 1.

A number of recent court decisions hold that when expert testimony is offered to prove that sexual abuse occurred, a special admissibility test, commonly called the "general scientific acceptance test," must first be satisfied. This research will assist in satisfying this evidentiary requirement, so that expert testimony about whether or not abuse occurred can be received in evidence. The findings of Faller and Friedrich, presented in this issue of The Advisor, help by providing scientific support for the validity of these consenses.

The survey contains additional data, analysis and discussion. Copies of the unpublished report can be obtained from Jon Conte at the University of Chicago, 969 E. 60th St., Chicago IL 60637.

Table 1: Criteria used to assess validity of abuse allegation

Criteria	% of Sample
Age inappropriate sexual knowledge	99%
Abuse report consistent over time	96%
Sexualized play during interview	96%
Physical indicators (STD's, pregnancy, tears, enlargements, other medical problems)	95%
Description of abuse relates elements of pressure or coercion	91%
Precocious or seductive behavior	91%
Excessive masturbation	91%
Abuse report relates a progression of sexual activity	89%
Preoccupation with genitals	88%
Abuse report contains idiosyncratic details surrounding the abuse	85%

David Corwin, MD,in private practice in Orinda, California, is APSAC's Second Vice President and Editor of The Advisor.

THE CHILD SEXUAL BEHAVIOR INVENTORY: PRELIMINARY NORMATIVE DATA

--by W.N. Friedrich, Ph.D.

Given recent research indicating sexual behavior as a useful marker for sexual abuse in children, the 45-item Child Sexual Behavior Inventory (CSBI) was developed by William Friedrich, Robert Beilke, and Janet Purcell while all three were at the University of Washington. The items were derived from interviews with a sample of mothers or other caregivers of sexually abused children. In addition, sexual behavior items from standardized checklists were rewritten to add descriptive precision to such behaviors as sexual preoccupation and masturbation. The CSBI utilizes a 4-point response format, allowing the caregiver to rate the child on frequency, over the previous 6 months, from "never" to "at least once per week."

Since the development of the measure, a normative study has been underway in collaboration with the Departments of Psychiatry and Psychology and of Pediatrics at the Mayo Clinic. At this point, 720 non-sexually abused, pediatrically normal, 3- to 12-year-old children have been assessed with the CBSI and the Achenbach Child Behavior Checklist (CBCL). Each child was randomly selected as he or she presented for a minor pediatric exam. Concurrent data on family behavior, life crises, television viewing, and family nudity was also obtained.

In addition, 140 three- to twelve-year-old children with substantiated sexual abuse have been assessed using the same measures. These sexually abused children are derived from samples obtained at the Mayo Clinic, LA County Hospital, San Fernando Valley Child Guidance Clinic, and the St. Paul Children's Hospital.

Analyses indicate that when children are matched on age, sex, maternal education and family income, differences at or about the .01 level were identified on 25 of the 45 items. These include items pertaining to inserting objects in vagina/rectum, inserting tongue in mouth of other people, touching another person's sexual body parts, imitating intercourse, and masturbating. Preliminary factor analysis indicates the existence of 4-5 factors for each sex. These include boundary permeability (e.g., kisses children not in family); sexual aggression (e.g., tries to undress other children or adults against their will), self-stimulation (e.g., masturbates with object); sexual inhibition (e.g., does not want to undress in front of others); and gender behavior (e.g., pretends to be the opposite sex when playing).

Other analyses indicate a positive relationship between CBCL aggression and sexual behavior in sexually abused children, and a positive relationship between frequent family nudity, relaxed television viewing standards, and parental aggression on the emergence of sexual behavior in non-sexually abused children. The extent of the sexual abuse also appears to be related to sexual behavior as measured by the CSBI.

Very few of the items were unique to both males and females in the normative sample, suggesting again that while this measure may be clinically useful, sexual behavior is not uncommon in young, nonabused children.

Data is currently being collected with two-year-old children, the normative sample is being expanded to include a greater frequency of less edu-

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NEWS

THE 7TH INTERNATIONAL CONGRESS: CONTRASTS AND COMMONALITIES

--by Deborah Daro, DSW

Over 725 professionals from around the world gathered in Rio de Janeiro Sept. 25-28 to review the progress the international community has made in the identification, treatment and prevention of child maltreatment. "Child Abuse and Neglect--A Universal Problem" was the theme for the 7th International Congress on Child Abuse and Neglect, sponsored by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and the Brazilian Association for Prevention of Child Abuse and Neglect.

The Congress program was a rich professional experience. As with most national and international professional events, the greatest knowledge gains are not always gleaned from the formal program. Opportunities to grow both professionally and personally occurred over the three-day event during frequent one-to-one exchanges with those who work in contexts shaped by vastly different social realities.

This was the first time the biannual event was sponsored by professionals from a developing country. In contrast to the usual dominance of industrialized nations and English-speaking professionals, the Rio Congress had a distinctly international flavor in both its participants and its program content. All plenary and special study sessions were simultaneously translated into Portuguese, Spanish and English. Over one-third of those attending were from Central or South American countries, the first time such a sizable representation of professionals from Brazil, Argentina, Chile, Guatemala, Costa Rica, Peru, Uruguay, Columbia, and Ecuador attended an international child abuse event. Only 20% of the participants were from the United States.

Sizable portions of the program content focused on the professional dilemmas facing those who struggle with children at risk in developing countries. Of particular interest to these participants were extended plenary sessions on the working child and street children. Additional subthemes for the Congress included the effects of conflicting cultures on children; the consequences of intrafamilial child abuse and neglect; working with abusive parents; the impact of child abuse and neglect on professionals; substitute care for abused and neglected children; protective legislation for children; and mobilizing the community. The emphasis on sexual abuse identification and prosecution commonly found on the agendas of child maltreatment conferences and symposia in this country was absent.

The Congress was a study in contrasts. The city of Rio itself holds some of the most magnificent natural beauty in the world, with a dramatic meeting of ocean and mountains. In easy view of the comfortable, modern hotels and convention center, squatters' huts fill the gaps between million-dollar condominiums climbing the mountainsides. Expensive children's clothing stores present a picture of Brazilian children very different from the over one million street children roaming Rio's communities. While hundreds of laborers clear debris from the beaches every morning to beautify the view for tourists, raw sewage flows into the ocean everyday, making the water unsafe for swimming.

The contrast continued throughout the Congress program. While we in this country struggle to improve child welfare services and to establish reasonable guidelines to protect children from further trauma once the "system" intervenes, professionals in developing countries are fighting for child labor laws and compulsory education. One cannot help but come away from this experience with the sense that while the U.S. has far to go in affording children the protection they deserve, we at least have an identified system and a set of laws toward which we can target our reforms.

Congress organizers overcame perhaps a wider range of adversities than usual in planning and orchestrating this event. Lost visas and military coups were added to illness and botched airline reservations to keep some presenters from attending. For those who did attend, the streets of Rio offered a number of challenges: armed gunmen and knife-carrying gangs of youth in addition to the more common dishonest taxi drivers and tour guides. More than a few participants left the Congress without their extra cash, cameras, jewelry, and personal sense of security.

Despite these trials, the central message of the Congress--that child abuse is a universal problem with even more faces and personalities than one might have imagined--came through loudly and clearly. The definitions may differ, as may the specific issues being addressed through professional and legislative reforms, but the concern for the well-being of children, for protecting our future by insuring that all children realize their full potential, is a tie that binds all those who work in this field. The need for children to be free from societal as well as parental mistreatment is a key component in each country's comprehensive approach to preventing child abuse.

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7th Int'l Congress . . . *(cont. from p. 10)*

For the next two congresses, this international meeting will return to developed nations, with the Eighth Congress scheduled to be held August 2-9, 1990 in Hamburg, Germany. The theme of the Congress will be "Child Abuse or Child Protection: Society's Dilemma" and will take a critical look at the objectives, structures and effects of existing child protection systems. Additional information on the Hamburg Congress can be obtained from: Hamburg Meese Congress GMBH, Post Box 30 24 80-D, 2000 Hamburg 36, Germany.

The following Congress will offer professionals in the United States an opportunity to experience the flavor of an International Congress at bargain rates. The ISPCAN's Board of Directors voted during their meeting in Rio to hold the Ninth International Congress in Chicago in 1992, under the planning support of the National Committee for Prevention of Child Abuse. Anyone wishing to offer very early input into the planning process may contact Nancy Peterson at NCPCA: (312) 663-3520.

Deborah Daro, DSW, is The Advisor's Associate Editor for Prevention. She is the Director of the National Center on Child Abuse Prevention Research, a program of the National Committee for Prevention of Child Abuse.

Expert Testimony . . . *(cont. from p. 6)*

Saywitz, in press). Unless professionals concerned about the uses and limits of expert testimony get their house in order, the courts may have little alternative but to condemn the property and close the shutters.

References

Myers, J., Bays, J., Becker, J., Berliner, L., Corwin, D., & Saywitz, K. Expert testimony in child sexual abuse litigation. Nebraska Law Review, 68 (1) (in press).

Summit, R. (1983). The child sexual abuse accommodation syndrome. Child Abuse and Neglect, 7, 177-193.

John E.B. Myers is Associate Professor of Law at Univ. of the Pacific, McGeorge School of Law.

Children's Trust . . . *(cont. from p. 5)*

* 7% are self-help groups and other neighborhood support programs.
* 4% are crisis intervention services including telephone hot lines, respite care programs, and crisis counseling.
* 4% are public awareness campaigns, including the development of public service announcements.
* 8% are other types of prevention services including day care, program evaluation, and community development efforts.

Summary

The Children's Trust Funds offer local service providers a means of supporting their prevention efforts. Anyone wishing further information on the structure of the fund in their state may contact January Scott at NCPCA, 332 S. Michigan, Suite 950, Chicago, IL 60604: (312) 663-3520.

Notes

1. The four states which have not yet passed Children's Trust Funds are CO, MS, PA, and WY
2. Those states which have yet to fully implement their trust funds include AK, AR, GA, HI, MD, MA, and NH.
3. Daro, D. and Mitchell, L. (1988). Child Abuse Fatalities Remain High: The Results of the 1987 Annual Fifty State Survey. Chicago, IL.: NCPCA.

Deborah Daro is The Advisor's Associate Editor for Prevention.

A MEMBER WANTS TO KNOW

* An APSAC member wants to be directed to inpatient child/adolescent psychiatric units specializing in victims of child sexual abuse. Please send information to *A Member Wants to Know*, c/o APSAC.

NEW NATIONAL SEXUAL ABUSE RESOURCE CENTER OFFERS TRAINING, TECHNICAL ASSISTANCE, AND CONSULTATION TO PROFESSIONALS: CALL 1-800-KIDS006.

What's Happening . . . *(cont. from p. 2)*

* A lot of interest is beginning around the relationship between child abuse and chemical dependency. We have known for some time that these issues overlap, but now energy is being focused on developing combined trainings and conferences. The National Association for Children of Alcoholics is focusing on child abuse at its national conference in August in San Diego. It's time for cooperative efforts on these issues. If you are interested in this first of its kind conference, contact NACOA: (714) 499-3889.
* The National Center for the Prosecution of Child Abuse in Alexandria, VA has developed a terrifically helpful, inexpensive manual called Investigation and Prosecution of Child Abuse. For information on ordering, call (703) 739-0321.
* Childhelp USA has recently announced the opening of its research center. It will be called the Michael Jackson International Institute for Research on Child Abuse.

Dan Sexton is The Advisor's Associate Editor for News, and the director of Childhelp's hotline.

CSB Inventory . . . *(cont. from p. 9)*

cated and lower income families, and additional clinical cases are being obtained. We anticipate age and sex norms for each item to be forthcoming by the end of 1988. Collaborators on this research include Drs. Grambsch and Broughton of the Mayo Clinic, and Drs. Koverola, Damon and Hewitt of the clinical sites noted above. Further information and a copy of the CBSI can be obtained by writing to Dr. Friedrich.

William N. Friedrich, Ph.D., is a Diplomate in Clinical Psychology with the American Board of Professional Psychology and an Associate Professor at the Mayo Clinic and Mayo Medical School. His address is Section of Psychology, Mayo Clinic, Rochester, MN 55905.

NEWS

AAP *FORMS SECTION ON CHILD ABUSE AND NEGLECT*

In August of 1988 the American Academy of Pediatrics created its 31st Section: the Section on Child Abuse and Neglect. Sections exist to provide information and intercommunication to all Academy members. Educational programs will be presented at both the annual and spring meetings and a newsletter will provide networking opportunities to the Section membership. The program at the Spring meeting in Orlando (March 14, 1:30-5:30) involves this Section and that on Pediatric Pathology.

The chair of the Section on Child Abuse and Neglect is Sylvia Strickland, MD, of San Diego. Members, all MDs, are Rafael Garcia, Lubbock, TX; Charles Johnson, Columbus, OH; Carolyn Levitt, St. Paul, MN; Stephen Ludwig, Philadelphia, PA; and Lawrence Ricci, Waterville, ME.

In addition, the AAP's former Task Force on Child Abuse and Neglect became the Provisional Standing Committee on Child Abuse and Neglect. Committees generate policy, position statements, etc. Members are Jan Bays, Portland, OR; David Chadwick, San Diego; Richard Krugman, Denver; and J.M. Whitworth, Jacksonville, FL.

We are very pleased that the Academy has chosen to expand its structure to address the critical issues surrounding child abuse and neglect.

Membership applications for the new Section can be obtained by calling the Division of Sections, AAP, in Elk Grove Village, IL, (800) 433-9016. (From IL, 800-421-5089).

NEWS

AACAP ADOPTS GUIDELINES

The Council of the American Academy of Child and Adolescent Psychiatry, AACAP, adopted "Guidelines for Clinical Evaluation of Child and Adolescent Sexual Abuse" on June 11, 1988. The guidelines were formulated by an AACAP Committee on Rights and Legal Matters, subcommittee chaired by Diane H. Schetky, MD. The subcommittee members included doctors Christine Adams, Elissa Benedek, Andre Derdeyn, Arthur Green, Elisabeth Lassers, Barry Nurcombe, and Stephen Porter. Assisting the effort were several outside consultants, including APSAC's Treasurer David Chadwick, MD, David Lloyd, JD, Maria Sauzier, MD, and Sue White, Ph.D.

The AACAP guidelines were published in the Sept. 1988 *Journal of the AACAP, 27*(5), 655-657.

APSAC's Role . . . *(cont. from p. 3)*

The American Academy of Pediatrics is an example of an organization which is providing input to such documents as the upcoming Surgeon General's Letter to Physicians, but which has not yet produced a standards document of its own relating to child abuse. In recent years the AAP has shied away from developing new sets of standards affecting practice, feeling that, by developing them, they would increase the malpractice liability of many members, even if the standards seemed totally reasonable to physicians.

While the AAP can influence the American Board of Pediatrics, the Board is ultimately independent and develops its own assessment processes. The written examination of the Board given two weeks ago contained no questions about child abuse, and while some members of the AAP (and surely the newly-formed Provisional Committee on Child Abuse) will try to change this situation, rapid change seems unlikely.

As you suggest, APSAC can surely encourage collaborative research in a number of important areas pertaining to child abuse. APSAC, in itself, has no research capability, but through the Newsletter and through its meetings, it may be able to establish communications between researchers with common interests.

I hope that, in our standards-development process, we will be sensitive to regional differences and to the realities of resource availability in different parts of the United States. If it appears that we are not, when we begin to put out drafts, I assume that someone will confront us with reality. In California we are accustomed to regional health planning which takes the needs of rural areas into account. On the other side of this question, it is important to note that, in the evaluation of sexually abused children, an unskilled initial or "screening" evaluation can seriously impair all subsequent evaluations. This fact is likely to impose a fairly high standard of training and experience on the health professionals who carry out these initial evaluations.

To put it more simply, one doesn't have to have a colposcope (although it makes both the exam and photography much easier), and a simple inexpensive physical setting works fine as long as some privacy and some peace and quiet can be assured. Equipment for the videotaping of interviews is not expensive, and can be provided almost anywhere.

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CONFERENCES

Barbara Sinatra Children's Center Third Conference on Child Sexual Abuse: *"Beyond Theory: Tools for Practice in Treating Sexually Abused Children"*
February 2-4, 1989

Sponsored by Annenberg Center for Health Sciences, Barbara Sinatra Children's Center, and APSAC.

Structured for psychotherapists with a solid knowledge of theory and dynamics of child sexual abuse. Emphasis is on new, creative treatment techniques.

Faculty includes: Lucy Berliner, MSW * John Briere, Ph.D. * Anne Cohn, DPH * Jon Conte, Ph.D. * Beverly James, LCSW * Susan Kelley, RN, Ph.D. * Mary Meinig, MSW * Roberta Sachs, Ph.D. * Benjamin E. Saunders, Ph.D.

Registration form and payment should be received on or before January 20, 1989. Contact the Annenberg Center, 39000 Bob Hope Dr., Rancho Mirage, CA 92270, (619) 773-4514.

******

Mid-Winter Institute, Feb. 12-15, San Francisco. Sponsored by the National District Attorneys' Association and American Prosecutors' Research Institute. Contact: (703) 549-9222.

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16th National Conference on Juvenile Justice, March 12-15, Lake Tahoe, Nevada. Sponsored by the National Council of Juvenile and Family Court Judges and the National District Attorneys' Association. Contact: (703) 549-9222.

Abuse and Victimization in Life-Span Perspective: Frontiers of Treatment, March 23-25, Boston. Sponsored by Harvard Medical School and The Children's Hospital (Boston), directed by Carolyn & Eli Newberger. Contact Cherry: (617) 732-1525.

******

Child Abuse: Beyond the Basics. Issues in Advanced Clinical Practice, April 13-15, New Orleans. Sponsored by Resource Application and the Center for Child Protection and Family Support, Washington, DC. Contact Joyce Thomas or Carl Rogers: (202) 544-3144.

APSAC's Role. . . *(cont. from p. 12)*

Knowledge, experience, and skill are all absolutely essential to an effective sexual abuse evaluation, and the elements of these attributes can be defined quite specifically.

The consequences of error in the medical evaluation of child abuse victims are serious. It is no more appropriate for untrained or inexperienced persons to do these evaluations than it is for such persons to perform neurosurgery! Good training is now available in a number of centers, and the necessary skills can be acquired in a fairly reasonable length of time.

I hope these comments are helpful.

Sincerely,
David L. Chadwick, M.D.
Chair, Task Force on Medical Evaluation of Suspected Child Abuse

FIRST ANNUAL APSAC MEMBERSHIP MEETING AT FIFTH NATIONAL SYMPOSIUM ON CHILD SEXUAL ABUSE IN HUNTSVILLE, ALABAMA, MARCH 1-3, 1989

The National Children's Advocacy Center is pleased to announce the 5th National Symposium on Child Sexual Abuse March 1-3, 1988, at Von Braun Civic Center in Huntsville, Alabama. This year's symposium is co-sponsored by APSAC and the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. The opening session will begin at 8:30 a.m., Wednesday, March 1. The symposium will conclude at the close of the luncheon address on Friday, March 3. The general membership meeting of APSAC will follow from 2:00 to 5:00 p.m.

The Fifth National Symposium will be a dynamic blend of workshops, a mock trial, advanced level training sessions, the Children's Advocacy Center Network's meeting (Tuesday, Feb. 28), the general membership meeting of APSAC, the National Resource Center on Child Sexual Abuse "Think Tank" sessions (Saturday, March 4, by invitation), evening social functions, and Saturday excursions to nearby points of interest. **Please note that registration closes on February 20, 1989.**

APSAC will offer a series of workshops focusing on significant issues for professionals in the field. They include:

1. ***The Names & Numbers Game: The Importance of Words.*** Policy, theoretical and practice implications of differences in terminology and definitions.

Ken Lanning, MS
Behavioral Science Unit, FBI Academy
David Finkelhor, Ph.D.
Family Research Lab, University of New Hampshire

2. ***Victims & Offenders: How Should We Treat Them?*** Issues of professional stance and role such as advocacy, neutrality, transference and counter-transference, and confrontation/alliance.

Lucy Berliner, MSW
Harborview Sexual Assault Center
Tim Smith, M.Ed.
Northwest Treatment Associates

3. ***AIDS & Professional Decision-Making.*** Issues for professionals, including differential diagnosis in child abuse & neglect situations and legal and ethical responsibilities toward sexual assault victims.

Ann Burgess, D.N.Sc.
University of Pennsylvania
Helen Rodriguez (Triez), MD
New York State Department of Health

4. ***The Ethics of Expert Testimony.*** How to maintain an ethical professional stance in child abuse cases.

David Corwin, MD
Orinda, California
David Chadwick, MD
Children's Hospital, San Diego

5. ***Prevention: Can It Be Done?*** Current issues regarding efficacy of prevention efforts and implications for program and policy.

Jon Conte, Ph.D.
University of Chicago
Michelle Chadwick, Ph.D.
San Diego State University

6. ***Money: Where Is It and Who Gets It?*** How to insure that the field, not politics and government preferences, is driving funding priorities and allocations.
Bill Modzeleski
U.S. Department of Justice

7. ***Policy Making: Working the System.*** The professional's role in effectively influencing local and national policy on behalf of abused children.

Joyce Thomas, RN, MPH
Ctr. for Child Protection & Family Support, Wash., DC
Robert "Bud" Cramer
District Attorney, Huntsville, Alabama

8. ***Professionals Under Attack: Sustaining Ourselves.*** Ideas and support for managing personal and professional consequences of involvement in difficult cases.

Roland Summit, MD
Harbor-UCLA Medical Center
Kee MacFarlane, MSW
Children's Institute International

9. ***Guidelines, Protocols, Standards and Certification: Working Session.*** General discussion of options and directions for the various disciplines.

SYMPOSIUM REGISTRATION FORM
THE FIFTH NATIONAL SYMPOSIUM ON CHILD SEXUAL ABUSE

Name_____ Phone:(w)_____ (h)_____

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Street City State Zip

Agency_____ Position_____

Enclosed is: ____ Check ____ Money Order ____ Voucher ____ MasterCard ____ Visa

Charge Account Number_____ Exp. Date_____

Signature_____

I will be attending: Wed.: ___ Lunch ___ Dinner. Thurs.: ___ Lunch. Fri.: ___ Lunch

If applicable: Advanced Level Training Workshop_____

Registration Fee: $225 non-members; $195 APSAC members; $25 cancellation fee.
Special Group Rates: One-half price after five full-priced registrations from same agency.

Make checks payable to: *The National Children's Advocacy Center*
Return to: National Children's Advocacy Center, Attn: Marilyn Grundy, 106 Lincoln St., Huntsville, Alabama 35801: (205) 533-5437.

Registration deadline: February 20, 1989.

For additional information please see the enclosed registration form or call Marilyn Grundy at the National Children's Advocacy Center.

APSAC MEMBERSHIP MEETING
at
5th Annual Symposium on Child Abuse
Sponsored by
National Children's Advocacy Center
Co-Sponsored by
Department of Justice
American Professional Society on the Abuse of Children

March 1-3, 1989
Huntsville, Alabama

The conference is the Annual APSAC membership meeting and includes APSAC discounts and special APSAC workshops. Further details will follow.
Please plan to attend.

APSAC
The American Professional Society on the Abuse of Children
c/o The University of Chicago
969 East 60th Street
Chicago IL 60637
(312) 702-9419

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