APSAC

Volume 5 Number 3 Summer 1992

THE ADVISOR

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

SPECIAL ISSUE
Child and Adult Memory
–by John E.B. Myers

The ability to protect children from abuse and neglect, and to help adult survivors cope successfully with the sequelae of childhood abuse, often depend upon victims' ability to remember what happened to them. This issue of *The Advisor* is devoted to memory. The article by **Nancy Perry** describes memory development in children, and discusses the impact on memory of stress, intimidation, inducements to keep secrets, and suggestive questions. **Kathleen Faller's** article discusses whether therapy can affect children's memory. **Elizabeth Loftus'** contribution is an excerpt from her recent book titled *Witness for the Defense*. The excerpt provides insight into the fallibility of memory, and is enlightening regarding the perspective shared by some psychologists and many defense attorneys. The article by **Karen Saywitz** describes the technique of cognitive interviewing. Dr. Saywitz and her colleagues are conducting research on cognitive interviewing with children. The research holds exciting promise for helping children remember. **Margaret Steward** and her research team are completing a three year study of children's memory, and in her article, Dr. Steward describes some of the fascinating findings of her research.

Memory is seldom perfect, whether in children or adults. Yet, modern research discloses that children have better memories than we think (Fivush, in press). Indeed, young children often astonish us with their memories. When children are interviewed skillfully and patiently, they can remember what they know. The key to unlocking children's secrets lies not in improving children's memory, but in improving the skill of adults who talk to children.

Turning to adult memory, we focus on the phenomenon of delayed memory for childhood abuse. How common is a period of amnesia for childhood abuse? How reliable are delayed memories of abuse? How do we most constructively respond to such disclosures? How do we proceed to find trustworthy answers to these pressing questions? **John Briere** reports on research conducted with a clinical sample of 450 adults, and provides a conceptual framework for considering the phenomenon of adult amnesia. **Linda Williams** offers preliminary findings from research with a longitudinal sample of 100 women known to have been abused as children. Finally, **Roland Summit** offers his insights about the current backlash surge in response to the phenomenon of delayed memory, and suggests that the proper venues for approaching the terribly difficult issues raised by delayed memory are the researchers' and therapists' quarters, not the courtroom.

References

Fivush, R. (in press). Developmental perspectives on autobiographical recall. In G.S. Goodman and B.L. Bottoms (Eds.), Understanding and Improving Children's Testimony (NY: Guilford Press).

John E.B. Myers, JD, is Professor at McGeorge School of Law, University of the Pacific, and Executive Editor of The Advisor.

OVERVIEW
How Children Remember and Why They Forget
–by Nancy W. Perry

"My memory is the thing I forget with."

(a child's definition, cited in Grossberg, 1985, p. 60)

Children are a fascinating blend of abilities and shortcomings. Children's skill in the use of memory is no exception. In some respects, the capacity for remembering is less well developed among children than adults (Fundidis, 1989). In other respects, however, children's memory abilities are most impressive (Brainerd & Ornstein, 1991; Chi & Koeske, 1983). This article outlines the development of memory in childhood, describes children's use of memory strategies, and discusses the impact on children's memory of such factors as stress, intimidation, inducements to keep secrets, and suggestion.

Memory Processes

For children and adults alike, memory involves three phases: acquisition, storage, and retrieval of information.

Acquisition The first steps in remembering an event are to perceive it and to pay attention to it. Even infants can perceive and attend (see, e.g., Fantz, 1965, 1966). If children pay attention at the time of an event, they are quite capable of accurately perceiving what transpires. This is particularly true with relatively straightforward, factual occurrences. However, children are likely to have difficulty conceptualizing complex events, identifying relationships, recognizing feelings, and attributing intentions (Perry & Teply, 1984-1985). In each of these circumstances, the accuracy of children's reporting depends upon their ability to order and interpret perceptions, a gradually acquired skill that does not reach the standard of adult reliability until about the age of 12 (Collins, Wellman, Keniston, & Westby, 1978; Flapan, 1968).

Storage in Memory Research on memory duration suggests that the ability to store information does not change greatly with age. Once a piece of informa-

continued on next page

Overview

–N. W. Perry

continued from page 1

THE ADVISOR

Editor-in-Chief
Susan Kelley, RN, PhD, FAAN
Boston College School of Nursing
Chestnut Hill MA 02167
617-552-4250

Executive Editor
John E.B. Myers, JD
U. of the Pacific, McGeorge School of Law
3200 Fifth Av.
Sacramento CA 95817
916-739-7176

Managing Editor
Theresa Reid, MA
Executive Director, APSAC
312-554-0166

ASSOCIATE EDITORS

Adult Survivors
John Briere, PhD
USC Medical Center
Department of Psychiatry, Box 106
1934 Hospital Place
Los Angeles CA 90033
213-226-5697

Book Reviews
Mark Chaffin, PhD
Arkansas Children's Hospital
Department of Pediatrics
800 Marshall St.
Little Rock AR 72202
501-320-1013

Evaluation and Treatment
Mark Everson, PhD
University of North Carolina
Program on Childhood Trauma and Maltreatment,
Dept. Psychiatry, CB# 7160
Chapel Hill NC 27599-1760
919-966-5277

Journal Highlights
Thomas F. Curran, LCSW, JD
Private Practice
1405 72nd Avenue
Philadelphia PA 19126

Legal
Josephine Bulkley, JD
ABA Center on Children & the Law
1800 M St. NW
Washington DC 20036
202-331-2654

Medical
Martin Finkel, DO
U. M. D. N. J.
301 S. Central Plaza, Laurel Rd., #2100
Stratford NJ 08084
609-346-7032

Perpetrators
Robert Prentky, PhD
Massachusetts Treatment Center
PO Box 554
Bridgewater MA 02324
617-727-6013, ext. 1527

Prevention
Deborah Daro, DSW
National Committee for the Prevention of Child Abuse
332 S. Michigan Av., #1600
Chicago IL 60604-4357
312-663-3520

Research
David Finkelhor, PhD
UNH Family Research Laboratory
128 Horton Social Science Center
Durham NH 03824
603-862-2761

Opinions expressed in *The Advisor* do not reflect APSAC's official position unless otherwise stated.

Copyright 1992 by APSAC. All rights reserved.

tion is successfully stored in memory, a preschooler probably will remember it as well as an adult (Werner & Perlmutter, 1979).

Retrieval In addition to the perception, encoding, and storage of events, memory involves the recalling and reporting of information. Children may be able to perceive and encode an event accurately, and to store it in memory, but they may have difficulty effectively communicating the existence or content of the memory. It may be difficult for younger children to translate memories into verbal descriptions.

Types of Memory

Children recall information in three ways: recognition, reconstruction, or recall.

Recognition Memory Recognition is the simplest form of remembering because it requires only that the child realize that an object or person was experienced previously. Recognition memory is within the capacity of infants (See Piaget & Inhelder, 1973). For example, within the first two weeks of life, newborns can recognize the smell of their own mother's breast milk, and prefer it to the smell of milk provided by other lactating mothers (Cernoch & Porter, 1985).

Recognition memory improves rapidly as children mature. For example, one study found that two-year-olds were correct in their recognition judgments on 81 percent of the objects presented, and that four-year-olds were correct 92 percent of the time (Myers & Perlmutter, 1978).

Some studies indicate that recognition memory may be better during the early elementary school years than at other times. For example, two studies report the curious finding that face recognition memory improves steadily from six to ten years, declines from eleven to twelve years, and then improves from age thirteen on (Carey, 1978; Goodman & Reed, 1986).

Children under 10 have difficulty identifying faces that are observed briefly, are disguised, or are unfamiliar. Recognition memory is of relatively little help in such cases. Skill in making identifications increases with age (see Ceci, Toglia, & Ross, 1987; Chance & Goldstein, 1984), but lacks consistency even in adulthood.

By the time children enter school, their recognition memory is very good, at least for simple stimuli. Indeed, five-year-olds are as proficient as adults in recognizing pictures of commonplace objects (Nelson & Kosslyn, 1976). Children generally do not do so well with more complex stimuli, which require skilled scanning and registration of information (Perlmutter, 1984).

Reconstruction Memory Reconstruction is a specialized form of recognition (Piaget & Inhelder, 1973). Reconstruction involves reinstating the context in which the original event occurred. Revisiting the scene of a crime is an example. Goodman and Hahn (1987) note:

> The extent to which the retrieval environment matches the encoding situation is an important determinant of a person's ability to provide accurate and complete eyewitness testimony. The more cues shared at acquisition and retrieval, the better retrieval will be (p. 271).

The interview procedure called "context reinstatement" capitalizes on reconstructive memory (Fisher, Amador, & Geiselman, 1989; Fisher, Geiselman, Raymond, Jurkevich, & Warhaftig, 1987; Geiselman, Fisher, Cohen, Holland, & Surtes, 1986; Geiselman, Fisher, Firstenberg, Hutton, Sullivan, Avetissian & Prosk, 1984; Geiselman, Fisher, MacKinnon, & Holland, 1985). With context reinstatement, a previously experienced scene is mentally recreated. For example, the interviewer may ask the person to think of the surroundings, the smells and sounds, the temperature, the location of the furniture, or anything about the event that may elicit memories. Recent evidence suggests that context reinstatement leads to recall of more detail than standard interviews (Fisher & Quigley, 1989).

Even very young children perform impressively with the help of context reinstatem ent. Indeed, two- and three-year-olds have demonstrated up to 75 percent accuracy on simple reconstructions (Perry, Nielsen, Burns , Cunningham, & Jenkins, 1987). Not surprisingly, on complex tasks, the performance of most young children is less impressive.

Free Recall Memory Free recall is the most complex form of memory. Recall requires that previously observed events be retrieved from storage with few or no prompts. Unlike the simpler forms of memory retrieval, free recall is strongly age-related. Generally speaking, infants are poor at recall. Although preschoolers begin to organize their memories around concepts which could aid the reporting of memories, the recall skills of preschool children develop gradually.

In studies of free recall, kindergartners and first graders typically recall only one or two facts about an incident, third and fourth graders recall about three, seventh and eighth graders recall about six, and adults recall between seven and eight (Marin, Holmes, Guth & Kovac, 1979; Perry, et al., 1987). It is important to note, however, that although young children recall less, what they do remember tends to be correct (Lepore, 1991; Perry, Kern, Eitemiller, Mohn, Fischer, & Stessman, 1991). Moreover, young children are capable of answering simple, direct questions about an incident (Goodman & Helgeson, 1985). By the time children enter school, their recall skill is improved. For example, when six- or seven-year-olds in one study recalled a story, they remembered as much as adults (Kail & Hagen, 1977). Memory for core aspects of events tends to be

continued on page 13

PRACTICE

Can Therapy Induce False Allegations of Sexual Abuse?

–by Kathleen Coulborn Faller

Among the concerns about the veracity of children's accounts of sexual abuse are two that relate to therapy. The first is that a therapist who incorrectly assumes that a child has been abused may persuade the child that she* has been victimized, causing the child to give a false account of abuse. The second concern is that, through the process of therapeutic intervention, the clinician may contaminate the child's account of abuse that in fact occurred, undermining the reliability of the child's disclosure.

Significant consequences occur when a charge is made that treatment influenced a child's account. When the charge is that the therapist created the allegation, therapists have been vilified by alleged offenders, their supporters, and their attorneys; therapists have been sued and had ethics charges filed against them; and therapists have been legally prohibited from continuing treatment with the child. The last outcome may occur when the accused is a parent. In such cases, the accused family member may be successful in having the therapist removed from the case and having a "neutral" therapist appointed, or in having the child seen by a therapist whose role is to "undo" the work of the believing clinician.

Because of concerns about therapist contamination, attorneys sometimes advise against treatment until the child has testified. In multiple victim cases, a variation on this practice may be found; group therapy for victims from a single site may be discouraged because of fear that the children will contaminate one another's accounts. If treatment has occurred before litigation, children's testimony may be challenged in court.

What can be said about the impact of therapy on children's memories and descriptions of sexual abuse? This question will be examined from three perspectives: (1) the psychological dynamics of adult concern about contamination; (2) research on children's memory and suggestibility; and (3) how allegations of sexual abuse present and are addressed in treatment.

Psychological Dynamics

Concern about the impact of therapy on children's accounts of sexual abuse should be understood in the context of two phenomena: (1) the adult need to deny that children are sexually abused, and (2) adult identification with the alleged abuser. These phenomena operate at both individual and societal levels. Despite considerable progress in understanding child sexual abuse, the reaction of many people is difficulty believing that an adult would engage in such behavior. Abuse is especially difficult to believe when the alleged offender is the "type" of person with whom it is easy to relate and empathize. Thus, it is easier to believe sexual abuse of someone who is "different." Difficulty believing may be experienced when the alleged offender appears to function adequately, comes from a background similar to that of the observer, or is the same gender as the observer. Denial may lead to discounting the possibility of abuse, and focusing on alternative explanations for the child's allegations, such as undue influence during treatment. The alleged offender and defense counsel may play upon this tendency to deny, thereby fostering the notion that therapy resulted in a false, exaggerated, or distorted account.

Relevant Research Findings on Children's Memory and Suggestibility

Research on children's memory and suggestibility sheds light on whether children's accounts can be affected by therapists. Unfortunately, there is no research that directly addresses the question. There is research, however, that is indirectly relevant. Particularly pertinent is research regarding the accuracy of children's accounts, and questioning techniques that might be similar to techniques used by therapists.

Most of the research consists of analogue studies. Generally, the studies involve exposing the child to some event and then questioning the child about it. The event may be a naturally occurring experience in the child's life (Saywitz, Goodman, Nicholas, & Moan, 1991; Steward, 1989; Yuille & Cutshall, 1986) or a manufactured experience (Goodman & Clarke-Stewart, 1991; Peters, 1991; Zaragoza, 1991). A number of studies provide the child with misleading information either before, during, or after the event to see if the child's account or memory can be altered by misleading information (Lindberg, 1991; Loftus & Loftus, 1980; Loftus & Foley, 1984; Peters, 1991; Zaragoza, 1991). Some research compares different methods of eliciting information from children, such as anatomical dolls versus questioning alone (Saywitz, Goodman, Nicholas & Moan, 1991; Steward, 1989). One study compared the effect on suggestibility of a supportive interviewer versus a non-supportive interviewer (Goodman, Bottoms, Schwartz-Kenney, & Rudy, 1991).

Research indicates that children have the ability to remember. Older children's memories are as good as those of adults (Perry & Wrightsman, 1991). Younger children have more difficulty with unaided memory; are much more likely to commit errors of omission than commission (Goodman & Aman, 1987); have better recall of central than peripheral information; and are more accurate in reporting events in which they are actively involved than events they merely observe (Goodman & Clarke-Stewart, 1991). Research related to impact of stressful situations on children's ability to recall provides mixed results, some studies finding children are less accurate if the event is traumatic (Peters, 1991) and others finding they are not (Goodman, Reed, & Hepps, 1985).

Research reveals that it is rare for children to falsely allege that they have been touched in their

continued on next page

* *Feminine pronouns will be used to refer to victims and masculine ones to refer to offenders; however, it is appreciated that there are both boy victims and female offenders.*

CONTENTS

Departments
APSAC Friends 35
Book Reviews 26
Conferences 35
Journal Highlights 33
POCLI 29
State Chapters 28
Feature Authors
Children's Memory
Kathleen Coulborn Faller 3
Elizabeth Loftus 7
Nancy W. Perry 1
Karen J. Saywitz 9
Margaret S. Steward 11
Adult Survivor Memory
John Briere 17
Roland C. Summit 21
Linda Meyer Williams 19

Practice

–by Kathleen Coulborn Faller

continued from page 3

private parts. In one study, a substantial proportion of children who experienced genital and anal touch during a physical examination by a doctor did not volunteer this information when asked general questions about the examination. The majority of children in the study revealed genital and anal touch only when they were asked specific questions like, "Did the doctor touch you there?" (Saywitz, Goodman, Nicholas, & Moan, 1991).

Children experience difficulty when asked to identify "perpetrators" from photo line-ups, and children make more errors when the "perpetrator" is not included in the line-up. Children do much better with a live line-up (Perry & Wrightsman, 1991). However, increased accuracy is only the case when the child is spared face-to-face contact with the "perpetrator." If faced with the "perpetrator," a substantial proportion of children fail to identify the individual, even though the child has no prior relationship with him (Peters, 1991). Similarly, when children are admonished not to tell, a considerable number remain silent, even though the offender is not present (Goodman & Clarke-Stewart, 1991).

One study involved a delay between the experience and questioning which is comparable to the delay found in many sexual abuse cases (four years), (Goodman, Wilson, Hazan & Reed, 1989). Few children could remember the experience during free recall. Children needed specific questions to trigger memory. However, an experience of sexual abuse might be more memorable than participation in an analogue study.

It is difficult to isolate questioning styles in existing research which closely resemble questions asked during therapy because there are so many therapeutic styles. Some therapists rarely or never directly discuss the sexual abuse, concentrating instead on the child's reaction to the abuse. However, most clinicians treating sexually abused children believe that it is important in therapy to talk about what happened. Such discussion not only allows the therapist to know the full extent of the victimization, but also provides a context for discerning the child's reaction to the abuse.

Research indicates that children have the ability to remember. Older children's memories are as good as those of adults.

Typically, therapists take their cues from their clients—for example the child's play, drawings, or affect during discussions—pursuing themes in the child's activities and making relevant observations. This approach is usually less suggestive than the questioning employed in research.

Clinicians often praise children for disclosure of difficult material and for progress in therapy. A therapist could conceivably supply a child with incorrect information, for example, material obtained from a parent or a police officer. It is also possible that a therapist might attempt to persuade a child that the therapist's interpretation of events is the correct one. It is unlikely that therapists would ask deliberately misleading questions.

Research on questioning techniques indicates that a substantial proportion of children do not disclose sensitive material in response to open-ended questions. For example, in the study by Saywitz and colleagues previously noted, 60% of children failed to mention a genital exam when asked an open-ended question about their visit to the doctor (Saywitz, Goodman, Nicholas, & Moan, 1991). When children are asked yes-no questions, they generally provide accurate information (Goodman & Clarke-Stewart, 1991). Dolls can, in some cases, facilitate children's disclosure of sensitive material (Saywitz, Goodman, Nicholas, & Moan, 1991). Research does not find dolls to be unduly suggestive (Everson & Boat, 1990).

Research regarding the use of positive reinforcement in the course of questioning indicates that younger children (3-4 years old) provide more accurate information when the interviewer is "nice" than when the interviewer is distant. Whether the interviewer was "nice" or not did not affect the performance of 5 through 7 year olds (Goodman, Bottoms, Schwartz-Kenney, & Rudy, 1991).

Research indicates that children's memory and/or accounts of events can be contaminated by misleading information (Loftus & Loftus, 1980; Loftus & Foley, 1984; Zaragoza, 1991). However, most of these studies involve situations in which children observe pictures or slides, rather than actively participate in a meaningful event.

Clarke-Stewart and her colleagues (1989) have demonstrated that children's interpretation of ambiguous events can be manipulated and altered by an authority figure who insists upon a particular interpretation (see also Lindberg, 1991). Therefore, a child who has been touched in the genitalia during the course of child care (cleaning or applying medicine), or hurt in the genital area by accident, might—under the influence of suggestive questions—misconstrue such behavior as sexual abuse. Adding to concern is the fact that some sex offenders attempt to disguise sexual abuse as child care or as other innocent touching.

In sum, the research suggests that older children are likely to provide more complete unassisted disclosure than younger children. Younger children may need more memory cues in the form of specific questions than older children. Therapists are much more likely to find false negatives than false positives. Finally, therapists should be aware of the possibility the child may identify the wrong person. When conducting therapy, clinicians should take care not to provide misleading information, should avoid assuming an authoritarian stance, and should

continued on next page

Practice

–by Kathleen Coulborn Faller

continued from previous page

not insist upon a particular interpretation of ambiguous experiences. Generally, however, the research indicates that concern about the contaminating effects of therapy on children's recollections of sexual abuse is exaggerated. Of course, concern that therapy may alter children's accounts cannot be dismissed. There undoubtedly are instances in which therapists influence children's statements.

How Allegations of Sexual Abuse Present and are Addressed in Therapy

There are four different therapeutic situations in which child sexual abuse is an issue. These situations are discussed below:

When conducting therapy, clinicians should take care not to provide misleading information, should avoid assuming an authoritarian stance, and should not insist upon a particular interpretation of ambiguous experiences.

Child in Therapy for Something Else Discloses Sexual Abuse. Common examples of the first situation include children in therapy for running away, drug use, or suicidal behavior. During treatment, the child discloses sexual abuse. If the disclosure is made spontaneously, there is little concern about contamination. Moreover, the therapist is justified in tentatively asking about sexual abuse. However, if the child is an adolescent and has a prior history of sexual abuse, the therapist should be somewhat more circumspect because this is a circumstance in which false allegations sometimes occur.

A child whose parents are divorcing may be referred to therapy to cope with the divorce. During therapy, the child may describe sexual abuse by a parent. The therapist should exercise caution in such cases. Research indicates that the proportion of fabricated reports may be higher in the divorce scenario than in other contexts (Faller, 1990; Jones & Seig, 1988). Studies suggest most false reports are made by adults, not children (Jones & McGraw, 1987; Jones & Seig, 1988). Exaggerated skepticism is unwarranted, however, because many reports of abuse that arise in the context of a dispute over child custody or visitation are true (Faller, 1991; Jones & Seig, 1988; Thoennes & Tjaden, 1991).

Children may be removed from parental care because of physical abuse or neglect, and, during therapy for these forms of mistreatment, describe sexual abuse. When children disclose sexual abuse under these circumstances, it is usually because they finally feel safe to tell without fear of retaliation. The risk is low that such a report is false.

Treatment for Possible Sexual Abuse. With increasing frequency, children who may be victims of sexual abuse are sent to therapy. The therapist is asked to determine whether abuse occurred. Referral to a therapist typically occurs when earlier interviews are inconclusive or result in a denial which is inconsistent with other evidence. Therapists are often frustrated by these cases because they do not know whether to do therapy or investigative interviewing.

Cases in which there are medical indicators of abuse or statements of other children regarding abuse are not likely to be false. Situations in which an adult is making the charge should be evaluated on the basis of all available information, including any motivation the adult might have to make a false report.

Child in Treatment for Sexual Abuse and Additional Abuse Comes to Light. Discovery of sexual abuse prior to therapy is usually based upon an interview or interviews by investigators or mental health experts. Typically, the goal of interviews prior to therapy is to establish whether or not the child has been sexually abused so that steps can be taken to ensure the child's safety. Clinical research (Sorenson & Snow, 1991) and experience (Faller, 1988) indicate that for most children, revealing sexual abuse is a process which occurs over time. A typical pattern is one in which children begin with the least overwhelming experience and gradually disclose more and more as their accounts are accepted and believed. Alternatively, abuse may be repressed and become accessible to the victim during the course of therapy. Thus, the uncovering of additional information during therapy is to expected, and should rarely be a cause for suspicion of therapist contamination.

Full Extent of Sexual Abuse is Known. In the fourth situation, the offender may have confessed, there may have been a successful criminal prosecution, or the victim may have given a full account before coming to therapy. In these cases, therapist contamination is seldom an issue.

Conclusion

Those concerned about treatment affecting children's accounts of sexual abuse should be less worried when they appreciate the goals of therapy. Although therapy may result in a more complete understanding of the child's victimization, this is not its major goal. The goal of treatment is to help children deal with their feelings about their abuse and consequent behavioral problems. Child victims often feel they are "damaged goods" (Sgroi, 1982) or are somehow responsible for the sexual abuse, and for the consequences of disclosure. Children may have overwhelming anxiety and fears merely because of the experience itself, or because they were threatened during the course of the abuse. Children may experience debilitating anger. Because of their sexual abuse, children may see the world as a dangerous place, and view adults as untrustworthy. These reactions can lead to a wide range of behavioral difficulties: sleep problems; problems with elimination; phobias; self-destructive behavior such as suicidal acts, substance abuse, promiscuity, aggression; and acting out such as fire setting, assault, stealing, and other criminal acts. The major goal of therapy is to address these feelings and behaviors.

continued on next page

Practice

-by Kathleen Coulborn Faller

continued from page 5

Consideration of the role of therapy in causing or contaminating children's accounts of sexual abuse suggests the risk is limited. However, therapists should be aware of the findings from research on children's memory and suggestibility. This research indicates that there are vulnerabilities which should be taken into account during therapy. In addition, therapists should be familiar with results from research which note situations in which there may be a higher proportion of false allegations. Finally, clinicians should appreciate that the therapeutic process in sexual abuse cases may well be scrutinized in the legal arena. This possibility argues for both carefully considered therapeutic practice and thorough documentation of interventions and their results, including disclosures and discussions by victims of sexual abuse.

References

Britton, H. & O'Keefe, M.A. (1991). Use of nonanatomical dolls in the sexual abuse interview. *Child Abuse and Neglect. 15*, 567-574.

Clarke-Stewart, A., Thompson, W., & Lapore, S. (1989, Apr.). Manipulating children's interpretation through interrogation. In G.S. Goodman (Chair). *Can children provide accurate eyewitness reports?* Symposium conducted at the biennial meeting of the Society for Research in Child Development. Kansas City, MO.

Everson, M., & Boat, B. (1990). Sexualized doll play among young children: Implications for the use of anatomical dolls in sexual abuse evaluations. *Journal of the American Academy of Child and Adolescent Psychiatry, 29*, 736-742.

Faller, K.C. (1988). *Child sexual abuse: An interdisciplinary manual for diagnosis, case management, and treatment.* New York: Columbia University Press.

Faller, K.C. (1991). Possible explanations for sexual abuse allegations in divorce. *American Journal of Orthopsychiatry, 61*.

Faller, K.C. (1990). *Understanding child sexual maltreatment.* Newbury Park, CA.: Sage.

Goodman, G., & Aman, C. (1987, Apr.). Children's use of anatomically detailed dolls to recount an event. In M. Steward (Chair). *Anatomically detailed dolls: Developmental, clinical, and legal implications.* Symposium conducted at the meeting of the Society for Research in Child Development, Baltimore, MD.

Goodman, G., Bottoms, B., Schwartz-Kenney, B., & Rudy, L. (1991). Children's memory of a stressful event: Improving children's reports. *Journal of Narrative and Life History, 1*, 69-99.

Goodman, G., & Clarke-Stewart, A. (1991). Suggestibility in children's testimony: Implications for sexual abuse investigations. In J. Doris (Ed.) *The suggestibility of children's recollections: Implications for eyewitness testimony.* Wash., D.C.: American Psychological Association.

Goodman, G., Reed, R. & Hepps, D. (1985, August). The child victim's testimony. In M. Toglia (Chair), Current trends in evaluating children's memory for witnessed events. Symposium presented at the meeting of the American Psychological Association, Los Angeles, CA.

Goodman, G. Wilson, M., Hazan, & Reed, R. (1989, March). *Children's testimony nearly four years after an event.* Paper presented at the meeting of the Eastern Psychological Association.

Jones, D.P.H., & McGraw, E.M. (1987). Reliable and fictitious accounts of sexual abuse of children. *Journal of Interpersonal Violence, 2*, 27-45.

Jones, D.P.H., & Seig, A. (1988). Child sexual abuse allegations in custody or visitation disputes. In E.B. Nicholson & J. Bulkley (Eds.) Sexual abuse allegations in custody and visitation cases: A resource book for judges and court personnel. Wash., D.C.: American Bar Association.

Lindberg, M. (1991). An interactive approach to assessing the suggestibility and testimony of eyewitnesses. In J. Doris (Ed.) *The suggestibility of children's recollections: Implications for eyewitness testimony.* Wash., D.C.: American Psychological Association.

Loftus, E. & Foley, M. (1984). Differentiating fact from fantasy: The reliability of children's memory. *Journal of Social Issues, 40*, 33-50.

Loftus, E. & Loftus, G. (1980). On the permanence of stored information in the human brain. *American Psychologist*, 35, 409-420.

Peters, D. (1991). The influence of stress and arousal on the child witness. In J. Doris (Ed.) *The suggestibility of children's recollections: Implications for eyewitness testimony.* Wash., D.C.: American Psychological Association.

Perry, N. & Wrightsman, L. (1991). *The child witness.* Newbury Park, CA: Sage.

Saywitz, K.J., Goodman, G.S., Nicholas, E., Moan, S.F. (1991). Children's memories of a physical examination involving genital touch: Implications for reports of child sexual abuse. *J. Consulting & Clinical Psychology, 59*, 682-691.

Sgroi, S. (1982). *Handbook of clinical intervention in child sexual abuse.* Lexington, MA: Lexington Books.

Sorenson, T. & Snow, B. (1991). How children tell: The process of disclosure of sexual abuse. *Child welfare, 70*, 3-15.

Steward, M. (1989). *Final report of grant #90CA1332: The development of a model interview for young child victims of sexual abuse: Comparing the effectiveness of anatomical dolls, drawing, and video graphics.* Davis, CA: Department of Psychiatry, University of California.

Thoennes, N., & Tjaden, P. (1991). The extent, nature, and validity of sexual abuse allegations in custody/visitation disputes. *Child Abuse and Neglect, 14*, 151-153.

Yuille, J. & Cutshall, J. (1986). A case study of eyewitness memory of a crime. *Journal of Applied Psychology, 71*, 291-301.

Zaragoza, M. (1991). Preschool children's susceptibility to memory impairment. In J. Doris (Ed.) *The suggestibility of children's recollections: Implications for eyewitness testimony.* Wash., D.C.: American Psychological Association.

Kathleen Coulborn Faller, MSW, PhD, is Professor of Social Work at the University of Michigan in Ann Arbor, and Secretary of APSAC.

CALL FOR PAPERS

San Diego Conference on Responding to Child Maltreatment

January 26–30, 1993

Research papers in the field of child maltreatment are solicited for presentation at the Conference. Original research papers on all issues in this field are welcome, and presentations in the areas of medical assessment and foster care are particularly encouraged. Research may be from any discipline and may have been previously presented, but not previously published. Graduate students are encouraged to submit. Three afternoon sessions have been arranged for presentation of 20 minute papers, followed by a discussion period. Selection of presentations will be made by November 15, 1992. Four hundred word abstracts should be submitted by November 1, 1992 to: John Landsverk, Ph.D.

Director of Research
Center for Child Protection
Children's Hospital
8001 Frost Street
San Diego, CA 92124

Phone: 619-560-6950

NEW MEMBERSHIP CATEGORY APPROVED

A new $35 membership has been approved by APSAC's Board of Directors for professionals making under $25,000 per year. The new membership includes all benefits except the Journal of Interpersonal Violence. The goal is to bring APSAC's critical information within the reach of as many child abuse professionals as possible. Only people meeting the income requirements are eligible. For further information, call the office at 312-554-0166

MOVING?

Please notify the office in plenty of time so you don't miss any issues of the *Advisor* or the *Journal of Interpersonal Violence.*

PRACTICE

The Malleability of Memory

–by Elizabeth Loftus

Editor's Note: The following article is excerpted from Witness for the Defense *(1991), in which Dr. Loftus and her co-author Katherine Ketcham describe Dr. Loftus's experience as an expert witness for the defense.*

Chapter Six of Witness for the Defense *describes a case in which Dr. Loftus testified as a defense expert for Tony, a young man accused of sexually abusing two five-year-old girls. Tony was a college student working as a counselor at the day camp where the abuse allegedly occurred. After one of the children returned from the camp, her mother asked, "What did you do at camp today, honey?" After some casual banter, the child said, "Did you know that 'dick' is another word for 'penis'?" Shocked, the mother questioned her daughter further. That night, the mother called a friend, whose daughter also attended the camp, and asked whether her daughter had mentioned anything that might indicate impropriety. The mother said no, but agreed to question her daughter the next morning. At first, the children denied that Tony had done anything inappropriate. Over the next several weeks, however, the two parents questioned their daughters repeatedly. Eventually, one of the children said, "He put his penis on my head. Then he put it in my mouth." The police were notified, and both girls were interviewed several times by detectives. After an investigation lasting several months, criminal charges were brought against Tony.*

Tony's attorney, Marc Kurzman, retained Dr. Loftus to testify for the defense as an expert on children's memory. Dr. Loftus describes her conversation with Mr. Kurzman:

. . . .

If Tony was indeed innocent, I could think of only one explanation for the children's accusations. The children had been pressured, presumably by their mothers and later by police officers and therapists. But why would a mother push her child to make such horrible accusations?

"Tell me about the mothers," I said to Kurzman.

Kurzman sighed. "We've got two mothers who love their children very, very deeply. And we have to ask ourselves: Is there a stronger impulse than a mother's need to protect her child? Let me tell you what I think happened. I think the kids at the camp were engaging in bathroom talk — you know, Johnny says, "Hey, I've got a penis and you don't," and then Joey says, "Hey, did you know that dick is another word for penis?"

"But talking about the word penis and then saying you were sexually abused is a big leap," I interrupted.

"That's right. And I think that space was filled in by the mothers who heard their children talking about dicks and penises; who immediately became alarmed, understandably alarmed; who asked hundreds of questions; who called each other repeatedly over the next several months; who talked to the police, took their children to the hospital, and through this whole ordeal communicated their fear and even their thoughts to their children."

Kurzman paused for a breath of air. "There is no evidence in these cases — none — of sexual molestation," he said. We have only the word of the children."

"Only the word of the children." My mind grabbed that phrase and settled on it, circling, sniffing, poking. "Believe the children" has become the rallying cry of child-abuse specialists and investigators. People who don't believe the children are considered guilty of betraying them. I forced myself to tune back into Kurzman's monologue.

"...and then there are all these conversations between the mothers. They must have talked to each other a hundred times, getting more and more worked up, trading information, convincing each other, getting hysterical. After they talked on the phone, they'd sit down with their kids and try to elicit some more information. 'Are you sure he didn't touch you? Don't be ashamed, you can tell me. If anything happened, tell Mommy.' Over and over and over again, gently but surely leading the children where they wanted them to go."

. . . .

"I understand that your research is mostly with memory distortion in adults," Kurzman said, abruptly switching the subject. "But you have also studied the impact of suggestive questioning on children, is that right?"

I briefly summarized my research studies with children. In one experiment conducted in the late 1970s with Phil Dale, an expert in developmental psychology, we showed preschool and kindergarten children four films, approximately one minute each. Afterward we interviewed the children and asked them questions, some of which were suggestive and elicited surprising responses. One child, when asked "Did you see a boat?" in the film later recalled "some boats in the water." Another child was asked "Didn't you see a bear?" and later recalled "I remember a bear." "Didn't you see some bees?" we asked a child who later recalled seeing "a bee in it." And a child who was asked "Did you see some candles start the fire?" later told us "The candle made the fire." There were no boats, bears, bees, or candles in any of the films.

"In other words," I explained to Kurzman, "we were able to alter the child's response, perhaps even creating a memory in the child's mind, simply by asking a suggestive question. Why were these children so suggestible? This is the hard stuff, the creative part of psychology. All we know is that we have a child saying he saw a bear when there was no bear. We have two possible explanations. Perhaps the child's original memory has faded, and it is relatively easy for us to make the child imagine that she has seen a bear. The bear literally becomes the memory. The alternative explanation is that the child doesn't really think she saw a bear but is just going along with the questioner because she thinks that she should have seen a bear. In other words, she thinks that by saying she did see a bear, she is giving the right answer."

continued on next page

Practice

–Elizabeth Loftus

continued from page 7

I hesitated for a moment, trying to decide whether to tell Kurzman about an earlier experiment I'd conducted with adult subjects who watched a film clip of an automobile accident and then were interviewed and asked suggestive questions. By using the verb "smash" instead of "hit," we were able to change not only the subjects' estimate of the speed of the cars when the accident occurred but also the probability of reporting broken glass — even though there was no broken glass in the film and we never mentioned broken glass in our interviews. This particular experiment supported the theory that the subjects experienced an actual change in the original memory.

Psychological researchers studying children's memory and the credibility of children's testimony can be divided into two basic camps. On one side are those researchers who theorize that children can be led by suggestive questioning into a different version of reality, sometimes adopting the interrogator's version of reality, even if that version is not the truth. Children, in other words, become confused as time goes on and their original memory fades.

On the other side, researchers insist that children will not deliberately lie about traumatic events. While they may be suggestible about the color of someone's eyes or the meal they ate for dinner last week, if the subject is sexual abuse, they know what happened and what didn't happen. Children, the theory goes, are not able to fantasize in graphic detail about sexual acts outside their experience, nor can they be coerced or brainwashed into making allegations against their parents, teachers, or friends. Children will not deliberately lie.

As a researcher who has spent more than two decades studying memory, perception, and the power of suggestion, I think the key word to keep in mind is not lie but *deliberately.* Changes in memory are generally unconscious, and distortions occur gradually, without our calculated interference. It's not so much a question of a child being deceptive as being confused. Just as an adult's memory can be filled with false and contradictory information, so can a child's memory.

Changes in memory are generally unconscious, and distortions occur gradually, without our calculated interference. It's not so much a question of a child being deceptive as being confused.

Even if children's memories were comparable to adults' on every level, children would still have memory problems. Getting a child to remember a bear in a film that contained no bears is not as fantastic as it sounds, when I've been able in my experiments to get adult subjects to remember seeing broken glass in a film of an automobile accident that contained no broken glass. We are all, adults and children alike, suggestible beings.

Perhaps we could use a child's analogy and think of memory as a chunk of clay that we hold in our hands, allowing it to warm before we mold it into different shapes. We can't change the clay into a rock or water or cotton, but we can transform it, push it, dent it, bend it, make animals and shapes, faces and forms, designs and textures. When we have finished with our manipulations, we put the molded form into the oven of our minds where it bakes until it is hard and firm. Our distortions have become a hard reality, part fact, part fiction, but in our minds an exact representation of the way things were.

I remembered a recent conversation with Stephen Ceci, a professor at Cornell University and an important contributor to the research literature on children's suggestibility. We were discussing the current national hysteria regarding child sexual abuse, and Ceci mentioned the Salem witch trials. In the year 1692, between June 10 and September 19, twenty residents of Salem, Massachusetts, were accused, tried, and convicted of witchcraft; all were swiftly put to death. What was the evidence against the so-called witches and wizards? The word of the children. Children between the ages of five and sixteen were the defendants' major accusers. Children gave the key eyewitness testimony against them, claiming that they saw the "witches" turn themselves into black cats, fly on broomsticks over the pastures at night, or talk to insects that then flew into the children's bodies and implanted nails in their stomachs. And children provided the only evidence against the defendants, experiencing apoplectic fits or total paralysis at the sight of the witches or vomiting nails and pins — thirty or more at a time — in the presence of the judges, jurors, and spectators.

"We'll never know if these child accusers deliberately lied or were truly convinced that they were telling the truth," Ceci said, "but the Salem records of the actual interviews with the children vividly illustrate the use of leading questions, suggestive statements, insinuations, and blatant attempts by parents, ministers, and judges to persuade the children that they had observed evidence of witchcraft. And then we have the recantations made many years later."

Later in Chapter Six, Dr. Loftus describes her expert testimony at Tony's trial. Defense counsel asked:

"Are you familiar with the term 'memory implant'?"

"Yes, it's a term that refers to a situation that I have studied extensively over the last ten or twelve years in my laboratory. When somebody experiences an event, they are sometimes exposed to new information after the event is over. That new information can come in the form of leading questions or in the form of allowing a witness to overhear another witness talk about the event. In many situations, the new information becomes incorporated or implanted in the witness's memory and causes a supplementation to the memory — an alteration, transformation, contamination, or distortion in the memory."

continued on next page

Practice

–Elizabeth Loftus

continued from previous page

"In this case," Kurzman said, "the jury has heard testimony from two children who are presently about six years old and who at the time the events occurred were five years old.

. . . .

"Can you tell the jury generally about the malleability or suggestibility of the memory implantation process as it occurs with five-and six-year-old children," Kurzman asked.

"We have found that it is very easy to suggest information to people, and, under certain conditions, they will succumb to these suggestions and come to believe that they actually witnessed these details. We have gotten people to tell us that they saw broken glass, if we ask a question about cars smashing into each other. We've gotten people to tell us red lights were green lights, if we ask a leading question that suggested that the light was green. We've gotten people to tell us that an individual has curly hair when in fact he had straight hair."

> ***Even if children's memories were comparable to adults' on every level, children would still have memory problems. . . .We are all, adults and children alike, suggestible beings.***

"It's now been demonstrated that under certain conditions children can be even more suggestible than adults. I'm referring now to children three, four, and five years old. When you ask leading questions that suggest what the answer is to be, children will pick up that information and incorporate it into their memories, and they will then come to believe that they have actually experienced these details when, in fact, they've only been suggested to them."

. . . .

Kurzman abruptly switched the subject. "As part of your teaching experience, have you taught people the proper ways to question someone in order to determine the reality of their experience and to avoid implanting ideas in their minds as you question them?"

"Yes, I've lectured to police, state patrol, and other groups of law enforcement officers on the proper ways to question people to get the most accurate and complete answers."

"Do you have an opinion about whether a properly trained person in interviewing techniques, someone who interviewed a five-year-old child who had already been questioned for two months, would be able to determine whether the information received by the proper investigation was an accurate reflection of reality or a mix of fact and fantasy?"

"I do have an opinion." This, of course, was a crucial part of my testimony as an expert witness on memory. "Once someone's memory has been contaminated, distorted, or transformed by the processes I've been talking about, by suggestive questioning or by other kinds of postevent suggestions, it's virtually impossible to distinguish fact from fantasy because the individual witness now believes in what he or she is saying."

"And therefore," Kurzman said, "if a five- or six-year-old child was relating a story that contained contamination, fantasy, implantation, would this child be making a false accusation as the child understood it?"

"The child would not be making a false accusation," I said. "It's certainly possible that children can lie, and do lie, but we're talking here about children who honestly believe what they are saying, but they are saying it because of the suggestive influences that have been exerted either advertently or inadvertently upon them."

"Thank you," Kurzman said. "I have no further questions."

The jury found Tony not guilty.

Reference

Loftus, E. & Ketcham, K. (1991). *Witness for the Defense.* New York: St. Martin's Press.

Elizabeth Loftus, PhD, is Professor of Psychology at the University of Washington in Seattle.

PRACTICE

Enhancing Children's Memory with the Cognitive Interview

–by Karen J. Saywitz

The "cognitive interview" is a collection of memory enhancement techniques developed by R. Edward Geiselman to aid forensic questioning of adult crime victims. The cognitive interview technique is based on two principles of memory that are well documented in the scientific literature. First, a memory is composed of several features, and the effectiveness of a memory jogging technique is related to the extent of its feature overlap with the memory. Second, there may be several retrieval paths to a memory for an event, so that information not accessible with one memory jogging technique may be accessible with a different technique. Based on this framework, Geiselman developed four general retrieval aids:

1. Mentally reconstruct the environmental and personal context that existed at the time of the crime before narrating the event;
2. Report everything, even partial information, regardless of perceived importance;
3. Recount the events in a variety of orders; and
4. Report the events from a variety of perspectives.

The cognitive interview has been evaluated positively in a series of studies with adult witnesses, and shown to elicit 35% to 58% more information than standard police interviews. The cognitive interview is now utilized by police officers throughout the country.

Because the cognitive interview is essentially a guided memory search, the technique uses the type of memory aids that are likely to benefit children's recall. Typically, the reports of young children are quite

continued on next page

Practice

–Karen J. Saywitz

continued from page 9

accurate, but also quite incomplete. Children do not necessarily remember less, but they appear to be less proficient at reporting all that they remember unless the interviewer asks follow-up questions which serve as memory cues. Unfortunately, follow-up questions may be misleading, and some young children may be less able than adults to resist suggestive questions by authority figures about peripheral details. Techniques that enhance the completeness of children's reports without generating inaccurate information would be extremely valuable.

Recently, the cognitive interview was modified for use with children. The first modification was to create a set of instructions to introduce children to the demands of the interview task and the interviewer's expectations. Children were told:

1. "There may be some questions that you do not know the answers to. That's okay. Nobody can remember everything. If you don't know the answer to a question, then tell me 'I don't know,' but do not guess or make anything up. It is very important to tell me only what you really remember. Only what really happened."

2. "If you do not want to answer some of the questions, you don't have to. Tell me 'I don't want to answer that question."

3. "If you don't know what something I ask you means, tell me 'I don't understand' or 'I don't know what you mean.' Tell me to say it in new words."

4. "I may ask you some questions more than one time. Sometimes I forget that I already asked you that question. You don't have to change your answer, just tell me what you remember the best you can."

The second modification of the cognitive interview involved the following revisions of the four general retrieval aids described earlier:

1. Children were asked to describe the environmental and personal context aloud. Before giving narrative accounts, children were asked to "Picture that time when . . ., as if you were there right now. Think about what it was like." Following this instruction, interviewers prompted children with questions like "What did the room look like? What things were in the room? Who was there? How were you feeling when you were in that room?" and so forth. Interviewers avoided words like "imagine" or "pretend."

> ***The cognitive interview improves the quantity of useful information gained from children 7 to 12 years of age without creating heightened inaccuracy.***

2. Next, children were told, "Now I want you to start at the beginning and tell me what happened, from the beginning to the middle to the end. Tell me everything you remember, even the little parts that you don't think are very important. Tell me everything that happened."

3. After children finished their narrative report, interviewers asked any specific questions necessary to clarify what had been reported thus far. Children were then asked to recall the event in backward order, starting at the end, then the middle, then the beginning. To prevent the child from making grand leaps backward in time, the interviewers repeatedly prompted with, "Then tell me what happened right before that?"

4. When the children's memory appeared exhausted, interviewers asked them to "Put yourself in the body of . . ., and tell me what that person saw." From a developmental perspective, one would predict that this would be difficult for young children. Indeed, it was the most difficult task for the younger children in our studies. From a psychological perspective, one might be concerned about the appropriateness of asking children to retell the event from the viewpoint of someone who might have hurt them. Children could retell the event from the perspective of another witness or a stuffed animal.

With these modifications in place, the cognitive interview was evaluated in two studies in which off duty police officers interviewed children about events that occurred at school. Some of the children were interviewed with the modified cognitive interview. Other children received standard police interviews (Saywitz, Geiselman, & Bornstein, in press). The results indicate that the cognitive interview improves the quantity of useful information gained from children 7-to-12 years of age without creating heightened inaccuracy.

In the first experiment, the gains (though significant) were not as great as those seen with adults. Children exhibited approximately 26% improvement in recall of accurate information. In the second experiment, children practiced using the cognitive interview techniques, and were given explicit feedback before the interview. In the second study, children showed a 45% increase in accurate information over standard police interviews, again without increased inaccuracy.

The results of these studies, along with a description of the children's version of the cognitive interview will appear in an article by Saywitz, Geiselman, and Bornstein titled, "Effects of Cognitive Interviewing and Practice on Children's Recall Performance" in the *Journal of Applied Psychology.* Brevity precludes a detailed description of additional memory jogging techniques used, the format used for practicing the techniques with children, or additional guidelines given to interviewers. Before using the cognitive interview in actual cases, readers are encourage to write to Dr. Saywitz for a preprint of the article (Department of Psychiatry, D-6, Harbor-UCLA Medical Center, 1000 West Carson Street, Torrance, CA 90509) or look for it in the *Journal of Applied Psychology* later this year.

Karen J. Saywitz, PhD, is Associate Professor in Child & Adolescent Psychiatry at Harbor-UCLA Medical Center in Torrance, CA.

■ RESEARCH

Preliminary Findings from the University of California, Davis, Child Memory Study: Development and testing of interview protocols for young children

–by Margaret S. Steward

Young children must find it very tiresome to be interviewed by adults. Adults often can't understand that children say, or don't understand what children mean — and when adults finally understand, they don't necessarily believe children's stories.

In the early-1980's, my colleagues and I drew together an interdisciplinary research team with expertise in child development, pediatrics, early childhood education, child clinical psychology, and law. All of us had worked in some capacity with sexually abused young children, and we were profoundly disturbed by the uneven, and often uninformed handling of children by law enforcement and the courts. It seemed to us that the courts knew little about young children's thoughts, words, actions, curiosity, or dependency on adults. Courts too often view what children say through the lens of research on adult eyewitness behavior. Reliance on such research raises two important issues. First, much eyewitness research focuses on situations in which adults observe events but do not participate. Is research focused on non-participants relevant when the task is understanding the report of a child who participates directly in an event? Second, children may perceive, remember, and report experiences differently from adults.

There are critical differences in the kind and quality of information that a bystander and a victim experience. These differences are driven by judgments of importance, mobilization of attention, and differences in the processing of sensory, kinesthetic, proprioceptive and sometimes nociceptive (painful) stimuli. Our team had repeatedly observed that children in medical settings remember with great detail and accuracy medical procedures that involve the touch and handling of their bodies. When children experienced painful medical or surgical procedures, children's memory was often better than that of the staff or parents. Anyone who believes in the easy malleability of young children's memory has never tried to take a child back to the doctor who gave the child a shot on the previous visit.

> *Our concern was that because children did not report all they knew, they were not being believed or protected.*

How do children's memories differ from adults'? Pillemer and White (1989) proposed a dual memory theory that helps frame our understanding of children's memory. The first memory system is present at birth and predominates in early childhood. Memories in the first system are organized and evoked by persons, locations, and emotions. Memories in the first system are not easily "transportable" outside the original experience. To access these memories, one must use images of face and place, actions, or feelings. It is as though one has to return to the child's original experience in order to access these memories. The second memory system is verbally mediated, begins to develop in early childhood, and stores experiences in narrative form. Memories can be cued by words, and stories can be reviewed by the self and shared with others.

With the dual memory system, two- to six-year-olds might store different facets of a single experience in each of the two systems, depending on their level of cognitive development, their language skill, and the intensity of their emotional response to the experience. To get the "whole story," an interviewer would need to tap into both memory systems. Pillemer and White believe the first memory system is available throughout life. When an experience is so emotionally powerful that a person is left speechless, that event may be stored in the first rather than the second memory system regardless of how old or verbally articulate the person is.

As my colleagues and I studied the complexity of memory, and young children's difficulty using language to report what they remembered, we came to believe that the most important issue with regard to young children's memory is not suggestibility or errors of commission, but rather under-reporting of information children remember. Our concern was that because children did not report all they knew, they were not being believed or protected. We set about to design and test interview protocols that included cues and props to enhance children's ability to reach into both memory systems to report their past experiences.

Our research team (Steward, 1989, 1992; Steward, Steward, Farquahar, Reinhart, Joye, Myers & Welker, 1992) has completed a study of three- to six-year-old children's reports of the experience of a visit to one of seven outpatient clinics at our medical center. The children in our study were touched by our medical staff "from head to toe." The typical child was touched on a dozen different places. About half the children experienced genital touch, and some experienced a wide range of potentially stressful medical procedures. Shortly following the medical procedure, the children were interviewed. Children rated their own distress about body touches on a face scale originally designed by Australian school children (Bieri, Reeve, Camption, Addicot, & Ziegler, 1990). The medical professional who administered the procedure rated the child's distress on a 6 point Likert scale. We videotaped both the pediatric visits and subsequent interviews so that we could study three different measures of memory: (1) accuracy of children's memory for the procedure, (2) completeness of children's reports, and (3) consistency of children's reports over time. Of the original 130 children, 128 were available for follow-up interviews one month later. Seventy-four children were interviewed 6 months later.

We designed four experimental interview strategies: a core verbal interview, and three interviews enhanced with anatomically detailed drawings, anatomically detailed dolls and equipment, or computer graphics. The interview questions focused on children's

continued on next page

Research

–Margaret S. Steward

continued from page 11

experience of body touch and handling, their ability to describe persons present with them during the clinic visit, and the place where the visit occurred. Parents, children, and medical staff cooperated to allow us to collect a rich set of demographic, behavioral, and experimental information about each child. We examined the predictive power of twelve covariates, assessed in four blocks, organized according to the ease/expense of acquiring the information: (1) child's age, gender, and ethnicity, (2) parental report of child's health history, family stress, parental education, and income, (3) child's experiences during the pediatric visit, including the number of invasive medical procedures, medical staff rating of child's health status, the child's pain judgments, and (4) the number of outpatient and inpatient visits which occurred between the original clinic visit and follow-up interviews at one and six months.

During the initial interview, children's spontaneous reports of body touch were highly accurate (94%), but very sparse. Children reported an average of only 25% of what occurred during the examination. The accuracy of children's descriptions of the persons who touched them (86%), what they were touched with (72%), and the place (86%) were also high.

During the initial interviews, the enhanced interviews did not elicit greater detail than the unaided interview. At the one-month follow up interview, however, the cues offered by the anatomically detailed body outlines and dolls allowed children to report more complete data about body touch without any compromise in accuracy.

During two of the enhanced interviews, children were shown two sets of photographs—we called them "Rogues Galleries." One gallery contained photos of similar looking medical professionals, including the professional who touched the child. The other gallery contained pictures of clinic settings. The photos of professionals and places elicted data that were accurate and much more helpful than children's brief verbal descriptions in identifying medical staff and clinic setting. In sharp contrast, the toys and medical equipment cued increasingly erroneous reports at one and six month follow up interviews of what children were touched with. Children using medical equipment appear to engage in "routine medical play" with the equipment, rather than demonstrate their own unique experiences from the previous clinic visit.

Children's ratings of distress significantly predicted the completeness, but not the accuracy, of their spontaneous recall of body touch during the initial and one-month follow-up interviews. Distress became a significant predictor of both completeness and accuracy at the 6 month interview.

Across the 6 months, children's reports were consistently more accurate than erroneous. If a child reported the same information on all three interviews, the information was 25 times more likely to be right than wrong. Older children gave more consistently accurate reports, but no variable was correlated with those few children who repeated inaccurate information. Children continued to report new accurate information about body touch, including genital touch, at one and six months.

The six covariates that entered significantly into the predictions of accuracy, completeness, and consistency include age, distress, maternal education, income, medical experience and the number of medical procedures a child experienced. The covariates that never came into play included gender, ethnicity, family stress, health status, and number of intervening outpatient or inpatient visits. Children and medical staff did not agree on how distressing touch and handling was. Moreover, medical staff ratings of the child's distress were not significantly related to any of the three measures of children's memory.

The reports of two groups of children were especially interesting: (1) children who reported at least one of the body touches as highly distressing, and (2) children who experienced painful invasive medical procedures but later denied not only the distress, but even the body touch! Children in the first group did not differ from the rest of the children on scores of medical experience, language skills, or family stress, but the high stress children did disclose more information on all three interviews. Additionally, the accuracy of their reports about body touch remained high throughout the study.

Children who underwent painful touch but later denied the pain were more accurate in their descriptions of both the persons present and the clinic room than a parallel group of children who underwent only benign, non-painful touch and handling. It was as though children who received painful touch were saying, "I don't want to be with that person in that place again!" We do not believe the children forgot the painful experience. We are reviewing the videotapes of the clinic experiences to examine adult-child interaction. We are also coding the non-verbal expressions of shame by children when they were interviewed about body touch, hoping that clues from adult or child behavior will help us understand why these children withheld their report of painful body touch. We hope the review will help us understand the under-reporting of children who have been abused.

Mandler (1990) has made two critical points about recall of past events: (1) all recall is cued, and (2) recall is a reconstruction of information to ourselves. We began our research focused on the former, that is, design, development, and testing of four parallel interview protocols that differed in the cues children were offered. We end the project fascinated

continued on next page

Overview

–N. W. Perry

continued from page 1

stronger than memory for peripheral details.

Interestingly, in some cases, younger children can provide *more* accurate information than adults (Lindberg, 1991). For example, if an event is particularly salient (as sometimes happens in cases of trauma), recall may be exceptionally good (Brainerd & Ornstein, 1991; Lindberg, 1991). In a study of children who witnessed a sniper attack at an elementary school, Pynoos and Nader (1989) found that "the sight of injury or blood had a uniquely profound impact on the children's memory" (p. 240). Other researchers have demonstrated that children's memories for meaningful events — including a visit to the dentist (Peters, 1987); a physical examination (Ornstein, Gordon, & Braddy, in press); an inoculation (Goodman, Aman, & Hirschman, 1987); and a class trip (Fivush, Hudson, & Nelson, 1984) — can be very good over extended periods of time.

If the material to be recalled is part of a young child's pattern of daily life (i.e., a script memory), recall may be outstanding. For example, when three- and four-year olds were studied in their own homes, they showed an amazing amount of recall about their daily experiences. Children demonstrated good spontaneous recall as well as good recall in response to questions. Sequences of actions, however, were poorly recalled (Todd & Perlmutter, 1980).

In general, school-age children demonstrate better recall in familiar situations (Johnson & Foley, 1984). This phenomenon was demonstrated in two studies of children who had experienced group trauma. Children who witnessed a sniper attack at their own school (a familiar setting) tended not to err in sequencing or estimating the duration of the event (Pynoos & Nader, 1989). In contrast, children kidnapped and buried in a school bus (an unfamiliar setting) produced significant memory errors in sequencing and estimating event duration (Terr, 1979).

Strategies for and Deficiencies in Remembering

Children have limited ability to use memory strategies. For this reason, children often know more than they can freely recall. When children begin using memory strategies efficiently, their ability to communicate material through the memory system improves dramatically.

The use of *rehearsal* as a memory strategy is almost automatic for adults. We use rehearsal when we repeat information to ourselves in order to remember a telephone number or the items on a grocery list. Ten-year-olds also commonly use rehearsal to aid memory. Young children, however, have not mastered rehearsal (Harris & Liebert, 1991).

Another memory strategy is imagery, which involves (1) mentally picturing a person, place, or object, or (2) visually associating two or more things that are to be remembered. Children develop imagery much later than other memory strategies. Indeed, some people never learn this memory strategy (Flavell, 1977). Like other techniques, imagery can be used by some young children if they are instructed in its use and given reminders to continue using the technique (as in context reinstatement).

One of the most effective memory strategies is organization, which is the grouping of items around some common element or theme. Preschoolers do not organize material as well as older children because preschoolers are not adept at categorical representation. Although children as young as five can sort items into categories, young children do not use the categories to help them remember (Moely, 1977). For example, when five-year-olds are presented with a list of random words and asked to "put together the words that go together," most of the children can categorize animal-words, food-words, color-words, etc. After completing this task, however, most young children fail to use the organizational information as cues to help remember the words on the list. Similarly, when items are presented to young children in small blocks, one category at a time, children can remember the categories (e.g., fruits, toys, colors). However, when the individual items are presented randomly, most six-year-olds do not organize the material well, even when there are only a few items in each category (Furth & Milgram, 1973).

Another technique that can aid recall is the use of *external cues*, such as the proverbial string tied around the finger. Elementary school children typi-

continued on next page

Research

–Margaret S. Steward

continued from page 12

with the discrepancy between remembering and reporting. Many children do not tell us what they know. The challenge is finding ways to help children tell.

References

Bieri, D., Reeve, R.A., Champion, G.D., Addicoat, L. & Ziegler, J.B. (1990). The faces pain scale for the self-assessment of the severity of pain experienced by children: Development, initial validation, and preliminary investigation for ratio scales properties. *Pain, 41*, 139-150.

Mandler, J.M. (1990). Recall and its verbal expression. In R. Fivush & J.A. Hudson (Eds.). *Knowing and remembering in young children.* NY: Cambridge University Press.

Pillemer, D.B. & White, S.H. (1989). Childhood events recalled by children and adults. In H.W. Reese (Ed.) *Advances in Child Development and Behavior.* NY: Academic Press.

Steward, M.S. (1989). The development of a model interview for young child victims of sexual abuse: Comparing the effectiveness of anatomical dolls, drawings and video graphics. Final Report of grant #90CA1332 for the National Center on Child Abuse and Neglect, U.S. Office of Human and Health Services, Washington, D.C., Nov. 30, 1989.

Steward, M.S. (1992). Understanding children's memories of medical procedures: "He didn't touch me and it didn't hurt!" In C.A. Nelson (Ed.) *Minnesota symposium on child psychology: Memory and affect in development.* Hillsdale, NJ: Lawrence Erlbaum

Steward, M.S. & Steward, D.S., Farquhar, L., Joye, N., Reinhart, M., Myers, J.E.B. & Welker, J. (1992). *A visit to the doctor: The accuracy, completeness and consistency of children's memory.* Manuscript in preparation.

Margaret S. Steward, Ph.D., is an Associate Professor in the Department of Psychiatry at the University of California, Davis, School of Medicine.

Overview

–N. W. Perry

continued from page 13

cally do not use such cues spontaneously. However, when trained to use them, six-year-olds may be as proficient in use of external cues as eleven-year-olds (Kobasigawa, 1974).

As with external cues, there is a developmental trend in the ability to use *internal cues* (i.e., imagined cues). Generally speaking, neither preschoolers nor six-year-olds use internal cues to conduct systematic searches of memory. By contrast, some nine-year-olds use internal cues (Kobasigawa, 1977; Salatas & Flavell, 1976).

Although children unquestionably have less sophisticated techniques than adults for recalling information, on some tasks young children perform as well as, or better than, older children and adults. This is particularly true when children know more about a subject than their more mature counterparts. Even very young children can demonstrate impressive memory skills when they have a substantial knowledge base (Lindberg, 1980; Richman, Nida, & Pittman, 1976). For example, a four-year-old boy who had become fascinated with dinosaurs was able to recall the names and characteristics of no less than 46 types (Chi & Koeske, 1983).

Factors that Influence Children's Memory

A variety of factors may influence a child's memory. These include the developmental sophistication of the child, salience of the events and details to be remembered, the child's ability to use memory strategies, the stress associated with the initial event and with post-event interviews, the suggestibility of the child, and inducements given to the child to withhold information about the event.

The Impact of Stress and Intimidation. Some researchers report that stress can decrease a person's willingness and ability to retrieve information from memory (see, e.g., Bussey, 1990; Goodman & Helgeson, 1985; Goodman & Reed, 1986; Peters, 1990). For example, in a study of age differences in eyewitness testimony, Goodman and Reed (1986) found that the performance of three-year-olds was inferior in almost every way to that of six-year-olds and adults. Goodman and Reed cited evidence suggesting that the three-year-olds seemed to be more intimidated by the research experience than older subjects, and conjectured that this increased stress led to declines in performance. Similarly, Peters (1991) conducted a study of children's memories for a trip to the dentist and concluded: "One fact is very apparent from our data. Heightened arousal never increased the recognition or recall accuracy of our subjects" (p. 75).

> ***How the child is interviewed is likely to have a profound effect on the child's ability to recall and report information from memory.***

However, other studies indicate that stress is not always associated with a negative effect on memory (Ochsner & Zaragoza, 1988). For example, in a series of studies that investigated children's responses to medical procedures, the researchers reported that, "when stress was very high and children became nearly hysterical with fear, stress was associated with enhanced memory" (Goodman, Hirschman, Hepps, & Rudy, 1991, p. 145). Warren-Leubecker, Bradley, & Hinton (1988) also found that children who rated themselves as more emotional about the explosion of the Challenger space shuttle recalled more about the tragedy than did less emotional children, even after a two-year interval.

How can these conflicting results regarding the impact of stress on memory be reconciled? One explanation is that stress alone may not impair memory processes. Indeed, stress can lead to arousal, heightened attention, and improved encoding (Deffenbacher, 1983). However, stress that results from intimidation may lead to either impairment in encoding or problems in recalling or reporting memories. Peters (1990) found that "confrontational" stress had a negative effect on children's reports of their memories of a staged theft. In postevent interviews, half the children were questioned in the presence of the thief. The other half were interrogated in the absence of the perpetrator. Peters found that the children's accuracy was compromised severely when the thief was present. Bussey (1990) found that when a child expects negative sanctions for disclosing information, truth-telling is compromised.

The stress induced in the experiments by Peters and Bussey is qualitatively different from that present in the Goodman et al. and Warren-Leubecker et al. studies. In the research by Peters and Bussey, stress involved intimidation, whereas in the work of Goodman and Warren-Leubecker, the stress was induced by the nature of the situation (e.g., receiving an inoculation or witnessing the explosion of a space shuttle). Collectively, these studies suggest that stress may not have a negative effect on the memories of young children unless it is coupled with intimidation.

The Impact of Inducements to Keep Secrets. Another important factor that influences the accuracy and completeness of children's reports is the use of incentives to keep secrets. Particularly in cases of sexual abuse, children may be motivated to keep secrets through (a) physical threats to the child or to loved ones, (b) telling the child that a perpetrator will get in trouble if the child discloses the secret (which may lead to disruption of the family, the child's main source of support), and (c) promises of tangible rewards if the child keeps quiet (Bottoms, Goodman, Schwartz-Kenney, Sachsenmaier, & Thomas, 1990).

Even young children have some knowledge of secrets (Marvin, Greenberg, & Mossler, 1976) and will keep secrets when given moderate motivation to do so (Bottoms et al., 1990). Bottoms et al. (1990) explored children's accuracy in reporting events which their mothers told them to keep secret. The researchers found that younger children (ages three

continued on next page

Overview

–N. W. Perry

continued from page 14

and four) tended to disclose the secret, whereas five- and six-year-olds generally kept the secret, "omitting information about the most salient activities of the session" (p. 9). Even a completely leading interview did not result in the children telling the secret.

In another laboratory study, Wilson and Pipe (1989) found that children who kept a confederate's secret were not less accurate in other respects than children who mentioned the secret. Moreover, like Bottoms et al. (1990), Wilson and Pipe (1989) found that errors made by the children were errors of omission (omitting actions that actually had occurred), rather than commission (actively falsifying information). Thus, an inducement to keep a secret may not alter the memory itself. However, such an incentive may have significant effect upon the manner in which the memory is reported to others. Secretiveness may be more of a problem with children who are less socially mature and lower in moral reasoning, more withdrawn, and more anxious (Clarke-Stewart, Thompson, & Lepore, 1989).

Once an event is properly encoded and stored in memory, a child's memory of it is likely to be as enduring as an adult's.

The Impact of Suggestion. It is commonly believed that children are more suggestible than adults (see Goodman, Golding, & Haith, 1984). Certainly children, like adults, are subject to suggestion, but children are not as suggestible as many adults believe (see Duncan, Whitney, & Kunen, 1982). Indeed, some studies indicate that children are no more easily swayed into incorrect answers by the use of misleading questions than are adults (Duncan et al., 1982; Marin et al., 1979). In contrast, other studies have found that under certain circumstances, children may be more suggestible than adults (Goodman & Reed, 1986). Because the effect of suggestion on material that has been well encoded tends not to be significantly different across age groups (Cohen & Harnick, 1980), it may be that younger children's inferior performance on suggestive tasks results from inferior encoding. In this regard, Loftus and Davies (1984) conclude:

> If an event is understandable and interesting to both children and adults, and if their memory for it is still equally strong, age differences in suggestibility may not be found. But if the event is not encoded well to begin with, or if a delay weakens the child's memory relative to an adult's, then age differences may emerge. In this case the fragments of the event that remain in the child's memory may not be sufficient to serve as a barrier against suggestion, especially from authoritative others. Of course, if the child's grasp of the language is so weak as to make him or her oblivious to the subject implications in the suggestive information, then the child may be immune to the manipulation regardless of the interest value or memorability of the stimuli, or the loss of an accurate memory record (p. 63).

Conclusion

Many factors may influence children's memory: developmental sophistication of the child, salience of the events and details to be remembered, the child's ability to use memory strategies, the stress associated with the initial event and with the post-event interviews, the suggestibility of the child, and inducements to withold information about the event in question. Typically, children are better able to describe a familiar event (i.e., a script memory) than a unique occurrence (i.e., an episodic memory), unless the unique occurrence is particularly salient and/or personally meaningful. It is important to understand that "forgetting" may be caused by a variety of problems: failure to perceive an event, lack of attention, difficulties in encoding or storing material, or problems in recalling the event. In addition, how the child is interviewed is likely to have a profound effect on the child's ability to recall and report information from memory. In the final analysis, once an event is properly encoded and stored in memory, a child's memory of it is likely to be as enduring as an adult's.

References

Bottoms, B.L., Goodman, G.S., Schwartz-Kenney, B., Sachsenmaier, T., & Thomas, S. (1990, March). *Keeping secrets: Implications for children's testimony.* Presented at the biennial meeting of the American Psychology-Law Society, Williamsburg, VA.

Brainerd, C., & Ornstein, P.A. (1991). Children's memory for witnessed events: The developmental backdrop. In J. Doris (Ed.), *The suggestibility of children's recollections: Implications for eyewitness testimony* (pp. 10-20). Washington, DC: American Psychological Association.

Bruner, J. (1973). *Beyond the information given.* New York: Norton.

Bussey, K. (1990, March). Adult influences on children's eyewitness testimony. In S. Ceci (Chair), *Do children lie? Narrowing the uncertainties.* Biennial Meeting of the American Psychology-Law Society, Williamsburg, VA.

Carey, S. (1978). A case study: Face recognition. In E. Walker (Ed.), *Explorations in the biology of language* (pp. 175-201). Montgomery, VT: Bradford Books.

Ceci, S.J., Toglia, M.P., & Ross, D.F. (1987). *Children's eyewitness memory.* New York: Springer-Verlag.

Cernoch, J.M., & Porter, R.H. (1985). Recognition of maternal axillary odors by infants. *Child Development, 56,* 1593-1598.

Chance, J.E., & Goldstein, A.G. (1984). Face-recognition memory: Implications for children's eyewitness testimony. *Journal of Social Issues, 40,* 69-85.

Chi, M.T.H., & Koeske, R.D. (1983). Network representation of a child's dinosaur knowledge. *Developmental Psychology,* 19, 29-39.

Clarke-Stewart, A., Thompson, W., & Lepore, S. (1989, April). Manipulating children's interpretations through interrogation. In G.S. Goodman (Chair), *Do children provide accurate eyewitness reports? Research and social policy implications.* Society for Research in Child Development Meeting, Kansas City, MO.

Cohen, R.L., & Harnick, M.A. (1980). The susceptibility of child witnesses to suggestion. *Law and Human Behavior,* 4, 201-210.

Collins, W.A., Wellman, H., Keniston, A., & Westby, S. (1978). Age-related aspects of comprehension and inferences from a televised dramatic narrative. *Child Development,* 49, 389-399.

Deffenbacher, K.A. (1983). The influence of arousal on reliability of testimony. In S.M.A. Lloyd-Bostock & B.R. Clifford (Eds.), *Evaluating witness evidence* (pp. 235-251). London: John Wiley & Sons, Ltd.

Duncan, E.M. Whitney, P., & Kunen, S. (1982). Integration of visual and verbal information in children's memories. *Child Development, 53,* 1215-1223.

Fantz, R.L. (1965). Visual perception from birth as shown by pattern

continued on next page

Overview

–N. W. Perry

continued from page 14

selectivity. *Annals of the New York Academy of Science, 118,* 793-814.

Fantz, R.L. (1966). Pattern discrimination and selective attention as determinants of perceptual development from birth. In A.H. Kidd and J.E. Rivoire (Eds.), *Perceptual development in children* (pp. 181-224). New York: International Universities Press.

Fisher, R.P., Amador, M., & Geiselman, R.E. (1989). Field test of the cognitive interview: Enhancing the recollection of actual victims and witnesses of crime. *Journal of Applied Psychology, 74,* 722-727.

Fisher, R.P. Geiselman, R.E., Raymond, D.S., Jurkevich, L.M., & Warhaftig, M.L. (1987). Enhancing enhanced eyewitness memory: Refining the cognitive interview. *Journal of Police Science and Administration, 15,* 291-297.

Fisher, R.P., & Quigley, K.L. (1989). *Improving epidemiological investigations with the Cognitive Interview: Tracing the source of food-borne outbreaks of disease.* Unpublished manuscript, Florida International University, Miami.

Fivush, R., Hudson, J., & Nelson, K. (1984). Children's long-term memory for a novel event: An exploratory study. *Merrill-Palmer Quarterly, 30,* 303-316.

Flapan, D. (1968). *Children's understanding of social interaction.* New York: Teachers College Press.

Flavell, J.H. (1977). *Cognitive development.* Englewood Cliffs, NJ: Prentice-Hall.

Fundidis, T. (1989). Annotation: Children's memory and the assessment of possible child sex abuse. *Journal of Child Psychology and Psychiatry, 30,* 337-346.

Furth, H.G., & Milgram, N.A. (1973). Labeling and grouping effects in the recall of pictures by children. *Child Development, 44,* 511-518.

Geiselman, R.E., Fisher, R.P., Cohen, G., Holland, H., & Surtes, L. (1986). Eyewitness responses to leading and misleading questions under the cognitive interview. *Journal of Police Science and Administration,* 14, 31-39.

Geiselman, R.E., Fisher, R.P., Firstenberg, I., Hutton, L.A., Sullivan, S.J., Avetissian, I.V., & Prosk, A.L. (1984). Enhancement of eyewitness memory: An empirical evaluation of the cognitive interview. *Journal of Police Science and Administration, 12,* 74-80.

Geiselman, R.E., Fisher, R.P., MacKinnon, D.P., & Holland, H.L. (1985). Eyewitness memory enhancement in the police interview: Cognitive retrieval mnemonics versus hypnosis. *Journal of Applied Psychology, 70,* 401-412.

Goodman, G.S., Aman, C., & Hirschman, J. (1987). Child sexual and physical abuse: Children's testimony. In S.J. Ceci, M.P. Toglia, & D.F. Ross (Eds.), *Children's eyewitness memory* (pp. 1-23). New York: Springer-Verlag.

Goodman, G.S., Golding, J.M., & Haith, M.M. (1984). Jurors' reactions to child witnesses. *Journal of Social Issues, 40,* 139-156.

Goodman, G.S., & Hahn, A. (1987). Evaluating eyewitness testimony. In I.B. Weiner & A.K. Hess (Eds.), *Handbook of forensic psychology* (pp. 258-292). New York: Wiley.

Goodman, G.S., & Helgeson, V.S. (1985). Child sexual assault: Children's memory and the law. *University of Miami Law Review, 40,* 181-208.

Goodman, G.S., Hirschman, J., Hepps, D., & Rudy, L. (1991). Children's memory for stressful events. *Merrill-Palmer Quarterly, 37,* 109-157.

Goodman, G.S., & Reed, R.S. (1986). Age differences in eyewitness testimony. *Law and Human Behavior,* 10, 317-332.

Grossberg, S.J. (1985). A stepping stone to truth: Hypnosis and the preparation of the child witness. *Journal of Juvenile Law, 9,* 53-66.

Harris, J., & Liebert, R. (1991) *The child.* Englewood Cliffs, NJ: Prentice-Hall.

Johnson, M.K., & Foley, M.A. (1984). Differentiating fact from fantasy: The reliability of children's memory. *Journal of Social Issues, 40,* 33-50.

Kail, R.V., Jr., & Hagen, J.W. (1977). Introduction to R.V. Kail, Jr., and J.W. Hagen (Eds.), *Perspectives on the development of memory and cognition (pp. xi-xiii).* Hillsdale, NJ: Lawrence Erlbaum Associates.

Kobasigawa, A. (1974). Utilization of retrieval cues by children in recall. *Child Development, 45,* 127-134.

Kobasigawa, A. (1977). Retrieval strategies in the development of memory. In R.V. Kail, Jr., and J.W. Hagen (Eds.), *Perspectives on the development of memory and cognition* (pp. 177-201). Hillsdale, NJ: Lawrence Erlbaum Associates.

Lepore, S.J. (1991). Child witness: Cognitive and social factors related to memory and testimony. *Issues in Child Abuse Accusation, 3,* 65-89.

Lindberg, M. (1980). The role of knowledge structures in the ontogeny of learning. *Journal of Experimental Child Psychology, 30,* 401-410.

Lindberg, M. (1991). An interactive approach to assessing the suggestibility and testimony of eyewitnesses. In J. Doris (Ed.), *The suggestibility of children's recollections: Implications for eyewitness testimony* (pp. 47-55). Washington, DC: American Psychological Association.

Loftus, E.F., & Davies, G.M. (1984). Distortions in the memory of children. *Journal of Social Issues, 40,* 51-67.

Marin, B.V., Holmes, D.L., Guth, M., Kovac, P. (1979). The potential of children as eyewitnesses. *Law and Human Behavior, 3,* 295-306.

Marvin, R.S., Greenberg, M.T., & Mossler, D.G. (1976). The early development of conceptual perspective taking: Distinguishing among multiple perspectives. *Child Development, 47,* 511-514.

Moely, B.E. (1977). Organization factors in the development of memory. In R.V. Kail, Jr. and J.W. Hagen (Eds.), *Perspectives on the development of memory and cognition* (pp. 203-236). Hillsdale, NJ: Lawrence Erlbaum Associates.

Myers, N.A., & Perlmutter, M. (1978). Memory in the years from two to five. In P.A. Ornstein (Ed.), *Memory development in children* (pp. 191-218). Hillsdale, NJ: Lawrence Erlbaum Associates.

Nelson, K., & Kosslyn, S.M. (1976). Recognition of previously labeled or unlabeled pictures by 5-year-olds and adults. *Journal of Experimental Child Psychology, 21,* 40-45.

Ochsner, J.C., & Zaragoza, M. (1988, March). Children's eyewitness testimony: Accuracy and suggestibility of a memory for a real event. Paper presented at the biennial meeting of the American Psychology-Law Society, Miami.

Ornstein, P.A., Gordon, B.N., & Braddy, D. (in press). Children's memory for a personally experienced event: Implications for testimony. *Applied Cognitive Psychology.*

Perlmutter, M. (1984). Continuities and discontinuities in early human memory paradigms, processes, and performances. In R.V. Kail and N.E. Spear (Eds.), *Comparative perspectives on the development of memory* (pp. 253-287). Hillsdale, NJ: Lawrence Erlbaum Associates.

Perry, N.W., Kern, S., Eitemiller, J., Mohn, S., Fischer, M.P., & Stessman, L.J. (1991, April). *Factors affecting children's ability to provide accurate testimony.* Presented at the annual meeting of the Western Psychological Association, San Francisco.

Perry, N.W., Nielsen, D., Burns, D., Cunningham, E., & Jenkins, S. (1987, April). *Young children's ability to provide accurate testimony following a witnessed event.* Paper presented at the spring meeting of the Nebraska Psychological Association, Lincoln, NE.

Perry, N.W., & Teply, L.L. (1984-1985). Interviewing, counseling, and in-court examination of children: Practical approaches for attorneys. *Creighton Law Review, 18,* 1369-1426.

Peters, D.P. (1987). The impact of naturally occurring stress on children's memory. In S.J. Ceci, M.P. Toglia, & D.F. Ross (Eds.), *Children's eyewitness memory* (pp. 122-141). New York: Springer-Verlag.

Peters, D.P. (1990, March). *Confrontational stress and children's testimony: Some experimental findings.* In S. Ceci (Chair), *Do children lie? Narrowing the uncertainties.* Symposium of the American Psychology-Law Society, Williamsburg, VA.

Peters, D.P. (1991). The influence of stress and arousal on the child witness. In J. Doris (Ed.), *The suggestibility of children's recollections: Implications for eyewitness testimony* (pp. 60-76). Washington, DC: American Psychological Association.

Piaget, J., & Inhelder, B. (1973). *Memory and intelligence.* New York: Basic Books.

Pynoos, R.S., & Nader, K. (1989). Children's memory and proximity to violence. *Journal of the American Academy of Child and Adolescent Psychiatry, 28,* 236-241.

Richman, C.L., Nida, S., & Pittman, L. (1976). Effects of meaningfulness on child free-recall learning. *Developmental Psychology, 12,* 460-465.

Salatas, H., & Flavell, J.H. (1976). Retrieval of recently learned information: Development of strategies and control skills. *Child Development, 47,* 941-948.

Terr, L. (1979). Children of Chowchilla: Study of psychic trauma. *Psychoanalytic Study of the Child, 34,* 547-623.

Todd, C.M., & Perlmutter, M. (1980). Reality recalled by preschool children. *New Directions in Child Development,* No. 10: *Children's Memory,* 69-86.

Warren-Leubecker, A., Bradley, C., & Hinton, I.D. (1988, March). *Scripts and the development of flashbulb memories.* Paper presented at the Conference of Human Development, Charleston, SC.

Werner, J.S., & Perlmutter, M. (1979). Development of visual memory in infants. In H.W. Reese and L.P. Lipsitt (Eds.), *Advances in child development and behavior.* Vol. 14 (pp. 1-56). New York: Academic Press.

Wilson, J.C., & Pipe, M.E. (1989). The effects of cues on young children's recall of real events. *New Zealand Journal of Psychology, 18,* 65-70.

Nancy Perry, PhD, is Chair of the Department of Psychology at Creighton University in Omaha, Nebraska.

RESEARCH

Studying Delayed Memories of Childhood Sexual Abuse

—by John Briere

Empirical investigation of the incidence and long-term effects of childhood sexual abuse spans less than 20 years. In that time, nevertheless, we have learned much about the many sequelae of sexual acts against children. With this greater knowledge have come new puzzles, however. One of these is reflected in the following scenario:

A 34-year-old woman presents to a psychotherapist with complaints of chronic depression, suicidal ideation, extensive drug abuse, episodes of self-mutilation, and, most recently, intrusive images and dreams of men engaging in sexual acts with a crying child. She describes multiple short-lived relationships with older men who are almost inevitably abusive, and states that she fears she drives them away by virtue of her "frigidity." The clinician recognizes these problems as among those commonly associated with childhood sexual abuse in the research literature, and asks about childhood trauma. The woman becomes very upset, and emphatically denies any history of sexual abuse.

The above example is not atypical: Many psychotherapists describe clients or patients whose difficulties are suggestive of a sexual abuse history but who report no memories of having been molested (see, e.g., Briere, 1989; Courtois, 1988; Gil, 1988; Goodwin, 1989; Meiselman, 1990). In the absence of definitive data, such clinicians are left with a limited number of possibilities: 1) If abuse isn't remembered it did not occur, or 2) Even though abuse isn't remembered, it might have occurred.

In the past, this dilemma was often resolved in favor of the former: The client was assumed to be suffering from other, nonabuse-related problems (e.g., "pre-Oedipal issues") or precipitants (e.g., maternal ambivalence or rejection). More recently, however, an increasing number of adult clients have come to report new recollections of childhood sexual abuse, often during intensive psychotherapy. At this juncture, a new set of possibilities arises: Either 1) There is a relatively common phenomenon, perhaps called amnesia, in which childhood traumas are "forgotten" until they are somehow restimulated at a later point in time, or 2) Some clients lie about (or are deluded into believing) childhood sexual abuse, perhaps as the result of a "False Memory Syndrome" (False Memory Syndrome Foundation, n.d.). In the former case, the recovery of childhood memories may be an important component of effective abuse-focused treatment. In the latter, deluded or mislead individuals should be disabused of their confusion lest they falsely accuse innocent people and/or waste precious time and resources on unnecessary treatment.

In the absence of definitive data, clinicians are left with a limited number of possibilities: 1) If abuse isn't remembered it did not occur, or 2) Even though abuse isn't remembered, it might have occurred.

To add to the potential confusion, we have at least two models from which to explain why someone abused as a child might "forget" such an event. The classic notion of repression, as presented by Freud (1966), suggested that sexual abuse memories might be blocked from conscious awareness by virtue of their potential to produce extreme psychical conflict. Thus, for example, a victim who experienced some level of enjoyment of his or her abuse, who for some reason desired the sexual contact, or who received bribes or special privileges for not disclosing, might actively repress his or her abuse memories in the interest of avoiding feelings of guilt or shame. In contrast, others refer to amnesia when describing absent sexual abuse memories, suggesting a dissociative defense against re-experiencing the anxiety and distress associated with recall of especially traumatic abuse. From this perspective, "Dissociation is adaptive: it allows relatively normal functioning for the duration of the traumatic event and leaves a large part of the personality unaffected by the trauma" (van der Kolk & Kadish, 1987, p. 195-186).

The Research

Obviously, the number of unknowns strongly supports vigorous research in this area. Thus far, two studies have been conducted to study possible delayed abuse memories: One by Judith Herman and Emily Schatzow, published in *Psychoanalytic Psychology* in 1987, and one by myself and Jon Conte (with assistance from Daniel Sexton), to be published in the *Journal of Traumatic Stress* early in 1993.

Herman and Schatzow (1987) studied 53 women with self-reported histories of childhood sexual abuse who were members of time-limited abuse-focused therapy groups. They found that 64% of these women reported incomplete or absent memories of their abuse at some time in the past. Memory impairment was associated with more violentt sexual abuse experiences and with abuse that occurred relatively earlier in life. The higher level of violence in the abuse histories of amnestic women suggested to the authors that these individuals were attempting to lessen internal distress by avoiding painful recollection — a process that would support a dissociative model of memory loss. Unfortunately, one cannot rule out the possibility that conflict, too, motivated absent memories, since this variable was not examined in Herman and Schatzow's research.

In Briere and Conte's study (in press), a large clinical sample of adults who reported forced sexual contact at age 16 or younger by a person five or more years older was recruited by their therapists. Ultimately, 450 women and men completed an extensive questionnaire examining current symptomatology (via the SCL-90), characteristics of the abuse and perpetrator behaviors, victims' reaction to the abuse (e.g., enjoyment, fear, guilt), and — among a number of the variables — response to the following question: "During the period of time between when the forced sexual experience happened and your eighteenth birthday was their ever a time when you could not remember the forced sexual experience?"

Of the 450 subjects, 267 (59.3%) reported amne-

continued on next page

Research

—John Briere

continued from page 17

sia for sexual abuse at some point before age 18. Relative to the nonamnestic group, these subjects reported molestation at an earlier age (at 5.8 years versus 7.3 years), abuse over a longer period of time (11.5 years versus 9.3 years), victimization by more individuals (2.5 versus 2.1), a greater likelihood of having been physically injured as a result of the sexual abuse (35% versus 19%), a greater fear that they would die if they ever reported the abuse (34% versus 21%), and, as adults, higher scores on the General Symptom Index of the SCL-90. Not associated with abuse-related amnesia, however, were any potential indicators of intrapsychic conflict, such as physical or emotional enjoyment of the abuse, whether the victim struggled with the abuser, presence of bribes or extra privileges, guilt about the abuse or about not disclosing it to others, or extent of shame regarding the abuse experience.

Potential Limitations of the Research

There are several problems inherent in both Herman and Schatzow's study and our own, however, that constrain each's interpretability. Both used data derived from retrospective self-report, a limitation of most "abuse effects" research (Briere, 1992). As a result, we cannot rule out the possibility that subjects' recall of abuse-related events and/or their reactions to said events, or even their recall of their remembering was not affected by other variables such as passage of time, continuing memory impairment, current psychological distress or dysfunction, etc. Similarly, as reflected by a relatively recent discussion in the *American Journal of Psychiatry* (Briere & Zaidi, 1989; Rich, 1990), such research cannot rule out entirely the possibility that subjects lied or otherwise confabulated their abuse, as per concerns about a False Memory Syndrome. The large (and relatively equal) percentage of subjects reporting some level of amnesia in each study, however, appears to suggest either that abuse-related amnesia is a common, "real" phenomenon, or that an unknown phenomenon of major proportion caused more than half of 500+ women and men to misrepresent their childhood histories.

Potential Implications

If the self reports of subjects in these two studies are more or less accurate, several tentative conclusions may be made:

1. Amnesia for childhood sexual abuse (partial or otherwise) may be a relatively common phenomenon, at least among adults in clinical populations;
2. Abuse-specific amnesia may be associated more with violence than with internal conflict, suggesting that the motivation for amnesia may be dissociative avoidance of abuse-related distress;
3. Earlier abuse may promote amnesia more than abuse at a later age; and
4. Previous amnesia for childhood sexual abuse may be associated with greater current psychological symptomatology, even when subjects report that amnesia has since lifted.

Conclusions

In both of the above studies the authors speculate further on why violence might stimulate dissociative avoidance of memories, and why early abuse might be more likely to be repressed. Briere and Conte suggest that avoidant defenses may be a risk factor for poorer psychological health, much as initially suggested by Freud (1954) in his model of the etiology of hysteria. More relevant to the present discussion, however, is the fact that the available data do not support definitive statements about the incidence, form, or function of abuse-related amnesia. Short of longitudinal research on the content and accuracy of abuse-related memories over time, or some other method of independently validating the veracity of recalled abuse (Briere, 1992), our knowledge of delayed memories will be, at best, incomplete.

Despite the preliminary quality of the information presently available, these data do suggest that some type of defensive memory disruption occurs in some adults who were severely abused as children. To the extent that this is true, it logically follows that memory recovery will be an important component of abuse-focused therapy for some individuals. Ultimately, of course, only further research on trauma, memory, and recall will provide the clarity so obviously needed in this controversial area.

References

Briere, J. (1989). *Therapy for adults molested as children: Beyond survival.* New York: Springer Publishing Co.

Briere, J. (1990). Accuracy of adults' reports of abuse in childhood: Dr. Briere replies (invited letter). *American Journal of Psychiatry, 147,* 1389-1390.

Briere, J. (1992). Methodological issues in the study of sexual abuse effects. *Journal of Consulting and Clinical Psychology, 60,* 196-203.

Briere, J., & Conte, J. (in press). Self-reported amnesia for abuse in adults molested as children. *Journal of Traumatic Stress.*

Briere, J., & Zaidi, L.Y. (1989). Sexual abuse histories and sequelae in female psychiatric emergency room patients. *American Journal of Psychiatry, 146,* 1602-1606.

Courtois, C.A. (1988). *Healing the incest wound: Adult survivors in therapy.* New York: Norton.

False Memory Syndrome Foundation (n.d.). *Mission and Purpose.* Unpublished mimeograph. Philadelphia: Author.

Freud, S. (1954). The aetiology of hysteria. In J. Strachey (Ed. and Trans.), *The complete psychological works of Sigmund Freud, standard edition.* London: Hogarth Press.

Freud, S. (1966). In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud.* London: Hogarth Press.

Gil, E. (1988). *Treatment of Adult Survivors of Childhood Abuse.* Walnut Creek, CA: Launch Press.

Goodwin, J.M. (1989). *Sexual abuse: Incest victims and their families (2nd Ed.).* Chicago: Year Book Medical Publishers.

Herman, J.L. and Schatzow, E. (1987). Recovery and verification of memories of childhood sexual trauma. *Psychoanalytic Psychology, 4,* 1-14.

Meiselman, K.C. (1990). *Resolving the trauma of incest: Reintegration therapy with survivors.* SanFrancisco: Jossey-Bass.

Rich, C.L. (1990). Accuracy of adults' reports of abuse in childhood (letter). *American Journal of Psychiatry, 147,* 1389.

van der Kolk, B.A., & Kadish, W. (1987). Amnesia, dissociation, and the return of the repressed. In B.A. van der Kolk, *Psychological Trauma.* Washington, DC: American Psychiatric Press.

Note: This article contains information to be published in the Journal of Traumatic Stress, in 1993, presented here with permission.

John Briere, PhD, is Associate Professor in Psychiatry (Psychology) at USC School of Medicine, Los Angeles, and is a member of APSAC's Board of Directors.

RESEARCH

Adult Memories of Childhood Abuse: Preliminary Findings from a Longitudinal Study

–by Linda Meyer Williams

Most of our current knowledge about child sexual abuse comes from studies like those of Russell (1986), Finkelhor (1979; 1984), Briere and Runtz (1985), Bagley and Ramsay (1985) and Wyatt (1985). These studies survey adults in the community and ask them to report whether they were sexually abused as a child. Based on these retrospective studies, we know that child sexual abuse is more common than was once believed. The best community surveys indicate that at least 1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18. Because a high proportion of child sexual abuse cases go unreported, official records do not provide an accurate picture of its incidence or prevalence.

But these community studies are subject to questions about the validity of retrospective reports. Some skeptics dismiss such studies as seriously distorted over-reporting based on women's fantasies about sexual abuse, or researchers and clinicians who ask leading questions. It is more likely, however, that despite the alarming prevalence of child sexual abuse suggested by existing research, our figures are still an underestimate because a number of women do not remember the abuse or chose not to tell. Correction of such an underestimation would not only change our calculation of the prevalence of child sexual abuse, but also would have implications for our understanding of the long-term consequences of abuse. If many victims do not disclose their abuse in retrospective surveys, then comparisons made of the differences in the functioning of victims and "non-victims" may underestimate or overestimate the true effect of the abuse. Some members of the supposed "non-victim" group will have, in fact, been abused. Abused women who do not report their abuse may be experiencing increased social and psychological difficulties. If they were included in the victim group, the magnitude of the differences between abused and not abused would *increase.* On the other hand, abused women who do not report their abuse in retrospective studies may be experiencing fewer difficulties and, if included in the victim group, they would *decrease* the magnitude of the effects.

There is much evidence from clinical samples that many women sexually abused as children experience periods when they cannot remember the abuse. Briere and Conte (in press) found that 59% of 450 women in treatment had at some time forgotten the sexual abuse they suffered during childhood. Herman and Schatzow (1987) report amnesia for abuse in 28% of their clinical sample. But, these were clinical samples and we do not know how common amnesia is in a community sample.

This study provides one of the first opportunities to evaluate whether some women who reported sexual abuse in childhood will fail to disclose the abuse when asked about it 17 years later. This study follows a group of 200 females (aged infant to 12 years old at the time of abuse) who reported sexual abuse in the early 1970's. Details of the sexual abuse were recorded as part of a National Institutes of Mental Health study of the immediate consequences of abuse shortly after the abuse was reported and, thus, are not subject to recall biases. The results of interviews with these women, now 17 years older, can help determine how widespread non-disclosures are in retrospective self-report surveys and the association between amnesia for the abuse and social and psychological difficulties. This brief report will share some preliminary findings.

Method

These preliminary data are based on interviews with 100 women who reported sexual abuse in childhood in 1973, 1974, or 1975. In the 1970's, all reported victims of sexual abuse in a major northeastern city were brought to the city hospital emergency department for treatment and collection of forensic evidence, even when there was no physical trauma present. The girls and their family members were interviewed and information about the abuse was carefully documented in medical records and interviews with research staff shortly after the girls were seen in the emergency department. In 1990 and 1991, these women were relocated and interviewed. At the time of reinterview, the women ranged from age 18 to 31. The majority of the women are African-American.

The sexual abuse ranged from sexual intercourse (36%) to touching and fondling (33%). In 55% of the cases, the perpetrator was 10 or more years older than the victim. All of the perpetrators were males. In 14% of the cases, the offender was a member of the immediate family, in 18% he was an extended family member, 29% a friend of the child or of the family, in 30% of the cases a casual acquaintance was involved, and in 22% a stranger. In 21% of the cases, there were multiple perpetrators.

The women were contacted by the researchers and asked to participate in an important follow-up study looking at the lives and health of women who received medical care at the city hospital. We emphasized the importance of the study and paid them for their time and travel expenses. If they asked how we got their name, we said that it was selected from the records of people who went to the city hospital in 1973-1975.

The subjects were asked about childhood experiences with sex to elicit their responses about sexual victimization. A large number of separate screening questions about experiences with sexual abuse were included, following the approach of Russell (1986). To elicit information about events they did not now define as abuse, but which may have precipitated a report, the women were also asked about reports of sexual abuse which were made by them or by others, but the reported abuse did not actually occur. They were also asked if anyone in their family ever got in trouble for his/her sexual activities. Because all of the women were examined at the city hospital, those who

continued on next page

Research

–Linda Meyer Williams

continued from page 19

did not report the abuse during the follow-up interview were asked if they recollected going to the hospital as a child.

It is important to take into account the problems with generalizing based on this sample. These cases over-represent poor and African-American victims whose family members had to turn to hospitals for treatment instead of utilizing private physicians. But the best evidence suggests little difference in the consequences of sexual abuse for women of color and white women (Wyatt, 1990). There is no research, however, about differential rates of amnesia for child sexual abuse among samples of African-American and white women. Also, the sample does not include unreported cases (although some women now maintain that the abuse known to the researcher was never reported and some have experienced other, unreported abuse). The findings may not apply to females who do not disclose sexual abuse.

Findings

Thirty-eight percent of the women were amnestic for the abuse or chose not to report the abuse to our interviewers 17 years later. Qualitative analysis of these reports and non-reports suggests that the vast majority of the 38% were women who did not remember the abuse. Detailed probing, but sensitive questions were used in the course of a two-hour interview. Rapport with each subject was carefully established. Most of these women told us about numerous other very personal matters, so it is unlikely that embarrassment was the reason for their silence. In fact, over one-half (53%) of the women amnestic for the abuse reported other childhood sexual victimizations.

Some women gave dramatic indications that they were amnestic for the abuse and would have told us if they had "known." For example, in one instance the young woman told the interviewer that she was never sexually abused as a child, and she repeatedly and calmly denied any sexual abuse experiences throughout the detailed questioning. She was also asked if anyone in her family had ever gotten into trouble for his/her sexual behavior and she said, "No," and then added, "Oh, wait a minute, could this be something that happened before I was born?" When told, "yes," she said, "My uncle sexually assaulted someone." Later, in response to another question about any concerns she has had about her daughter's safety from sexual victimization, she said, "I never met my uncle (my mother's brother), he died before I was born. My mother told me this story. You see, he molested a little girl. When the little girl's mother found out that her daughter was molested, she took a butcher knife and stabbed him in the heart, killing him." The interviewer (blind to the circumstances of this woman's victimization) recorded the details of this account of the uncle's death and completed the interview. Comparison with the original account of the abuse in the medical records reveals that this subject (age 4), her sister (age 7) and her female playmate (age 4) were abused by the uncle. Our records reveal that when this subject told her mother about the abuse, her mother, in turn, informed the mother of the playmate. The mother of the playmate, according to newspaper accounts available in the case files, armed herself with a knife and went looking for the uncle. She stabbed him five times. Hospitalized, he died of his injuries five days later. The mother of our subject took both her daughters to the funeral. The sister, who was seven at the time of the abuse, on reinterview in 1991, also reported no child sexual victimization and did not ever allude to the uncle or to his death.

Thirty-eight percent of the women were amnestic for the abuse or chose not to report the abuse to our interviewers 17 years later.

These preliminary findings suggest that amnesia for sexual abuse in a community sample is not an uncommon event. Over one-third of the women failed to report victimization which occurred 17 years earlier, and most who did not report appear to be amnestic for the abuse.

Thirty-eight percent represents a very large proportion of victimized women who are amnestic for or fail to report their childhood sexual victimization. It suggests that retrospective studies which rely on self-reports of childhood experiences of sexual victimization are likely to result in an underestimation of the true prevalence of such abuse. Because 53% of the women who failed to report this index event (the abuse which brought them into the study) did report a (different) sexual abuse experience which occurred at some other time during their childhood, only 17% of the abused women in a retrospective study would have been wrongly classified as not abused. This suggests that for every five women who retrospectively report sexual victimization in childhood, there is be one additional woman who was victimized in childhood but does not report. While only 17% of the abused women are misclassified as non-abused, at least 38% of the abused women are amnestic for or fail to report some of the child sexual abuse which was perpetrated against them. This would affect compilation of information on the number, severity, and nature of child sexual abuse experienced by women.

It is possible that the women in this study, because they reported their childhood abuse to the authorities, were more likely to remember the abuse than women who during childhood never told of the abuse. This suggests that the figure of 38%, based on this sample, is a conservative estimate of the proportion of women who do not disclose their childhood sexual abuse.

Despite the problems of generalizability, this study was uniquely able to help us understand the problems of non-reporting in retrospective studies of child sexual abuse. More than one-third of the child

OPINION
Misplaced Attention to Delayed Memory
—by Roland C. Summit

The phenomenon of delayed memory provides another bullet for the bushwhackers of the backlash. With a popular mindset that the most important events should be the most vividly memorable, there is predictable distrust toward someone who claims to remember salient trauma after years of amnesia. With various experts already mobilized to discredit children who allege sexual assault, experts who have publicized a supposed witch hunt by nefarious child abuse "validators," any clinician who helps an adult discover lost memories is at risk of being ambushed by established opposition. The delayed discovery of child sexual abuse in the seventies had some ten years of relatively unprejudiced exploration before the explorers were themselves attacked. The discovery of delayed memory offers made-to-order ammunition to a growing army of professional skeptics, attracting opposition even from highly respected authorities who had previously been at least passively supportive of a child victim's right to complain and of a clinician's right to explore.

Before these enigmas can be resolved in adversarial disputes we must appreciate the profound gaps in our available knowledge.

The major ingredients of this escalating conflict are the use of the courts as the beachhead, the high financial stakes of civil litigation, and the increasing invasion against constitutional rights to due process. The emerging battle of the experts could end in the rout of well-intentioned victim advocates by equally righteous defenders of civil rights, losing in that process the vital opportunity to explore and define the last frontier of human consciousness.

I believe this is the time to cap a century of progress with a monumental achievement in awareness. We must cherish and develop the concept that what we don't know can hurt us. We can establish, for the first time, that our lives and even the nature of our society can be shaped by experiences so terrible that they are, in the words of Josef Breuer a century ago, "forbidden to consciousness" (1895, p. 225). We may learn that huge chunks of oppositional thought, cruelty, perversity, helplessness, self-destruction and mental illness are derived from this hidden reservoir of suffering, and we could inspire unprecedented achievements in healing, prevention and enlightened peacemaking. Such gains will not be made through battle, and such enlightenment will not come from impertinent opinion. The great victory for humankind could emerge only from new coalitions of clinical exploration and dedicated research. A magnificent opportunity will fade into the next century, once again unheeded, if we sacrifice our credibility to the demands of adversarial pretense in pecuniary skirmishes.

The purpose of this article is not to predict the future of research nor to discourage appropriate support for present-day survivors. Rather, it is to urge caution against a premature rush to judgment and to focus on the importance of what we might learn tomorrow as opposed to what we might be asked to prove today.

Dissociation

In order to understand what it means for an adult to access something unremembered from childhood, it is essential to understand what it means for a child in the midst of trauma to de-access that experience. Consider the report of Marilyn Van Derbur, Miss America of 1958, who describes sexual victimization from ages 5 to 18:

In order to survive, I split into a day child, who giggled and smiled, and a night child, who lay awake in a fetal position, only to be pried apart by my father. Until I was 24, the day child had no conscious knowledge of the night child. During the day, no embarrassing or angry glances ever passed between my father and me . . . because I had no conscious knowledge of

continued on next page

Research
–Linda Meyer Williams

continued from previous page

sexual abuse that took place in the lives of 100 women is missed in a retrospective study designed to maximize reporting. Further analyses will explore the nature of the sexual abuse which is forgotten and thus missed by retrospective studies, and the abuse and victim characteristics associated with amnesia for the abuse.

These preliminary findings confirm the reports from clinical samples that a large proportion of women do not recall childhood sexual victimization experiences. The relationship of amnesia for the abuse to adult social and psychological functioning will be the subject of further analysis.

References

Bagley, C., & Ramsay, R. (1985). Disrupted childhood and vulnerability to sexual assault: Long-term sequels with implications for counseling. *Social Work and Human Sexuality, V, pp!*

Briere, J., & Conte, J. (1989). *Amnesia in adults molested as children: Testing theories of repression.* Paper presented at the annual meeting of the American Psychological Association, NewOrleans, LA.

Briere, J., & Runtz, M. (1988). Symptomtology associated with childhood sexual victimization in a nonclinical adult sample. *Child Abuse and Neglect, 12,* 51-59.

Finkelhor, D. (1979). *Sexually victimized children.* New York: Free Press.

Finkelhor, D. (1984). *Child sexual abuse; New theory and research.* New York: Free Press.

Herman, J.L., & Schatzow, E. (1987). Recovery and verification of memories of childhood sexual trauma. *Psychoanalytic Psychology, 4*(1), 1-14.

Russell, D. (1986). *The secret trauma: Incest in the lives of girls and women.* New York: Basic Books.

Wyatt, G. (1985). The sexual abuse of Afro-American and white American women in childhood. *Child Abuse and Neglect, 10,* 231-240.

Wyatt, G. (1990). The aftermath of child sexual abuse of African American and white American women: The victim's experience. *Journal of Family Violence, 5* (1), 61-81.

This research was supported by the National Center on Child Abuse and Neglect (90-CA-1406).

Linda Meyer Williams, Ph.D., is a Research Associate Professor at the University of New Hampshire Family Research Laboratory, and a Senior Research Associate at Joseph J. Peters Institute in Philadelphia, and is a member of APSAC's Executive Committee.

Opinion

–Roland C. Summit

continued from page 21

what he was doing to me. (Van Der Ber, 1991b, p. 90)

But the more degraded the night child became, the more the day child needed to excel... from skiing on the Univ of Colorado's ski team, to being a debutante, to graduating with Phi Beta Kappa Honors, to being named Miss America.

I believed I was the happiest person who ever lived. I truly believed that (Van Derbur, 1981a, p.2).

Think of the apparent paradox of a child who can turn the most crippling experience into spectacular outward achievement, but at the cost of genuine self-awareness and self-esteem. Consider the parallel to a statement written in 1987 by "Sarah," suffering from what had been diagnosed until then as a disabling borderline personality disorder:

My dad molested me for 15 years, starting when I was three or four. During that time I split my life into compartments. During the day I forgot that Dad was touching me at night and on the weekends.... Sometimes things would jar me into awareness. Mushrooms that looked like penises, tongue depressors, tapioca pudding, fear of getting anything wet and gooey on me, etc. Otherwise I just didn't know about the sex (Sarah, p. 1).

We have been slow to consider the implications of dissociation for protective awareness of child sexual abuse. We base our prevalence statistics and intervention priorities on complaints, not on behavioral suspicion. If Sarah's distracted and increasingly self-destructive behavior had led to questioning about sexual abuse, Sarah could have said most sincerely and eagerly, "No nothing like that. I love my father. He's the most important person in my life". And he was. The rest of Sarah's narrative describes how desperately important this respected man was in her development because he had absolute control of her life and her consciousness.

The ability to accept that childhood dissociation of trauma exists requires an alien paradigm of human consciousness. We are forced to understand that unremembered terror can happen, that it can affect a person's identity, world view, emotional balance and mental health, and that neither that person nor those looking can discover the festering wound. We must come to grips with what we can and cannot do to protect a child if we come to know, clinically, that a child is suffering severe abuse, but can not know, legally, who is responsible. Before these enigmas can be resolved in adversarial disputes we must appreciate the profound gaps in our available knowledge. And we should respect the painful threat that enlightenment poses for our comforting faith in a just and fair society. We would have to consider that we may be capable as a people of hiding our most grotesque activities under the cover of dissociation, so that we don't know we're doing it, our victims can't say it's happening, and as an outer society we will insist that no such thing could possibly exist. Dissociation, the touchstone into a golden era of understanding, is at first glance the pitfall into hopeless confusion. Until dissociation awareness is incorporated into common sense, courtroom advocates can be dismissed as tour guides to La La Land, espousing beliefs which insult basic logic.

While it is urgently important to know that dissociation is real, it is doubly important not to endorse as accurate, in fact, details or encounters that may be part of a still unknown process of distortion.

Although we lack authority to legally validate the credibility of a given survivor, it is imperative to realize, and to help others to recognize, that the phenomena of childhood dissociation and adult remembering of trauma are not only very real but also not at all uncommon or pathological. It is vitally important to know, as Briere and Conte (in press) have demonstrated, that among a sample of 450 adults in treatment for childhood abuse, 59% went through periods of amnesia when they were not aware of their prior abuse.

While it is urgently important to know that dissociation is real, it is doubly important not to endorse as accurate, in fact, details or encounters that may be part of a still unknown process of distortion. Client growth and therapist credibility both depend on empowering the client, not the therapist, to resolve the daunting ambiguities of unfamiliar images. The capacity to explore the potential of forgotten trauma within the privacy and ethical constraints of treatment must not be confused with a mission to give scientific authority to incriminating recollections in the glare of adversarial tournaments. Even when we feel confident that the abuse was real, we should exercise a different order of restraint before applying clinical intuition derived from helping presumed victims in private toward the end of hurting presumed offenders in family confrontations and public accusations.

In the Interests of Defense

What we choose to believe depends on whom we rely on as teachers. If we learn from children we will be most impressed by the painful lessons of child abuse and least impressed by the predictable denials of accused adults. Yet the more typical reaction, following the normal tendency to learn primarily from other adults, is to feel primary sympathy for the dilemma of the falsely accused. By now there are recognizable and organized camps in the battle and the backlash of the child sexual abuse war (Hechler, 1988). It is dangerous to continue to polarize these camps, as if one is enlightened and the other perverse. In the light of history, including the history of psychoanalysis and other schools of psychology and of law, traditional, adult-based knowledge has prevailed over impertinent, victim-generated concerns (Summit, 1988, 1989). Child advocates must be willing to learn also from the adult victims of accu-

continued on next page

Opinion

–Roland C. Summit

continued from page 22

sation, without judging whether the accusation is true or false, in order to appreciate the potential tragedy of one-sided judgment. Otherwise, in the absence of traditional assurances, we may avoid fraternizing with the other side in order to protect our cherished sympathies against the risk of ambivalence and uncertainty. This same admonition, of course, applies equally to those who isolate themselves from the pain of abused children in defense of adult comfort. We all would do well to seek crossover experiences to test unwarranted bias.

By now there are recognizable and organized camps in the battle and the backlash of the child sexual abuse war . It is dangerous to continue to polarize these camps, as if one is enlightened and the other perverse.

One such crossover experience occurred for me in consultation with "Rachel," a bereaved mother.

Rachel is a survivor of internment in the Holocaust, someone with a tremendous investment in the integrity of her family. Her adult daughter, who Rachel believed was happy and well-adjusted, estranged herself from her parents after entering therapy. She announced that she was the childhood victim of extended sexual assault by her father, Rachel's husband. Rachel cried as she recounted the shock and outrage of that accusation and of her husband's patient, loving attempts to discuss with his daughter how she could have come to believe such an atrocious fantasy.

The more he tried to find common ground the more angry and withdrawn the daughter became. When Rachel tried to intercede, her daughter turned vicious and blamed her for allowing it to happen and not being there for her. Ultimately when Rachel and her husband tried to see their beloved and only grandchild, the daughter refused to allow any contact with them ever again.

The daughter had recovered these memories of incest after entering into therapy with a young social worker in her 30's who specializes in the treatment of sexual abuse. When Rachel asked for an audience with the therapist to discuss her concerns, the therapist refused and said it was her judgment that the young woman should have no further contact with her abusers.

The family is now totally divided, with the parental generation rejected and emotionally destroyed. Rachel has plunged into reliving the loss of her own parents in the holocaust and the fearsome limbo of displaced survival. She feels there is nothing left of meaning in her life.

There are many speculative explanations to this dilemma. Perhaps the father is lying. Perhaps he is sincere in denying assaults which he cannot allow himself to remember. Perhaps he is totally innocent, but his daughter has confused him with the real perpetrator of her childhood victimization. Could it be that she was not sexually abused at all, but in the excitement of trauma-seeking therapy the theme of incest gave a reasonable explanation to inexplicable pain? The therapist in question is my close friend and respected colleague. It's hard to imagine how she could preside over such an error. But the obvious pain of the victim in my office seemed more credible than the grievance of an alleged victim in the office of my friend. There is no way to *know*. We are all victims of inevident facts and inadequate knowledge.

Rachel sent me a syndicated column which echoed her despair and which presages the gathering of new and formidable coalitions of challenge to trauma-centered therapists:

About a year and a half ago a close friend of mine, a man I've known for many years, told me an alarming story. His daughter, in her 30's and professionally successful, had announced that she would have nothing to do with him and never wanted to see him again. Stunned, he pressed for an explanation, which when it came rocked his very core. She claimed that he had sexually abused her when she was a child.

"You know that's not true," he told her, but he asked, "Honey why are you doing this now after all these years?"

Her answer was that her therapist, a woman in her 30s, helped her remember.

My friend offered to meet with the therapist and his daughter, but he was turned down.

"Why would she do this," he asked me. "How could she remember something that never happened?"

Earlier this fall I got a telephone call from a woman . . . She, too, told an alarming story.

Her daughter, in her 20s, had accused her father, the woman's husband, of sexually abusing her as a child — and raping her in early adolescence. The father was devastated, the woman told me, and she had no doubt that he was telling the truth when he said he had never violated their daughter.

The daughter's recollections of the abuse had come during therapy, the woman said. When she and her husband tried to meet with the therapist, a woman in her 30s, they hit a stone wall. The therapist wouldn't talk to them (Sifford, 1991, p. 1-F).

The columnist goes on to describe an audience with Harold Lief, a distinguished psychiatrist, who shared another story that rang in the same vein. The therapist, a woman in her 30s, subsequently told Lief that with her help 70-80% of her clients remembered childhood sexual abuse. Lief wrote of his growing concern to a psychiatrist colleague renowned in the field of human sexuality, Richard Green. Dick was my officemate in our first year of training at the Neuropsychiatric Institute in Los Angeles: a good friend, now a lawyer, a scholar who has never stopped searching for the truth. He is quoted as replying to Dr. Lief:

continued on next page

Opinion

–Roland C. Summit

continued from page 23

"I agree with your outraged view of the damage to people in science being perpetrated by the new sex abuse industry. One of the many consequences is the disbelief that will be afforded to genuine abuse. My view of what we should do as a legitimate profession in psychiatry...is not to be intimidated by the fervor of these `sex abuse is everywhere and explains all psychopathology' fanatics. We should have the courage to demand legitimate, non-political, clinical investigation and intervention" (quoted in Sifford, 1991, p. 5-F).

The column then goes on to applaud the contributions of a special institute devoted to understanding child sexual abuse and the implications of false allegations: The Institute for Psychological Therapies (IPT).

According to the columnist, Darrell Sifford, that column drew a reader response that was "larger and more passionate than anything that's come to me in more than a decade," with about 75% in sympathy with the falsely accused parents (1992, p. 1-I). That second column offered a hotline resource: IPT.

Within months the Institute spun off a new illness, *false memory syndrome* and a Philadelphia-based, non-profit organization, the FMS Foundation (Freyd, 1992). Promotional mailings include a 36 page article fortified by 111 references (Wakefield & Underwager, undated) which challenges the presumption of widespread and specific consequences of child sexual abuse. Typical conclusions include "There is no empirical research on (a relationship between) child abuse and multiple personality" (p. 15), and "there is nothing in the literature supporting the assertion that it is common for repeated episodes of sexual abuse to be 'repressed' and inaccessible to memory and to be only remembered years later in bits and pieces" (p. 9).

Unraveling the mysteries of post-traumatic dissociation and delayed memory requires a continuing process of clinical exploration and empiric, trauma-centered research.

The position of the IPT is backed by impressive authority in the new mailing. The FMS Foundation boasts a Scientific and Professional Advisory Board of 18 M.D.s and Ph.D.s, 14 of whom are full professors in major universities, including such leaders in their professions as Elizabeth Loftus, Martin Orne, George Ganaway, and Harold Lief.

The most distinguished clinicians, the people who occupy the platform of authority as scientists and educators, are joining with those who, until now, have been recognized mainly for their adversarial positions. Now those two poles are coming together in aroused opposition to the phenomenon of delayed memory, especially when acquired in therapy with young women in their 30's, especially when those therapists lack an M.D. or a Ph.D. diploma. We face, once again, an ageist, sexist, elitist professional standoff around an issue that deserves to be explored in harmony. In deference to the distress of age as well as youth, we must at least understand that there is extreme pain in the experience of people who may be quite sincere in their belief that they've never raped or sexually molested anyone, confronted with people, dear to their heart, who are sure they did. It's not a confrontation to be taken lightly or to be approached with a prejudicial belief that one or the other must be in touch with objective truth.

This latest flareup of interprofessional alienation is fueled not just with the old ideological conflicts but with a new capacity to bring these arguments into court. In California and several other states the statute of limitations has been suspended for individuals who can demonstrate delayed discovery of childhood trauma. Now a person who acquires a memory of childhood sexual assault at any time in adult life has the right to take civil action against whomever might be remembered as being the abuser.

The California law seems designed for professional disaster, directing clinicians to participate in challenging a cherished adult protection against delayed, indefensible incrimination. The statute requires the plaintiff to provide certification by a licensed mental health professional that the process of remembering is authentic. This requirement offers the specter of a clinical victim advocate in every courtroom, and, of course, an adverse expert as well. Clinical support for new-found survivors is still tentative, but the adverse argument is preordained and stereotypic: the plaintiff was lured into false belief and malicious litigation by the prejudicial questioning of an overzealous therapist, one of the "sex abuse is everywhere and explains all psychopathology" fanatics.

The rush to judgment is not confined to civil litigation. There is no statute of limitations on murder, and there is already one criminal conviction of a man on the basis of the delayed memory of his daughter. When Eileen Franklin confronted her own daughter as the child happened to look up at her in distress, there was something about the expression on her daughter's face that triggered a mental picture: the face of Eileen's childhood playmate looking up at her in despair at the moment her skull was crushed by a rock wielded by Eileen's father. Not long after the trial I received calls from journalists in Pittsburgh, where there were three murder cases being reopened on the basis of delayed memory of child witnesses. How many kids have hidden the memory of unspeakable assaults which can be unearthed years later to plunge them into courtroom testimony? How many free citizens could be sued or imprisoned by such remote discoveries? What should we do as scientists in support of or in opposition to those delayed memories?

continued on next page

Opinion

–Roland C. Summit

continued from previous page

Conclusion

Unraveling the mysteries of post-traumatic dissociation and delayed memory requires a continuing process of clinical exploration and empiric, trauma-centered research. An unprejudiced acceptance of the outcome of such studies would challenge our familiar paradigms of child development, human consciousness, mental illness, and criminal responsibility. While this could prove to be an epochal achievement in peace of mind, the process of discovery is already girded with the trappings of war. The immediate battlefield is the court of law, and the generals are the trial lawyers and clinical expert witnesses already skilled in tactical conquest. The footsoldiers are freshly-emerging victim-witnesses and their young, innovative therapists, who strengthen one another in the faith that justice will be served and knowledge advanced by taking this case to court.

This latest flareup of interprofessional alienation is fueled not just with the old ideological conflicts but with a new capacity to bring these arguments into court.

Such lopsided contests have never been won before. Isolated victories have only sharpened the tactical advantages of the defenders. Even when the court of opinion was professional rather than constitutional, the upstarts have always yielded to the weight of authority. Tardieu lost to Forel. Freud lost to Krafft-Ebing. Ferenczi lost to Freud. Freud lost to himself; his youthful discoveries were overpowered by his own later reflections from the scornful mirror of his elders (Summit, 1988, 1989; Masson, 1984).

In Freud's time, as in our own, the perceived reality of survivor memories varies with the progress of the therapeutic relationship and with the bias of the therapist. We know that skepticism can quash the emergence of dissociated memories. Can we prove that therapeutic zeal cannot enhance such memories? Survivors who gain a clear picture of sexual assault in the climactic period of discovery tend to fade out the sharp edges as they achieve resolution and healing. The most seasoned survivors may discount the intermediate memories which once provided the impetus for their recovery. Similarly, each of us, as we pass through the seasoning of the years, becomes more conservative and less committed to the revolutionary discoveries which seemed so compelling in our youth. Shepherding the tender sensitivities of childhood injury into the harsh domains of seasoned beliefs will require patience, diplomacy, careful preparation, and overwhelming data. The bearers of these troubling messages must not be seen as lackeys for the defeated but rather as peers, whose experience in the trenches will be respected by the generals behind the lines.

I am urging that each individual consider the personal and societal consequences of advancing opinion beyond authority, and feelings beyond facts.

With so much at stake, and in the light of historic reflection, the courtroom is the worst possible venue for such an adventure in discovery. If we go to court, on either side, it should be to educate the jury on the nature of the process of dissociation and retrieval, not to contrive scientific authority in support of adversarial contestants. The more we avoid unwarranted pretenses of authority on behalf of purported plaintiffs and defendants, the less we provoke the ideological outrage which can drive once-neutral authorities into warring camps. As much as possible, we should leave the courtroom arena to the professional gladiators, avoiding a mission to become unarmed footsoldiers in a civil war. The impending war between the states of consciousness might still be averted if we can help change the venue from courtroom to clinic, and if we encourage an agenda to explore and settle, rather than to divide and conquer.

There is a vast disparity in the risk of error between confidential therapy and public accusation. I am not urging anyone to withdraw from individual activism toward better public and forensic understanding. I am urging that each individual consider the personal and societal consequences of advancing opinion beyond authority, and feelings beyond facts. Fact and authority must be developed within the human service disciplines as a whole, working in concert to respect the security and personal rights of all concerned.

References

Breuer, J. and Freud, S. (1895). *Studies on hysteria.* Vol. 2., The standard edition of the complete psychological works of Sigmund Freud. London: Hogarth Press, 1955.

Briere, J. and Conte, J. (in press). Self reported amnesia for abuse in adults molested as children. *Journal of Traumatic Stress.*

Freyd, P. (1992). *FMS Foundation Newsletter.* Philadelphia: FMS Foundation, May 1.

Hechler, D. (1988). *The battle and the backlash: The child sexual abuse war.* Lexington, MA: Lexington Books.

Masson, J.M. (1984). *The assault on truth: Freud's suppression of the seduction theory.* New York: Farrar, Straus & Giroux.

Sarah (1987). Living with sexual abuse. Unpublished two-page memoir available from Roland Summit, M.D., Harbor/UCLA Medical Center, D-6, 1000 W. Carson St., Torrance, California 90509.

Sifford, D. (1991). Accusations of sex abuse, years later. *The Philadelphia Inquirer,* Nov. 24, pp. 1-F, 5-F.

Sifford, D. (1992). When tales of sex abuse aren't true. *The Philadelphia Inquirer,* Jan. 5, pp. 1-I, 8-I.

Summit, R.C. (1988). Hidden victims, hidden pain: Societal avoidance of child sexual abuse. In Wyatt, G. E., Powell, G. J. (Eds.), *The lasting effects of child sexual abuse.* Newbury Park, CA, Sage Publications.

Summit, R.C. (1989). The centrality of victimization: Regaining the focal point of recovery of child sexual abuse. *Psychiatric Clinics of North America, 12*(2) pp. 413-430.

Van Derbur Atler, M. (1991a). Address presented at the Kempe National Center for Prevention and Treatment of Child Abuse and Neglect, Denver, CO, May 8.

Van Derbur Atler, M. (1991b). The darkest secret. *People, 35*(22) June 10, pp. 88-94.

Wakefield, H., & Underwager, R. (undated). *Magic, mischief, and memories: Remembering repressed abuse.* Northfield, Minnesota: Institute for Psychological Therapies, 13200 Cannon City Blvd.

Roland C. Summit, MD, is Head Physician of the Community Consultation Service and Clinical Associate Professor of Psychiatry at Harbor-UCLA Medical Center in Torrance, California, and a member of APSAC's Advisory Board.

BOOK REVIEWS

– edited by Mark Chaffin

The suggestibility of children's recollections: Implications for eyewitness testimony, edited by John Doris. American Psychological Association, Hyattsville, MD, 1991. 193 pp. $40 hardbound.

– Reviewed by Ross A. Thompson and Mary Fran Flood

The study of children's eyewitness memory is currently in crisis because researchers remain fundamentally at odds on the answers to certain basic questions. Do children commonly invent fictitious or misleading accounts of their experiences? How much does heightened emotion influence children's recall? How can children's recollections be aided - or impaired by the kind of questioning they receive? What are the effects of repeated interviewing? Can misleading questions during an interview alter children's accounts, and what are their long term effects on children's memory? To what extent is children's suggestibility during interrogations a function of poor memory, conformity or compliance pressures, or other reasons? Do younger children have poorer memory skills, more limited understanding of events, or adequate verbal skills to fully recount what happened? Finally, how relevant are research findings on these issues to the "real life" circumstances of children's eyewitness testimony in legal settings?

This short volume provides an overview of current perspectives on these issues and yields the surprising conclusion that there are few reliable, consensual answers among investigators concerned with children's eyewitness testimony. More importantly, it provides some clues about why this is true. The volume is based on a conference at Cornell University in June 1989 entitled "The Suggestibility of Children's Recollections," which was convened after several leading researchers in this field became concerned about conflicting findings and the need to clarify substantive areas of agreement and disagreement among researchers. One strength of the volume is that it is organized to reveal the kinds of frank exchanges that must have occurred at the conference. Eight central chapters reviewing research programs are each followed by brief commentaries written by other researchers, legal authorities, or specialists in cognate fields, and are sometimes followed with a reply from the author(s) of the central chapter.

After a brief introductory chapter by Stephen Ceci, for example, the reader is led to an introduction to basic research by Rhone Flin and Amye Warren-Leubecker. Maria Azaragoza's review of her research on preschooler's susceptibility to memory impairment is followed by a pithy critique by Michael Toglia; a chapter describing influences on children's recollective accounts by March Lindberg is followed with a commentary by Elizabeth Loftus; and Douglas Peters' chapter summarizing his studies of the effects of stress on children's memory is followed by comments from Gail Goodman and Amye Warren-Leubecker and then reply form Peters. In the next chapter, Gail Goodman and Alison Clarke-Stewart summarize their research on children's suggestibility, and there are helpful commentaries by Max Stellar, John Brigham, and Lucy McGough. John C. Yuille and Gary Wells then discuss issues of the "ecological validity"of child witness research with accompanying comments by Elizabeth Loftus and Stephen Ceci, and by Ray Bull. Interviewer influences are discussed; by Helen Dent in the next chapter to which Peter Ornstein responds, and finally (in one of the more controversial exchanges) David Raskin and Phillip Esplin discuss their approaches to assessing children's truth-telling to which Lucy McGough, and Garry Wells and Elizabeth Loftus respond - followed by a rejoinder from Raskin and Esplin. The concluding chapter by Graham Davies summarizes these issues.

The selection of authors and commentators is well-conceived: the reader emerges with perspectives not only from developmental and child-clinical researchers but also (primarily in the commentaries) legal and forensic experts that contribute a valuable psychological perspective. The result is a volume that is accessible to audiences from varied disciplinary backgrounds, yet which only occasionally sacrifices clarity or rigor. Even though some readers may feel frustrated with the limited depth of attention to specific issues, the contributions from researchers and practitioners in diverse fields are easily comprehended. The opportunity to survey and compare their views offers the reader a better grasp of the complexities of the issues, the contributions from researchers and practitioners in diverse fields are easily comprehended. The opportunity to survey and compare their views offers the reader a better grasp of the complexities of the issues surrounding the (superficially simple) problem of children's suggestibility and an improved understanding of why these issues have proven so intractable for many researchers. The volume is thus a valuable introductory primer, as well as a useful update for those desiring a comprehensive overview of current research in this area.

Despite these strengths, however, it is disquieting that no future directions are revealed by these discussions. Sharp exchanges notwithstanding, no author or commentator provides a clear sense of how the field should proceed from its current status, and the concluding chapter is likewise unequal to this task. This is disappointing, because this area requires forward thinking. Like many fields of psycholegal study, research on children's suggestibility has grown reactively to the perceived need for empirical findings to address rapidly-emerging problems in forensic assessment and legal procedure. In seeking to provide immediate and relevant information, researchers have been prone to methodological shortcuts (e.g., small samples and sub-samples, insufficient attention to replication, simple analog designs)

continued on next page

Book Reviews

continued from previous page

and conceptual glosses (e.g., overstating and overgeneralizing research results) that can help to account for inconsistent findings. This volume suggests that improved research is needed.

More importantly, however, this field has become prematurely narrowed to a set of concerns that may not be especially helpful to legal practitioners, and has ignored other important issues. Readers of this volume will find little systematic analysis of the actual circumstances in which children's recollections are assessed by legal actors in preliminary investigations, pretrial interviews, or courtroom examinations, even though these are the circumstances to which researchers are generalizing (see Walker, in press, for an example). We know little about how adults (as potential judges and jurors) interpret children's recollective accounts, even though this may significantly affect legal judgments of children's competency to give evidence in court. We have only the most preliminary information necessary to map individual differences in children's suggestibility, even though this is critical to judging children's credibility. In short, researchers have often neglected the fact that suggestibility is not merely a function of development but is an interaction of the child, the memory task, and the situational and interpretive context in which recall occurs. New avenues for future inquiry might be realized by regarding children's eyewitness memory in this manner.

Several years ago, Melton and Thompson (1987) raised these problems in a chapter entitled "Getting Out of a Rut: Detours to Less Traveled Paths in Child Witness Research." *The Suggestibility of Children's Recollections* provides a valuable overview of the current status of this research field, but one which indicates that the field is still in a rut.

Melton, G.B., & Thompson, R.A. (1987). Getting out of a rut: Detours to less traveled paths in child witness research. In S.J. Ceci, M.P. Toglia, & D.F. Ross (Eds.), *Children's eyewitness memory* (pp. 209-229). New York: Springer-Verlag.

Walker, A.G. (in press). Questioning young children in court: A linguistic case study. *Law and Human Behavior.*

Ross A. Thompson is Professor of Psychology and Associate Director of the Center on Children, Families, and the Law at the University of Nebraska. Mary Fran Flood is a doctoral student in developmental psychology with special interests in infant-parent attachment and child maltreatment.

. . . .

The Child Witness, by Nancy Walker Perry and Lawrence S. Wrightsman. Sage Publications, Newbury Park, Calfornia, 1991. 289 pp. $19.95 paper.

– *Reviewed by Josephine Bulkley*

This seven chapter book, written jointly by two psychologists, covers psychological and legal issues relating to children as witnesses in the legal system. *The Child Witness* is well-written and raises some though-provoking issues in this emerging field. It is generally well-researched and provides a basic foundation in a number of areas of child development and psychology, addressing:

1. Children's physical and mental development, including development of the brain, perception, ordering and interpretation of perceptions, development of attention and cognition, and cognitive limitations.

2. Children's emotional and social development, including Erikson's psychosocial stages of human development, moral reasoning and development, effects of severe trauma in children, stages of grieving from traumatic events, and special concerns with disabled children.

3. Children's understanding of the legal system, memory, suggestibility, language and communication development, and the effects of stress on children's testimony.

Also reviewed are legal issues, including the competency of child witnesses, methods for protecting children from the trauma of legal intervention, protecting defendants' rights and use of expert testimony.

Drawing on information from earlier chapters, the sixth chapter returns to four broad dilemmas relating to child witnesses and the "marriage of social science and the law," setting forth both areas of agreement and unresolved questions. These dilemmas involve:

1. Competence - How should the courts and society view the capabilities of children as witnesses?

2. Credibility - When should the courts and society believe the testimony of children who have been judged competent to give evidence?

3. Children's rights to be protected from harm

4. Defendants' rights.

The final chapter provides recommendations or guidelines for interviewers, police, attorneys, judges, and experts, as well as suggestions for future research.

The Child Witness' review of child development will ultimately be useful to legal and law enforcement professionals and newcomers to the field, although the first half of the book leaves the reader wondering about its relevance to children as witnesses in the legal system. It is not until the final chapters that the authors discuss the importance of child development knowledge within the context of the legal system's demands and expectations of witnesses. Although some areas of development were clearly relevant, such as memory and the effects of stress on children's testimony, the relevance of other developmental issues was unclear; for example, the lengthy discussion of brain development or Erikson's psychosocial stages.

The legal analysis was sometimes inadequate or inaccurate, particularly relating to the defendant's right of confrontation and U.S. Supreme Court deci-

continued on next page

STATE CHAPTER CONTACTS

No chapter in your state? Take the lead! Call APSAC's office, at 312-554-0166, and ask for information on how to start a state chapter.

AL- Michael Taylor, MD
CAPstone Medical Center
700 University Blvd. East
Tuscaloosa AL 35401
205-348-1309

AR - Louanne Lawson, RNPC, MNSc
AR Children's Hospital,
Med. Arts Bldg.
800 Marshall
Little Rock AR 72207
501-370-1013

AZ - Karen Gray, MSW
Maricopa Medical Center
Pediatric Social Work
P.O. Box 5099
Phoenix Az 85010
602-267-5321

CT - Barbara Bunk, PhD
200 Oak St., A
Glastonbury CT 06033
203-659-0579
Cheryl Burack-Lynch, MS
Coordinating Council for
Children in Crisis
900 Grand Ave.
New Haven CT 06511
203-624-2600

DC - Rosemary Behney, MS
Culpeper Family Guidance Clinic
650 Laurel St.
Culpeper VA 22701
703-825-5656

FL - Donna Watson Lawson, MSW
PO Box 2578
Gainesville FL 32602
904-332-5723
L. Dennison Reed, PsyD
Plantation Psychological
Associates
8551 W. Sunrise Blvd., Suite 206
Plantation FL 33322
305-475-0333

HI- Beverly James
James Associates
P.O. Box 148
Honaunau HI 96726
808-328-2073

IA- Rizwan Shah, MD, FAAP
Family Ecology Center
1111 Ninth St., #230
Des Moines IA 50314
515-208-1808
Randy Alexander, MD
University of Iowa
209 Hospital School
Iowa City IA 52242
319-353-6136

ID- Paul Vogel, JD
Deputy Prosecuting Attorney
Box 1486
Sandpoint ID 83864
208-263-6714

IN- Diane Burks, MS
Indianapolis Inst. for Marital/Family
Relations
652 N. Girls School Road #135
Indianapolis IN 46214
317-271-3500

KS- Lynn Sheets, MD and
Patricia Phillips, MN
U. of Kansas Medical Center
Department of Pediatrics
39th and Rainbow Blvd.
Kansas City MO 66103
913-941-2236

KY - Katherine Bright, MD
University of Kentucky Medical Center
Department of Pediatrics
Lexington KY 40536
606-233-6426

LA - John Jennette, LPC
Counseling & Education Resources
11941 Justice Ave., Suite E
Baton Rouge LA 70816

MD- Gail Bethea-Jackson, LCSW
Psychological Assoc. of Oxon Hill
6178 Oxon Hill Road
Oxon Hill MD 20745
301-567-9297

MI- Charles Baker-Clark, MS
Phases Treatment Center
509 Linn Street
Allegan MI 49010
616-673-8424 x303

MO - David Corwin, MD
Wash. Univ. Med. Schl.
Dept. of Psychiatry
4625 Lindell Ave., 2nd Floor
St. Louis MO 63108
314-454-3632

ND- Myron Veenstra
1407 24th Ave. South
Grand Forks, ND 58201
701-746-9411

NE- Mary Paine, PhD
U. Nebraska-Lincoln, Dept. Psychol.
209 Burnett Hall
Lincoln NE 68588
402-472-3721

NJ- Karen Obssuth, MSW
P.O. Box 35
New Milford NJ 07646
201-261-8638

NY- Leah Harrison, RN
Montefiore Medical Center
111 E. 210th St.
Bronx NY 10467
212-920-5833

OR - Robert Sewell, MD
Lincoln City Medical Center
2870 W. Devils Lake Road
Lincoln City OR 97367
503-994-9191
Paul Thomas, MD
Emanuel Hospital
Children's Health Care Center
2801 N. Gantenbein
Portland OR 97227
503-280-3042

TX - David Cory, MSSW
Texas Dept. Human Services
P.O.Box 6635
Abilene TX 79608
915-672-6814 x224

VA - Cathy Krinick, JD
Commonwealth Attorney's Office
30 King's Way
Hampton VA 23669
804-727-6442
Francine Eckert
Dept. Criminal Justice Services
805 E. Broad St.
Richmond VA 23219
804-786-3967
Michelle Zimmerman, MA, RN
Avery-Finney Associates
11 Koger Center, Suite 141
Norfork VA 23502
804-461-8697

WI- Mark Lyday, ACSW
P.O. Box 1997
Milwaukee WI 53201
414-258-1494
Lynn Copen
Office of the District Attorney
912 56th St., Room 312
Kenosha WI 53140
414-656-6480
Sue Seitz, PhD
Madison Mental Health
Marshall Court, Suite 1
Madison WI 52705-5344
608-238-4595

States with approved charters:

CO - Elise Katch, LCSW
950 S. Cherry St., Suite 1004
Denver CO 80222
303-759-8200
Philip Madonna, MSW
U. Colorado Health Science Ctr.
4200 E. 9th Av., Box C-259
Denver CO 80262
303-270-5016

IL - Erin Sorenson
Children's Advocacy Center
2121 Lake St.
Hanover Park IL 60103
708-213-3900

MA - Suzanne White, MSW
Middlesex Co. DA's Office
21 McGrath Highway
Somerville MA 02143
617-494-4335

MN- Ann Ahlquist, MSW
Corner House Child Abuse Center
2502 10th Ave. South
Minneapolis MN 55404
Carolyn Levitt, MD
Children's Hospital
345 Smith Av. North
St. Paul MN 55102
612-298-8478

NC - Carolyn Cole, MSW
Duke U. Medical Center
Box 2906
Durham, NC 27710
919-286-4456
Timothy Lemmond, MSW
1515 Mockingbird Ln. Suite 902
Charlotte NC 28209
704-333-2751

OH - Linda Lewin, RN and
David Gemmill, MD
Medical College of Ohio
Unit 6B (Child & Family
Assessment)
P.O. Box 10008
Toledo, OH 43699
419-381-3493
Robert Reece, MD
Rainbow Babies & Children's
Hospital
2101 Adelbert
Cleveland, OH 44106
216-844-3754

OK - Janet Adams-Wescott, PhD
Family & Children's Services
650 S. Peoria
Tulsa OK 74120
918-587-9471
Rebecca Katz, MEd
2713 NW 20th St.
Oklahoma City OK 73107
405-321-4211

PA - Thomas F. Curran, LCSW, JD
1405 72nd Avenue
Philadelphia PA 19126
215-927-3799
Christine Grant, RN, PhD
U. Penn. School of Nursing
420 Guardian Dr.
Philadelphia PA 19104-6096
215-898-5660

TN- David Muram, MD
UTMG Dept. OB/GYN
853 Jefferson Av. #E102
Memphis TN 38103
Bonnie Beneke, MSW
Rape and Sexual Abuse Center
56 Lindsley Av.
Nashville TN 37210
615-259-9055

WA - Debbie Doane, MSW
Eastside Sexual Assault Center
925 116th St. NE, Suite 211
Bellevue WA 98004
206-462-5130
Paul Stern, JD
Snohomish Co. Prosecutor's Office
Mission Building
3000 Rockefeller Av.
Everett WA 98201
206-388-3671

Northern New England

ME - Sally McIntyre
40 Old Mill Road
Falmouth ME 04105

NH - Ann Bastille
Community Council
7 Prospect St.
Nashua NH 03060

VT - Alan Rosenfeld, JD
Vermont Children's Rights Center
PO Box 1540
Montpelier VT 05601
802-229-2220

Book Reviews

continued from previous page

sions (such as Maryland v. Craig), admissibility of hearsay, use of expert testimony regarding children's credibility, and legal competency. The authors are not lawyers, however, which may explain this problem. Further, despite extensive legal analysis of these issues elsewhere, few sources were referenced in the book.

On occasion, some of the authors' conclusions or interpretations appear to be unsupported. For example, they state that social scientists and legal experts agree that courtroom appearances generally are traumatic for children (p. 213), despite the fact that some findings and experts don't support this, at least as a blanket proposition relating to all children.

The authors also suggest admitting evidence based on an unproven technique called "statement validity assessment," designed to assess the truthfulness of a child statement of sexual abuse. Yet, such a technique has no empirical foundation, and a legal rule which does not permit expert testimony concerning a witness' credibility would preclude use of this technique as evidence in court. The authors also recommend videotaping interviews with children. While acknowledging possible problems, they fail to address the complex issues in the controversy over whether to videotape interviews.

Josephine A. Bulkley, JD, is a consultant at the ABA Center on Children and the Law, Washington, D.C.

Child Abuse and Neglect

People of Color Leadership Institute

714 G STREET, SE ■ WASHINGTON, DC 20003 ■ (202) 544-3144

INTRODUCING A New Editor

– by Joyce Thomas

Lula Beatty, PhD, is the new editor of the POCLI section of The Advisor. Dr. Beatty is a research scientist in the Division of Epidemiology and Prevention Research at the National Institute on Drug Abuse. Her primary responsibilities are in research administration and development of effective drug abuse prevention intervention efforts, particularly in African American and other ethnic communities. Prior to this recent job change, Dr. Beatty was Director of Research at the Institute for Urban Affairs and Research at Howard University. Over the past fifteen years she has been engaged in research and information dissemination around child maltreatment and family functioning. A research project Dr. Beatty recently completed is the assessment of community-based child maltreatment literature and programs, which included a national survey of community-based programs. Dr. Beatty has served as information coordinator of the former Region III Child Abuse and Neglect Resource Center, and Editor of its newsletter, Recap, and was also Editor of the Urban Research Review. A member of POCLI's local advisory group (in Washington, DC), Dr. Beatty's doctorate is in developmental psychology.

WATCH THIS SPACE FOR A NEW FEATURE COLUMN

– by Lula Beatty

To make the POCLI section of The Advisor responsive to reader needs and interest, we are initiating a new feature, called "Open Forum." Its purpose is to respond to questions, issues and concerns you have regarding the assessment, planning, and provision of prevention and treatment programs for members of different cultural communities. Send in your question or issue, and we will have an expert in that field respond to it.

Please don't be shy. No question is too simple. For example, sometimes it may be difficult to ascertain if an observed behavior is a cultural norm or an individual difference. Or, you may desire recommendations on the best resource material for a particular topic. Let us know your need, and we will do our best to fill it. Please address your inquiries to Lula Beatty, PhD, POCLI Open Forum, c/o NIDA, 5600 Fishers Lane, Rockwall II, Suite 615, Rockville MD 20857.

FEATURE An Interview with Kent Fields

–by Antonia Dobrec

Kent T. (Hut) Fields, MSW (Muskogee, Creek Nation), has an administrative background in developing and working with community programs. He was the founder of the Oaks Community Council, the sponsor of the Tulsa Indian Youth Council, and has been an Executive Director with Boy's Clubs of America.

Mr. Fields has worked in state, tribal, and Code of Federal Regulations Court systems in the provision of human services. He was an intake counselor for the state of Oklahoma Court Related and Community Services and a family intake counselor for the Western Oklahoma court of Indian Offenses.

With Three Feathers Associates, Mr. Fields has been involved in the development and delivery of child abuse and neglect and Indian Child Welfare training and technical assistance to tribal and state programs; coordinating training and technical assistance for Victims of Crime Programs in Indian Country; a community awareness campaign for child abuse and neglect in Indian communities; and, is currently serving as the Child and Family Services Manager for the Creek Nation.

Mr. Fields carries an extensive knowledge of case investigation, documentation and management, program development and supervision, community development, Indian Child Welfare, training and technical assistance, family, cultural and youth programs.

. . . .

AD: What are some of the common myths and misconceptions about child abuse in Native American communities?

A lot of those movie stereotypes get people thinking that we're all stoic, i.e., that we all have serious faces all the time and that we get serious and violent real quick. Generally speaking, state DHS and Social Service providers know we're different, but they don't know how. Most of them know nothing about our cultures, and I mean nothing.

AD: How do these myths and misconceptions affect the provisions of services to child victims and their families?

continued on next page

Feature

–Antonia Dobrec

continued from page 29

State workers often see how we provide alternative care arrangements for our children and perceive them as abandonment or neglect when they are not. On top of that, they do not know how to talk with Indian people. They do not know how to approach Indian people. For example when they ask, "Is that your grandma?" a child is likely to say "yes" just because it is an elder and that is the way they have been taught to view elders. The state worker may think "Well, that's a lie. All those people are lying to me." They do not know how to talk with Indian people about what they perceive as being problems.

AD: What do you think needs to be accomplished to overcome these myths and misconceptions?

The only answer that I can come up with is State and Tribal interactive multi-disciplinary teams and negotiations of agreements, such as Tribal-State agreements. Interactive multi-disciplinary teams would be like child protection teams that include State and Tribal workers, doctors and mental health providers all getting together and talking about what is new. Perhaps, they can also staff cases that are difficult and discuss the particular needs of each family.

AD: With regard to the values of diverse Tribal communities, how can cultural values and the attitude toward child rearing be used to combat child abuse in Indian communities?

Once I was invited, along with one of our Tribal traditional healers, to a think tank on child sexual abuse. The Tribal traditional healer, or medicine man, told me to go down there, and said, "You talk about it because we don't have that problem in our community because we don't allow it." Basically, he was speaking the truth —we don't allow it. We have systems in place that can deal with it. As far as preventive programs are concerned, I think the best way to start those kinds of things with regard to changing values is that we use our elders to help. They are the ones with the most respected voice.

AD: What do you perceive as the overriding social condition within Indian communities which may contribute to the increased reporting and confirmation of child abuse and what are Indian communities doing to address these conditions?

A lot of things cause child abuse and neglect — there has to be some stressor or stressing factor that gets people to react differently than they usually would; to be more violent or to be more stressed, which causes them to be more violent. The conditions that cause that reaction have been happening to Indian Country for a long time — poverty, unemployment, low self-esteem, conflict between cultures, and the use of substances including alcohol and drugs. What are we doing to address these conditions? Creek Nation is developing jobs, doing some different things with housing. We have a 4.8 million dollar housing project to fix up homes. The biggest and best thing that we are doing is that our newly inaugurated Tribal Administration is giving the people hope. With hope comes less stress. When people have systems they can count on in Tribal government, then they have less stress. There is more hope that something can be done now, so positive things actually start happening.

AD: Public Law 101-630, the Indian Child Protection and Family Violence Prevention Act of 1990 places a greater burden on the Bureau of Indian Affairs and Tribal government for establishing reporting systems, child protective service teams and treatment programs for victims of abuse. Has this act had an observable affect on Tribal communities for addressing issues of family violence since it's passage and if so, what are the effects?

We have already started implementing the Act. Specifically, criminal background checks are conducted on people who are providing care for children and on our current workers either in child care or child protective services. We have to do several things in each of our programs—for example, establish mandatory reporting requirements, educate those who are mandated to report, provide training related to investigations and treatment of cases of child abuse and neglect, and provide for the treatment and prevention of incidents of family violence. But we do have the base and expertise to do those things, and although they were not all previously in effect, we do have the proper networking and systems to get those things in effect so they take little effort to implement. A lot of paperwork but little effort.

AD: If there have been limited effects, what seem to be the barriers for effective implementation of this vital legislation? Have you seen any effect it has had on the Bureau of Indian Affairs (BIA) as far as the passage of the law? What they are mandated to do?

I'm not here to bash the BIA, but the BIA doesn't generally implement much of anything. What they do is look to see if it has been implemented. Basically, they know what the regulations are and we know what the regulations are and we try to involve them in getting things started or talking with them if we are having a problem implementing anything. As an example, the BIA spoke at a recent meeting about the cost of background checks. We haven't had any problems with doing background checks because we would have done those anyway. Further, we already have an agreement with local police and our own Tribal law enforcement to do them. We already had the mechanism to do what we needed to have done. We already had the manpower and the networking in place to get those things done. Some Tribes just haven't started those things yet.

continued on next page

POCLI PROJECT DIRECTORS

Joyce Thomas, RN, MPH, Director
Jacqueline Booth, MS, Project Coordinator
Lula Beatty, PhD, Editor

POCLI EXPERT TASK FORCE

Ana R. Cuilan
Private Practice
Washington DC 20009
Eduardo Diaz, PhD
Director,
Department of Justice Assistance
Miami FL 33131-2704
Antonia Dobrec, MSW
President and Director,
Three Feathers Associates
Norman OK 73069
Cecelia Fire Thunder
Oglala Lakota Women's Society
Martin SD 57551
David Gamble
Manager
of Curriculum & Training
National Council of Juvenile and Family Court Judges
Reno NV 89507
Dorothy Harris, ACSW
Project Director,
RAM Corporation
Silver Spring MD 20910
JoAnn Hayashi Fruge, MSW
Family Violence Advocate
Seattle Law Department,
710 2nd Av.
Seattle WA 98104
John Holton, PhD
Executive Director, Greater Chicago Council for
Prevention of Child Abuse and Neglect
Chicago IL 60604
Margaret Iwanaga-Penrose, LCSW
Executive Director,
Union of Pan Asian Communities
San Diego CA 92101
Helen Keys, MSW
Program Director,
Cultural Competence and Homelessness, CWLA
Washington DC 20001
Joyce Mahamoud, MA
Executive Director, Parents
Anonymous Resource Office
Princeton NJ 08540
Raymond Martinez, PhD
Executive Director, LaFamilia
Glendale AZ 85302
Linda Wong-Kerberg
Director,
Domestic Violence Program
Union of Pan Asian Communities
San Diego CA 92101
Gail Wyatt, PhD
Neuropsychiatric Institute
UCLA School of Medicine
Los Angeles CA 90024

Copyright People of Color Leadership Institute, 1992. All rights reserved.

Feature

–Antonia Dobrec

continued from previous page

AD: Based upon their life circumstance, Indian children and their families may come into contact with parallel child protective services—for instance, public and Tribal services. What effect do you believe this has upon victims of child abuse and their families?

In our area, although we have a good relationship with State systems generally, we sometimes run into barriers. State systems sometimes don't notify us; we like to be notified when there is a problem, not afterwards.

AD: Do you mean during preventive services to prevent the break up?

Well, in our Tribal State agreement, which we hope to have in place in the near future (the only reason we don't is because we're still arguing about sovereignty and those sorts of things), we want them to notify us if they are going to take a child out of the home anywhere in the state. They haven't been doing this yet, but we never asked them to either.

Some kids need culture and want it, some can't deal with it — some need to stay away from it because they are too assimilated and some need to have it as an everyday part of their lives.

According to the Indian Child Welfare Act, after a case is initiated in State court, they are supposed to notify us. And we have not been notified of a number of cases. So, we have to go around and search for those records. Our Department of Human Services is inconsistent in the amount and quality of their work.

As another example, we have a one-way mirror that we use for child sexual abuse interviews. The DHS doesn't have those facilities here yet, and they would probably like to use ours. They may have some people to do those sorts of things but they don't have enough money in their budget and they don't have enough workers; or there is some other reason why they are not doing things as fast or as well as we would like to have them done.

AD: When the Tribe isn't notified, isn't involved, do you believe this has an effect on the child victims and their families?

It has a detrimental effect, especially on the child who may be inappropriately placed.

AD: What can these separate child protective services systems do to assure these families can receive the appropriate intervention and treatment services?

They can work more closely together. That's the only way. Defining procedure, protocol, doing courtesy things for each other like I mentioned with regard to our child sexual abuse one-way mirror and play room. They can use ours if we can count on them for certain things. It's a matter of courtesy; negotiating agreements, interdisciplinary cooperation, and those types of things.

AD: From your perspective, what are some Tribal cultural values that may affect the use of the majority cultures' accepted therapeutic methods when treating Indian victims?

Well, about the only way I can answer that question is that many Indian people are used to using a curvilinear theory of therapy, if you want to call it that — holistic/circular. One thing being matched to another thing which may affect some other thing. It's based on the conviction that we need to look at the whole perspective.

Non-Indian therapeutic approaches or methods generally are linear, which means they have an "if/then" approach. If such-and-such is happening, therapy is provided based on therapists' presumptions. Once something else is identified, therapy is based on another theory.

Sometimes the non-Indian therapeutic approach doesn't fit at all with what our traditional people need to have in the way of therapy. In other words, successful therapy must be designed to enable client change. So, it has to be based on clients' ability to make change and clients can only be able to make change if they understand the problem.

AD: Can traditional Tribal healing practices be combined with these therapeutic methods and if so, how can this be accomplished?

As an example, we have a child who, although being a full blood, was not acclimated to cultural practices and came out of a very bad situation. One of the things that we did was to find out at what point on a continuum of culture toward or away from traditional cultural values this child was, so that we could figure out the foster home that would best meet his needs. To do this, we took the child to a stomp dance and let him take Indian medicine and find out what traditional practices are, let him eat some squirrel soup with squirrel head in there. Then children have some understanding of what their culture is, and we know how acclimated children have or have not been to that culture. We can do better placements that way. In addition, if the traditional healers or the medicine person understand what kind of services this child is going to need in the way of traditional healing practices, we can use that information to provide the right kinds of services.

That exposure also helps kids in understanding which way to go next. Some kids need culture and want it, some can't deal with it, — some need to stay away from it because they are too assimilated and some need to have it as an everyday part of their lives.

AD: What helpful advice can you provide to non-Indian counselors who have the opportunity to be involved in a therapeutic relationship with an Indian child victim?

continued on next page

MEET THE LEADERS

Eduardo I. Diaz, PhD

–by Lula Beatty

Eduardo I. Diaz, PhD, is the Director of the Court Support Services Division of Dade County's Department of Justice Assistance, and serves as a member of POCLI's Expert Task Force. An immigrant, well versed in cross-cultural issues, Dr. Diaz administers a variety of specialized programs aimed at improving the system's response to crime and victimization. In addition, Dr. Diaz provides consultation and training services to a broad range of criminal justice agencies and social service providers.

The programs Dr. Diaz oversees, in the culturally rich and diverse community of Greater Miami, include family violence treatment programs and re-offense prevention programs targeting both adult and juvenile offender populations. Child maltreatment is primarily addressed by a cluster of programs, called Family and Victim Services, where long-term treatment is provided to victims, offenders, and other family members. The Domestic Intervention Program specializes in spouse abuse and related domestic violence, whereas the Family Services Program specializes in child sexual abuse treatment.

Court ordered treatment services are provided to those found by the court to be unable to afford private provider treatment. This provision of services, at no cost to victims and offenders, by a county government agency, is consistent with Dr. Diaz's commitment to provide the underserved and economically disadvantaged with access to quality professional treatment services

A founding member of the local Victim Services Coordinating Council, Dr. Diaz remains an active advocate for causes related to child maltreatment and family violence. He serves as President Elect of the local Mental Health Association, volunteering to address community mental health issues from multiple perspectives, emphasizing cultural competence and intergroup relations. His agenda is community oriented, and he serves on multiple committees and task forces involved in improving the quality of life for children.

Dr. Diaz completed his Ph.D. at Ohio State University in 1979, having focused his formal studies on psychophysiology and counseling. His knowledge of mind/body interrelationships and the brain/behavior interface is frequently employed to help explain how stress influences the behavior of victims and offenders. Dr. Diaz also explores how social expectations, related to prejudice, are in part mediated by autonomic nervous system processes typically not available for conscious awareness.

Professionally, Dr. Diaz was heavily influenced by a relatively "culture fair" approach to treatment known as Personal Construct Psychology. His experiences in cross-cultural counseling, at Ohio State and in several refugee camps addressing the needs of displaced persons have helped him develop a great respect for alternative constructions of reality, and the need to tailor communications accordingly to maximize probabilities of understanding. His interest in cultural competency development emerges from his life experience and commitment to violence reduction at all levels.

Dr. Diaz claims to be addicted to the reduction of ignorance, and is known to satisfy his "audience hunger" by proposing continual reconsideration of reality as a necessary, ongoing process. A dedicated proponent of respect for diversity, he cautions child advocates to beware of absolutes and closed belief systems. Remaining open to "the yet-to-be-discovered" concisely describes his approach to life.

Feature

–Antonia Dobrec

continued from previous page

Several. Let the children set the pace. Let the children or the victims make their own decisions—make them make their own decisions. If there is a need for a translator, use one. Don't use another child, use an adult. In some situations, it's culturally appropriate to use an enabler the same age as the child or slightly older so that there is age appropriate understanding. If the client doesn't understand, the enabler can explain in child language. Another thing is that you need to use a lot of concrete material and examples. If the therapist says, "Yeah, my granddad does that, too, and based on the way that my granddad does it, I understand how come you're doing this the same way," the child senses understanding from the therapist, and gets a sensible explanation for the roots of his or her own behavior.

AD: What would you recommend in promoting more diverse and more sensitive services?

If one of our people is in another state and somebody wants to provide traditional services appropriate for Native American clients, first of all, we need to find out if they really need culturally appropriate and traditional services. If they do, all any service provider needs to do is ask us for advice. Give us a little time to respond and we can come up with all sorts of things that might be appropriate to a child victim's needs. We're here for consultation, and we're geared toward providing culturally appropriate services. Things could be a lot better for these children if people would just ask.

Antonia Dobrec, MSW, is President of Three Feathers Associates, and a former member of APSAC's Board of Directors. The phone number of Three Feathers Associates to call for consultations is 405-360-2919.

NEW RESOURCES

The American Psychological Association has developed brochures on psychological testing of culturally different children, and on selecting day care facilities for young children (available in Spanish) for free copies, write Mary Campbell at APA, 750 First St., NE, Washington, DC 20002-4242.

JOURNAL HIGHLIGHTS

—edited by Thomas F. Curran

The purpose of Journal Highlights is to alert readers to recent literature and research on child maltreatment. Selected articles from journals representing APSAC's multidisciplinary membership are presented in the form of an annotated bibliography. All APSAC members are invited to send copies of current articles they believe would benefit Advisor readers, along with a two to three-sentence summary of the article to: Thomas F. Curran, 1405 72nd Avenue, Philadelphia, PA 19126-1645.

PHYSICAL ABUSE AND NEGLECT

Brayden, R.M., Altemeier, W.A., Tucker, D.D., Dietrich, M.S. and Vietze, P. (1992). Antecedents of child neglect in the first two years of life. *The Journal of Pediatrics, 120* (3), 426-429.

Data from this prospective study of child maltreatment were analyzed to identify parental and childhood variables preceding, and therefore predictive of risk for, child neglect. Mothers determined to be at high risk prenatally for maltreatment were more likely to be identified as neglectful within two years of completing the Maternal History Interview. A striking inverse relationship was found between the years of formal education completed and reports of child neglect. (RMB)

Jones, E.D. and McCurdy, K. (1992). The links between types of maltreatment and demographic characteristics of children. *Child Abuse and Neglect, 16* (2), 201-215.

The relative impact of demographic characteristics of the child, family structure, and economic variables on four types of child maltreatment are examined in this study. Physical neglect proved to be the most predictable and distinguishable form of abuse, and clearly related to family economic factors. Policy implications are also discussed.

Showers, J. (1992). "Don't Shake the Baby": The effectiveness of a prevention program. *Child Abuse and Neglect, 16* (2), 11-18.

The purpose of this study was to determine whether an educational program about the dangers of shaking a baby could influence parental knowledge, and would be perceived as helpful by new parents. Parents of newborns in one urban county received a "Don't Shake the Baby" informational packet over a one year period. More than three-fourths of respondents indicated the information was very helpful to them, and 49% said they were less likely to shake their babies after reading the materials.

SEXUAL ABUSE

Bloom, R.B. (1992). When staff members sexually abuse children in residential care. *Child Welfare, 71* (2), 131-145.

This article presents suggestions for managing a child care agency through the difficult period after a staff member is accused of sexually abusing a client. Effective ways in which agency administrators can balance the need to protect and support the child victim, support the staff, and maintain the agency's integrity are discussed. All professionals responsible for the residential care of children will find this article very useful.

Celano, M.P. (1992). A developmental model of victims' internal attributions of responsibility for sexual abuse. *Journal of Interpersonal Violence, 7* (1), 57-69.

This article integrates developmental theory with the literature on sexual abuse to better understand the nature and implications of children's internal attributions of responsibility for their sexual victimization. Theories about the development of internal attributions and moral reasoning are applied to abuse experiences, and a typology of internal attributions of responsibility is presented. Finally, important implications for conducting mental health evaluations and treatment are discussed.

Heiman, M.L. (1992). Putting the puzzle together: Validating allegations of child sexual abuse. *Journal of Child Psychology and Psychiatry, 33* (2), 311-329.

The literature on assessing the validity of sexual abuse allegations is reviewed in this article. In addition, assessment criteria commonly used by professionals are consolidated and presented in a conceptual framework.

Konker, C. (1992). Rethinking child sexual abuse: An anthropological perspective. *American Journal of Orthopsychiatry, 62* (1), 147-153.

This article examines beliefs about child sexual abuse from an evolutionary, cross-cultural, and developmental perspective. Some of the author's statements, particularly those concerning the effects of sexual abuse on its victims, are simply inaccurate and based on outdated research findings or unsupported personal opinion. Other issues discussed, however, such as the definition of sexual abuse and the current lack of educational and legal standards regarding "expert" qualifications and conduct, are important considerations.

Pribor, E.F. and Dinwiddie, S.H. (1992). Psychiatric correlates of incest in childhood. *American Journal of Psychiatry, 149* (1), 52-56.

This study reveals an association between childhood incest and the development of various psychiatric disorders in adulthood. Compared to general population rates, the women in treatment who had histories of incest victimization during childhood reported a higher prevalence of 19 psychiatric disorders and a significantly higher number of diagnoses demonstrating a pattern of greater susceptibility to illness for incest survivors.

continued on next page

Journal Highlights

continued from page 33

Rew, L., Esparza, D. and Sands, D. (1991). A comparative study among college students of sexual abuse in childhood. *Archives of Psychiatric Nursing, 5* (6), 331-340.

The purpose of this study was to explore among one group of college students the differences in the responses of men and women to reported childhood sexual abuse experiences. No significant differences in self-efficacy and well-being were found between the abused and non-abused subjects. When contact sexual abuse was used as the independent variable, however, significant differences between men and women and between abused and non-abused students were found on the outcome of well-being; abused men indicated significantly more distress than other groups of subjects.

SEX OFFENDERS

Freund, K. and Watson, R. (1992). The proportions of heterosexual and homosexual pedophiles among sex offenders against children: An exploratory study. *Journal of Sex and Marital Therapy, 18* (1), 34-43.

This study of 465 non-psychotic sex offenders against children (ages 6-11) investigated whether the etiology of preferred partner sex among pedophiles is related to the etiology of preferred partner sex among males preferring adult partners. Phallometric test sensitivities were used to calculate the proportion of true pedophiles among the various groups of offenders studied, along with previously reported mean numbers of victims per offender group. The findings suggest that the resulting proportion of true pedophiles among persons with homosexual erotic development is greater than in persons who develop heterosexually.

Prentky, R.A., Knight, R.A., Burgess, A.W., Ressler, R., Campbell, J. and Lanning, K.V. (1991). Child molesters who abduct. *Violence and Victims, 6* (3), 213-224.

Differences between 97 abducting and 60 non-abducting child molesters on selected typological and criminal-antisocial variables were examined, testing several hypotheses about purported discriminating characteristics of abductors. Initial findings indicate that child abductors displayed significantly lower social competence, had less contact with children outside of their offenses, and were more likely to carry and use a weapon during their offenses, suggesting a presumptive interpretation of abduction as a victim control strategy.

Shealy, L., Kalichman, S., Henderson, M., Szymanowski, D. and McKee, G. (1991). MMPI Profile subtypes of incarcerated sex offenders against children. *Violence and Victims, 6* (3), 201-212.

This study attempted to identify homogeneous subgroups of 90 incarcerated sexual offenders against children on the basis of the MMPI. Four subgroups were identified, and each was differentiated by psychosexual, affective, and psychosocial history data. Results suggest the existence of homogeneous subgroups of incarcerated sex offenders against children.

OTHER ISSUES IN CHILD MALTREATMENT

Abrahams, N., Casey, K. and Daro, D. (1992). Teachers' knowledge, attitudes, and beliefs about child abuse and its prevention. *Child Abuse and Neglect, 16* (2), 229-238.

This article describes the results of a nationwide survey of teachers from 40 school districts in 29 randomly selected countries. The study findings indicate that while the majority of teachers reported confronting child abuse among their students, they are provided inadequate training on how to effectively identify, report and intervene in suspected abuse cases. Other study findings, including teacher attitudes about corporal punishment in schools, are reported.

Kashani, J.H., Daniel, A.E., Dandoy, A.C. and Holcomb, W.R. (1992). Family violence: Impact on children. *Journal of the American Academy of Child and Adolescent Psychiatry, 31* (2), 181-189.

Four types of family violence are briefly discussed: violence toward children, siblings, spouses, and the elderly. In addition, the known and possible effects that each form of violence has on children are examined, along with various intervention strategies.

Kean, R.B. and Dukes, R.L. (1991). Effects of witness characteristics on the perception and reportage of child abuse. *Child Abuse and Neglect, 15* (4), 423-435.

Vignettes depicting psychological abuse, neglect, and physical abuse were given to 160 jurors and 176 CPS workers and police officers to test for bias in the perception and reporting of suspected child abuse. Jurors born before 1945 were found to be less critical of the abuse vignettes than those born later. Overall, this study presents some important new insight into various reporter biases and how they might impact on child abuse incidence and reporting rates.

Zellman, G.L. (1992). The impact of case characteristics on child abuse reporting decisions. *Child Abuse and Neglect, 16* (1), 57-74.

Using data from a national survey of mandated reporters that included vignettes in which case and personal characteristics were varied, this article examines the impact of selected case characteristics in making child abuse reporting decisions. A history of previous abuse, severity of the abuse, and recantation were found to be very powerful predictors of vignette outcomes. The age of the child, perpetrator intent, and family socioeconomic status also strongly influenced abuse-relevant judgements and reporting intentions.

Contributors for this issue of Journal Highlights were made by Robert M. Brayden, M.D., Division of Community Pediatrics, Vanderbilt University, Nashville, TN and Thomas F. Curran, MSW, JD.

APSAC FRIENDS

Veronica Abney, MSW
Thomas V.P. Alpren, MD
Trina Menden Anglin, MD, PhD
Carol Berkowitz, MD
Linda Blick, LCSW
Barbara Bonner, PhD
Renee S.T. Brant, MD
Ann Burgess, DNSc
Mark Chaffin, PhD
Don Condie, MD
Thomas Cornwall, MD
David Corwin, MD
Christine Courtois, PhD
Thomas Curran, LCSW, JD
Yolande Duralde, MD
Harry Elias, JD
Claire Ellis, MA
Suzanne Lizabeth Ellis, MA
Mary Z. Farrell
Stuart Fishelman, MSW
Lorraine E. Fox, PhD
Agnes Franz, MD
Colleen Friend, LCSW
Terri Gallmeier, PhD
Charlie Gentry, MSW
Sol Gothard, MSW, JD
Jesse Harris, DSW
Astrid Heger, MD
Rita Jaeger, MD
Carole Jenny, MBA, MD
Phyllis Kaufman, PhD, LCSW
Susan J. Kelley, RN, PhD
Robert Kellner, MD
G. Richard Kishur, PhD
Elizabeth L. Linder, PhD
David Lloyd, JD
Kee MacFarlane, MSW
Jamshid Marvasti, MD
Lois Maschmeyer, MA
Ronald D. Matthews, PhD
Patricia McFadyen
Irene L. Mellick, LCSW
Madelyn Miller
Simon B. Miranda, PhD
Frances L. Morris, MA
Dawn Clarke Palchikoff, MA
Linda Marrinaccio Pucci, PhD
L. Dennison Reed, PhD
Katharine Redmond
Theresa Reid, MA
Benjamin E. Saunders, PhD
Robert Sewell, MD
Mary Ellen Shields, MD
Patricia Speck, MSN
& Ron Speck
Herbert & Ina Stern
James W. Sullivan, EdD
Roland Summit, MD
Muriel Templeton, MS
Patricia Toth, JD
Deborah Daro Tuggle,
& Coleman Tuggle
Martha K. Wilson, DSW

THE SAN DIEGO CONFERENCE ON RESPONDING TO CHILD MALTREATMENT

January 26-30, 1993
Hyatt Regency - La Jolla, California

Five intensive days of:

- Lectures
- Workshops
- Open Forums
- Debates and Discussions
- Original Research Papers
- APSAC Institutes
- National and International Leaders in the field of Child Protection

Children's Center for Child Protection

8001 Frost Street
San Diego, CA

Discount for early registration and APSAC/CAPSAC members
(619) 495-4940

NEW SERVICE

Researcher-Clinician Information Exchange

APSAC's Research Committee is offering a new service to facilitate members' research efforts. The Researcher-Clinician Information Exchange will help clinicians who wish to answer questions about their mehtods or their clients team up with researchers who need access to clinical populations. Clinicians and researchers seeking to establish mutually beneficial research partnerships should write to Linda Williams, PhD, and Ben Saunders, PhD, Co-chairs, APSAC Research Committee, 332 S. Michigan Ave., Suite 1600, Chicago, 60604. Listings will be published in *The Advisor* and will be available by mail from APSAC's office.

RESOURCES

The **Education Development Center** is offering five highly readable Research Briefs on critical issues regarding child witnesses. Developed through a grant from NCCAN, the briefs are available in monograph form for a nominal fee. Write Education Development Center, Inc., 55 Chapel St., Newton, MA 02160. Phone: 617-969-7100

Division 37 of the American Psychological Association (APA) is concerned with child and family policy with special attention to service delivery, child advocacy, and social/legal policy issues. For further information, contact Karen J. Saywitz, PhD, Department of Child and Adolescent Psychiatry, Harbor–UCLA Medical Center, 1000 W. Carson St., Torrance, CA 90509. APA members only eligible to join.

CONFERENCES
APSAC DISCOUNTS

October 12 - 15, 1992. ***Midwest Conference on Child Sexual Abuse and Incest.*** Madison, WI. Call Jill Cohen Kolb, 608-244-4022.

November 21 - 24. ***Networking in the Nineties.*** Nashville, TN. Sponsored by the Tennessee Network on Child Advocacy. Call Judith Brown, 901-327-0893.

January 26 - 30, 1993. ***The San Diego Conference on Responding to Child Maltreatment.*** *See display ad, this page.*

March 10 - 13, 1993. ***Ninth National Symposium on Childhood Sexual Abuse.*** Huntsville, AL.

March 22 - 23, 1993. ***North Carolina Conference on Child Abuse and Neglect.*** Greensboro, NC. Sponsored by North Carolina Child Medical Evaluation Program, North Carolina Professional Society on the Abuse of Children, and North Carolina Committee for Prevention of Child Abuse. Call Mark Everson, 919-966-1760.

June 24 - 26, 1993. ***First National APSAC Colloquium.*** Chicago. Call 312-951-9600.

October 7 - 10. ***Association for the Treatment of Sexual Abusers 11th Annual Research and Treatment Conference.*** Portland, OR. Call Sharon Siebert, 503-494-6144.

October 22 - 25. ***Trauma and Development: The Shattering and Rebuilding of Human Expectations.*** Sponsored by the International Society for Traumatic Stress Studies. For information call 312-644-0828.

October 21-23. ***A Framework for Change. 116th Annual Meeting & Conference.*** San Diego. Sponsored by American Humane Association. Contact Mickey Shumaker, 303-792-9900.

November 5 - 7. ***Investigation and Prosecution Parental Abduction.*** Boston. Sponsored by National Center for Prosecution of Child Abuse. Call Eva Klein, 703-739-0321.

December 9 - 12. ***Investigation and Prosecution of Child Deaths and Physical Abuse.*** Corpus Christi, TX. Sponsored by National Center for Prosecution of Child Abuse. Call Beth Payne, 708-739-0321.

May 17 - 21, 1993. ***Keystone Conference on Child Abuse and Neglect.*** Keystone, Colorado. Call Marilyn Lenherr, 303-321-3963.

Harvard Medical School
and Children's Hospital Boston

POSTDOCTORAL RESEARCH TRAINING PROGRAM ON FAMILY VIOLENCE

Fellowships available in medicine, nursing, social work, psychology, and sociology for individuals with interest in bridging the hiatus between research and practice in this field, and in the psychological and medical impacts of victimization experiences.

Contact: Eli H. Newberger, M.D.
Director, Family Development Program
Children's Hospital • Boston, Massachusetts 02115
(617) 735-7979

Announcing!

First National Colloquium

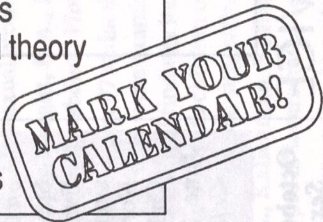
The American Professional Society on The Abuse of Children

June, 1993—Chicago, Illinois

In-depth, interdisciplinary, intensive training on current issues in child maltreatment.

All institutes are:
- ✔ Day long
- ✔ Designed for advanced professionals
- ✔ Based on cutting edge research and theory
- ✔ Highly interactive

First day: Within-Discipline Institutes
Second day: Cross-Discipline Institutes



To be placed on the mailing list for further information, return this form to **APSAC**, 332 S. Michigan Ave., Suite 1600 Chicago, IL 60604

Please Mail Today!

Name ______

Street Address ______

City ______

State ______ Zip ______

Daytime Phone # ______

JUNE 24–26, 1993

Membership Plans

☐ New Membership ☐ Renewal

Regular Membership

One year membership

$50,000 annual income and above.	$85
$25,000–$50,000 annual income.	$55
Under $25,000 annual income. (Does not include *Journal of Interpersonal Violence*)	$35

Two year membership

Over $50,000 annual income	$160
Under $50,000 annual income	$100

Student Membership
(Verification of full-time student status required.) $35

Life Membership
Includes framed membership certificate.
Flat rate regardless of income $850

Group Membership
Discounts are available for five or more individuals from a single institution. Call 312-544-0166 for details.

Applicants outside North America add $10 per year to annual dues.

Application for Membership

(Please print or type all information clearly)

Name ______ Degree ______

Title ______

Please indicate (✔ or ✕) your preferred mailing address.

☐ Office Address (Agency name) ______

Street ______ City ______ State ____ Zip ____

☐ Home Address (Optional) ______ City ______ State ____ Zip ____

Telephone (Office) ( ) ______ (Home) ( ) ______

Please circle the **one** category which most closely describes your field:

(001) Administration	(002) Children's Services	(003) Counseling, Licensed
(004) Education	(005) Judiciary	(006) Law
(007) Law Enforcement	(008) Medicine	(009) Ministry
(010) Nursing	(011) Offender Treatment	(012) Probation
(013) Psychiatry	(014) Psychology	(016) Social Work

Enclosed is check number ______ for $ ______

In order to be enrolled as a member, please enclose your check with this form.

I would like to make a contribution to APSAC's Endowment Fund over and above my membership dues. I understand that, after making this donation, I will be acknowledged as a "Friend of APSAC" in four consecutive issues of APSAC's newsletter, *The Advisor*.
Enclosed is check # ______ for $ ______, to be added to APSAC's Endowment Fund.

APSAC is pleased to participating in **"Child Abuse and Neglect: The People of Color Leadership Institute" (POCLI).** The goal of POCLI is to promote the leadership of people of color in child protective systems and to improve the cultural competence and sensitivity of those systems that affect families of color. As part of the effort to evaluate the effectiveness of POCLI, APSAC would like to gather information on the cultural diversity of its membership. Your participation is strictly voluntary.

I consider my cultural group identification to be: ______ (please specify)

American Professional Society on the Abuse of Children
332 S. Michigan, Suite 1600 • Chicago, IL 60604 • 312-554-0166